

Learning Series

Massachusetts Health Care Training Forum

Health Connector and MassHealth Updates

Summer 2025



MassHealth



MA Health Care Learning Series

Background

The MA Health Care Learning Series provides regular updates and presentations from **Health Connector** and **MassHealth** staff, to educate those who help Massachusetts residents in applying, getting and keeping **their health coverage** through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.

Agenda

Health Connector

- Overview of the 2025 Marketplace Integrity and Affordability Final Rule and Federal Budget Bill Provisions
- Annual Health Connector Redeterminations & Renewals Process
- Reminder: Walk-in Center Closures and Payment Guidelines

System Updates

- Enhancements to the Online Application at MAhealthconnector.org

Overview of the 2025 Marketplace Integrity and Affordability Final Rule and Federal Budget Bill Provisions

2025 Marketplace Integrity and Affordability Final Rule and Federal Budget Bill Provisions

CMS issued the 2025 Marketplace Integrity and Affordability Final Rule on June 25, 2025, and the Federal budget bill was signed into law on July 4, 2025.

- The Final Rule makes some changes for Exchanges, including the Health Connector. Some changes begin 60 days after the publication of the Final Rule (August 25, 2025) and other changes having a longer implementation timeframe.
- The Budget bill has several provisions that also have impacts for Health Connector programs.
- This overview provides insight into those changes that will take effect in the more immediate future.

Open Enrollment

The Final Rule maintains the Open Enrollment timeframe for 2026, with a shorter Open Enrollment for 2027.

- Open Enrollment for plan year 2026 will be **November 1, 2025, to January 23, 2026.**
- Open Enrollment for plan year 2027 will be shortened to November 1, 2026, to December 31, 2026, for all State-based Marketplaces and the Federally-facilitated Marketplace.

Final Rule Changes: 60 Day Implementation (slide 1 of 4)

There are several changes that the Final Rule makes that will take effect on August 25, 2025.

These changes include:

- Deferred Action for Childhood Arrivals (DACA) recipients no longer eligible for Marketplace coverage, including any subsidies.

Final Rule Changes: 60 Day Implementation (slide 2 of 4)

There are several changes that the Final Rule makes that will take effect on August 25, 2025.

These changes include:

- Removing the automatic 60-day extension to resolve income inconsistencies.

Final Rule Changes: 60 Day Implementation (slide 3 of 4)

There are several changes that the Final Rule makes that will take effect on August 25, 2025.

These changes include:

- End the availability of the monthly Special Enrollment Period (SEP) for individuals/families with income at or below 150% FPL.
- However, other SEPs including the SEP for ConnectorCare are still in place. We encourage individuals to enroll when first eligible for the ConnectorCare SEP so they can continue to access Advanced Premium Tax Credits (APTCs) if they're eligible.

Final Rule Changes: 60 Day Implementation (slide 4 of 4)

There are several changes that the Final Rule makes that will take effect on August 25, 2025.

These changes include:

- Require income verification when tax data is unavailable.

Final Rule Changes: 2026 Implementation

Other changes will be effective January 1, 2026, including:

- Denying APTC after 1 year of failing to file taxes and reconcile APTCs.
 - Members have until January 2026 to reconcile all previous tax years to maintain APTCs in 2026.
 - *Example: Someone who did not file and reconcile their taxes for 2024 will be denied APTC when applying for 2026 coverage.*

Final Rule Changes: 2026 Implementation (continued)

Other changes will be effective January 1, 2026, including:

- Prohibition on gender affirming care as an Essential Health Benefit.

Additional Provisions

There are a few more provisions that will impact eligibility and processes for plan year 2026.

- We will provide more details once the Health Connector has finalized implementation details.

Annual Health Connector Redeterminations & Renewals Process

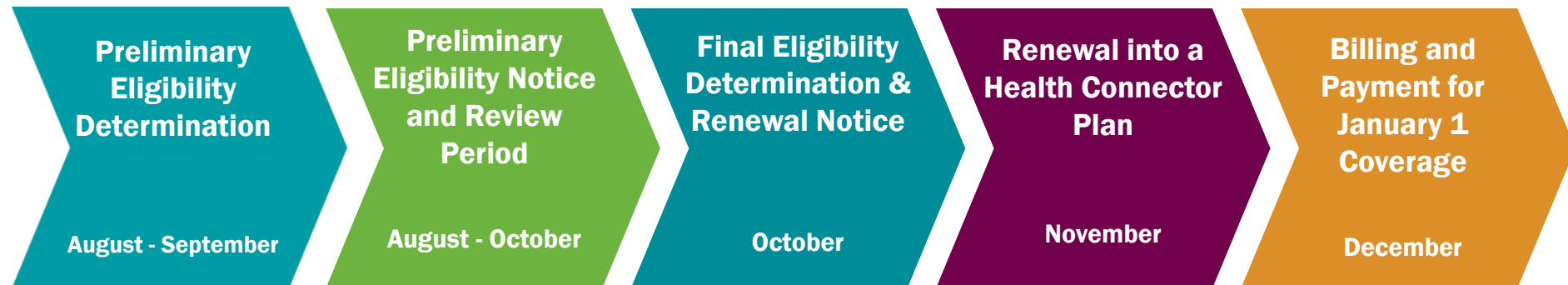
Annual Health Connector Redeterminations & Renewals Process

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Those with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming plan year.
- In August through September, the Health Connector starts preliminary eligibility determinations for actively enrolled Health Connector members.

Annual Health Connector Annual Redeterminations & Renewals Process

Be on the look out for more information (Assister email updates, meetings and MTF webinars) about any changes to these processes or plan changes that may be occurring for coverage starting January 1, 2026.



Reminder: Walk-in Center Closures and Payment Guidelines

Walk-In Center Closures

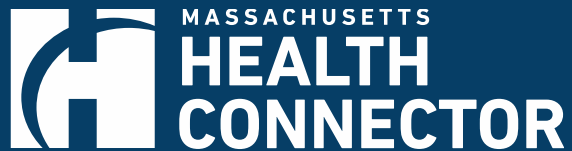
The Health Connector closed all three Walk-In Centers.

Below are the closure dates for each Walk-In Center:

- Springfield: March 28, 2025
- Worcester: May 23, 2025
- Boston: June 27, 2025

See additional reminders in the appendix of this slide deck.

MAhealthconnector.org System Updates



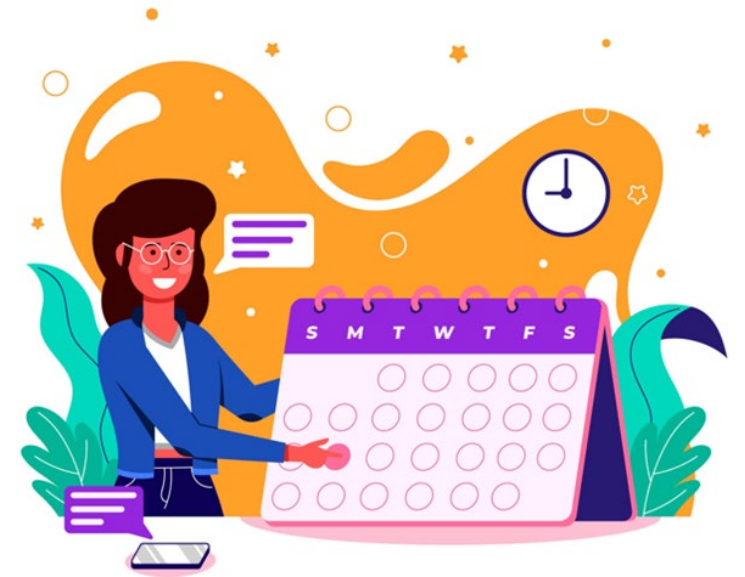
Online Application Updates

The online application at MAhealthconnector.org will be updated in mid August of 2025. Updates include:

- MassHealth Retroactive Eligibility
- Standalone Dental Shopping
- Tax Filer Dependent Status
- Multi-language Email Invitation
- User Feedback Survey
- User Experience: RefID Changes

MassHealth Start Date Rule

- Currently, MassHealth eligibility start date is 10 days retroactive to the date of the application receive date.
- **Effective August 12, 2025**, MassHealth eligibility start date will be the first of the month in which the eligibility determination was made – including approval and when a member is eligible for a richer benefit.
- Scenario: Jenny, age 36, submitted an ACA-3 application on 8/15. She is eligible and approved for MassHealth benefits on 8/25. Her coverage start date is 8/1.



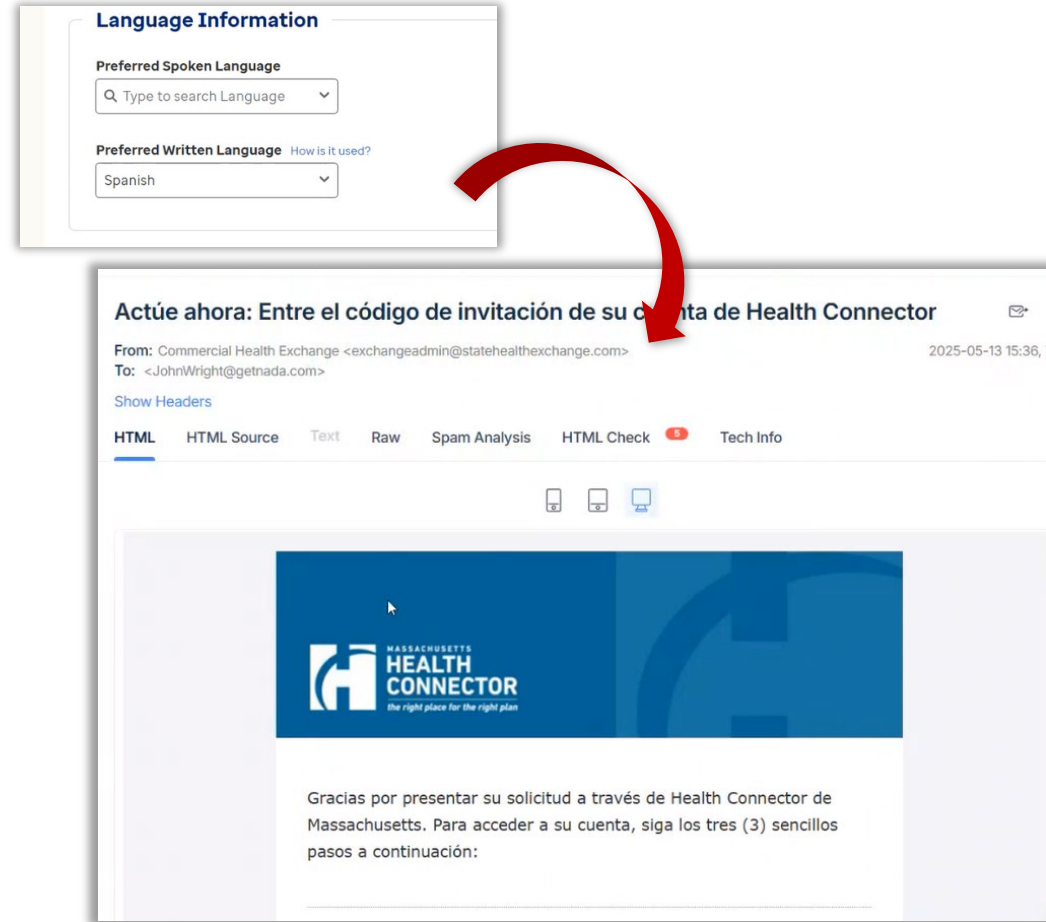
MassHealth Three-Month Retroactive Coverage

- **Effective August 12, 2025**, all applicants for comprehensive MassHealth coverage have the option to request retroactive coverage for **up to three months prior to their date of application**.
- Applicants can request three-month retro by answering the question: *Do you or anyone on this application have bills for medical services they got in the three months before submitting this application?*
 - If **YES**, MassHealth may be able to pay for these bills if you were eligible during the requested time period. You may need to give MassHealth proof of income, family size, address, disability, or health insurance during the requested time period.
 - Please list any individuals requesting payment of previous medical bills.
- This **does not apply to**:
 - Health Safety Net (HSN)
 - Children's Medical Security Plan (CMSP), or
 - the Health Connector



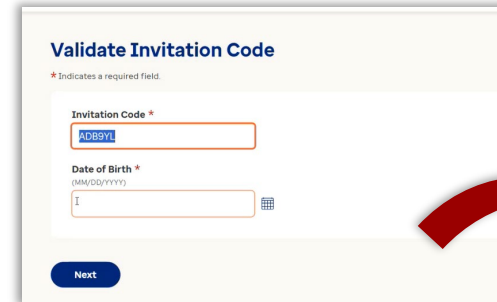
Multi-Language Support for Invite Client

- Before, all Health Insurance Exchange (HIX) email invitations sent to member emails were sent in English only, no matter what the individual's preferred written language was.
- Now, if the individual has selected Spanish as their preferred written language, the invitation will be sent in Spanish.

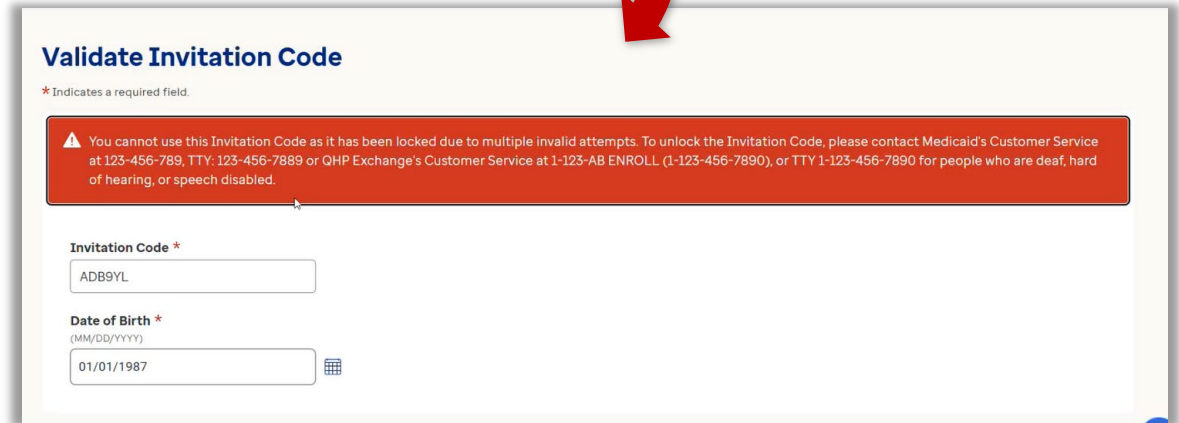


Validate Invitation Code

- Before, members could try multiple combinations of their date of birth to access the account, even if the information was incorrect.
- Now, there is a restriction placed on the number of attempts allowed. If the member enters the incorrect information three times, they will be locked out and must contact customer service.



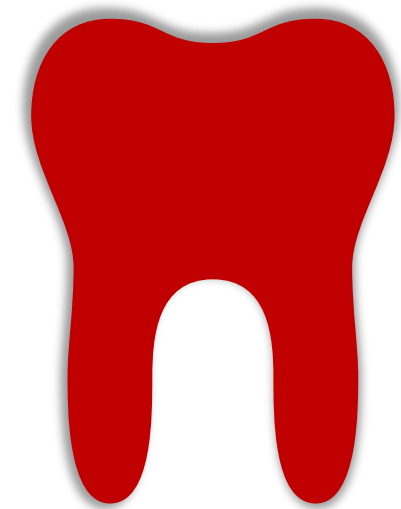
This screenshot shows the 'Validate Invitation Code' form in a successful state. The title 'Validate Invitation Code' is at the top. Below it, a small red asterisk indicates a required field. The 'Invitation Code' field contains the text 'ADB9YL'. The 'Date of Birth' field contains '1' and has a calendar icon to its right. A blue 'Next' button is at the bottom.



This screenshot shows the 'Validate Invitation Code' form after a lockout. A large red banner with a warning icon and text is displayed: 'You cannot use this Invitation Code as it has been locked due to multiple invalid attempts. To unlock the Invitation Code, please contact Medicaid's Customer Service at 1-23-456-789, TTY: 1-23-456-7889 or QHP Exchange's Customer Service at 1-123-AB ENROLL (1-123-456-7890), or TTY 1-123-456-7890 for people who are deaf, hard of hearing, or speech disabled.' Below the banner, the 'Invitation Code' field contains 'ADB9YL' and the 'Date of Birth' field contains '01/01/1987' with a calendar icon to its right.

Health Connector Standalone Dental Plans for 2026 Applications

- This Open Enrollment, applicants and members will be able to shop for a Health Connector standalone dental plan within the HIX online application, as they do for a health plan.
- If members are seeking to enroll in a dental plan only for any part of 2025, customer service agents will still need to help them.
- Shopping for standalone dental plans will be available on 11/1/2025 as part of Open Enrollment, for coverage beginning January 1, 2026.
- Note: MassHealth members have dental benefits available to them. They do have the option to purchase a dental plan through the Health Connector.






Online Application Updates - Standalone Dental

Individuals and Families that are enrolling in dental-only coverage can now select 'Dental Plans Only,' or 'Health and Dental Plans.'

Plan Shopping Preferences

* Indicates a required field. ⓘ Provides definitions and more details.

Please choose the type of coverage you want to shop for. * ⓘ
You can change the preferences at any time during the shopping.

 Health Plans Only <input type="button" value="Select"/>	 Dental Plans Only <input type="button" value="Select"/>	 Health and Dental Plans <input type="button" value="Select"/>
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Health Connector Standalone Dental Plans for 2026 Applications (continued)

- You will notice new text on the Financial Assistance question on the “Start Your Application” screen.
- The updated text will read “*If you primarily want to shop for dental coverage, select no.*”
- This will help members seeking a standalone dental plan to skip the financial assistance sections, and it shortens the application by removing unnecessary steps for those not seeking health coverage.

Start Your Application

* Indicates a required field. ⓘ Provides definitions and more details.

Do you need help paying for health coverage?

There is currently no income limit for getting help with health coverage costs through Health Connector. Choose "Yes" to see if you qualify for financial help.

A Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. If you primarily want to shop for dental coverage, select no. * ⓘ

☒ Yes, I want to see if I can get MassHealth or help paying for health coverage from Massachusetts Health Connector

☐ No, I do not want MassHealth or help paying for health coverage from the Massachusetts Health Connector ⓘ

Supplemental Nutrition Assistance Program (SNAP)

B The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. ⓘ

☒ Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities and sign to proceed with the application.

Checking this box does not submit the SNAP application to DTA until you read the DTA rights and responsibilities, sign, and submit.

What happens after you apply for SNAP benefits?

1. DTA will call you soon for a phone interview and to check if you can get emergency SNAP within 7 days.
2. DTA will work with you to verify information about your case.
3. You will get an Electronic Benefit Transfer (EBT) card to access benefits, if approved.
4. You will receive a notice about your decision within 30 days.

C Save and Continue

Tax Filer/Tax Dependent Status

Currently, the online application allows someone to enter an invalid tax filing combination without any warning.


Scenario: John Doe (Head of Household (HOH)), Jane Doe (Spouse), and Martha Doe (John's mother). While completing the tax filing section in the application, John indicates he is married, filing jointly with Jane, but he also says that he is being claimed as a dependent by Martha.

This combination is generally not valid where a person who is married filing jointly cannot usually be claimed as a dependent by someone else, unless they're filing only to claim a refund and owe no taxes.



Tax Filer/Tax Dependent Status (continued)

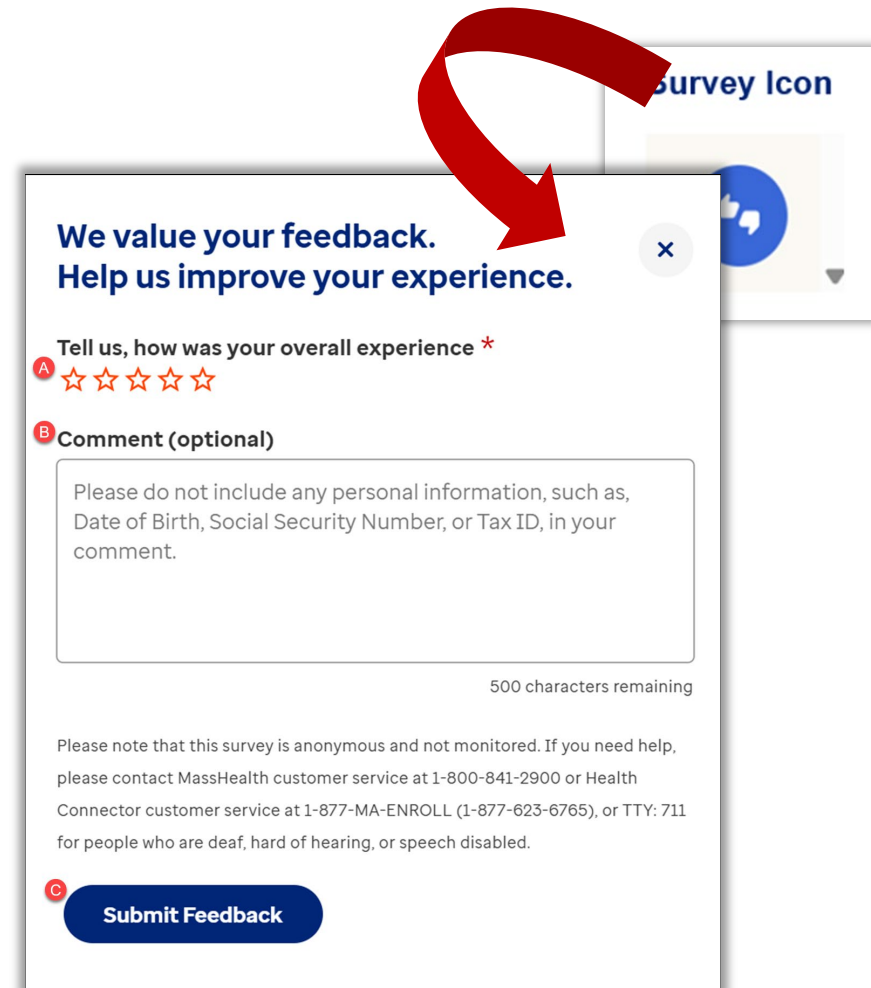
With the new enhancement, if an applicant selects both married filing jointly and also indicates that they are claimed as a dependent, an error message will appear explaining that the selected tax relationships are not valid and prompt the applicant to review and correct their answers before they can continue with the application.

 ashley testing and john doe can't be claimed as both 'Married Filing Jointly' and a tax dependent. A married person who files a joint return cannot be claimed as a dependent unless the joint return is filed solely to claim a refund of income tax withheld or estimated tax paid.
If you need assistance, please call MassHealth Customer Service at 1-800-841-2900, or TTY: 711 for people who are deaf, hard of hearing, or speech disabled or Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

This enhancement helps ensure that tax household information is accurate on the application. This will help prevent confusion and ensure the applicants receive the correct eligibility results based on their tax filing status.

User Feedback Survey

- The online application will soon have an option to provide feedback about the user's experience with the online application at any point during the application and/or enrollment process.
- After an application is completed, the user will be prompted to take the survey.
- The survey will only be visible to individual/members. Agents and Assisters cannot submit on behalf of members.
- Members who complete the survey will not be contacted directly because the information captured is deidentified.



The screenshot shows a feedback survey form titled "We value your feedback. Help us improve your experience." with a close button (X) in the top right corner. Below the title, section A asks "Tell us, how was your overall experience" with five star rating options. Section B is labeled "Comment (optional)" and contains a text area with a warning: "Please do not include any personal information, such as, Date of Birth, Social Security Number, or Tax ID, in your comment." Below the text area, it says "500 characters remaining". At the bottom, there is a disclaimer: "Please note that this survey is anonymous and not monitored. If you need help, please contact MassHealth customer service at 1-800-841-2900 or Health Connector customer service at 1-877-MA-ENROLL (1-877-623-6765), or TTY: 711 for people who are deaf, hard of hearing, or speech disabled." and a blue "Submit Feedback" button. A red arrow points from a "Survey Icon" (a blue speech bubble with a white star) to the survey form.

Note: You cannot type numbers into the survey to help prevent from adding Protected Health Information (PHI) / Personally Identifiable Information (PII).

User Experience Improvements

Renamed the hyperlink on the Upload Documents page.


Manage Documents

* Indicates a required field.

Upload Documents


Supported file formats and maximum size

You can upload up to 5 files at one time.





Drag & drop files or [Browse](#)

Supported formats: .bmp, .gif, .jpeg, .jpg, .pdf, .png with each file size up to 5 MB

[Find out what proof you need and how to send your documents](#) 

Upload Documents

 MASSACHUSETTS
HEALTH
CONNECTOR

 MassHealth

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User Experience Improvements (continued)

Shopping Page – Monthly Savings

The screenshot displays the 'Health Plan Shopping' interface. At the top, a banner provides information about plan quality ratings. Below this, a section titled 'Pick a plan for Jill Anderson' shows the 'Estimated Tax Credit' as \$366.00/month and the 'Estimated Coverage Start Date' as 06/01/2025. A 'Print' button is visible. The main area lists three plans: WellSense Clarity ConnectorCare 2, Fallon Health ConnectorCare 2, and Tufts Health Direct ConnectorCare 2. Each plan card shows the monthly premium, monthly savings, and a list of covered services. The Tufts plan shows a monthly premium of \$34.79 and \$366 in monthly savings. A 'Sort By: Monthly Premium - Low to High' dropdown is present. At the bottom, there are 'Add to Compare' and 'Add to Cart' buttons for each plan, along with a 'Continue' button.

Shopping Page – Cents Not Displayed

The screenshot shows the 'Health Plan Shopping' interface with a 'Plan Details' view for the 'Tufts Health Direct ConnectorCare 3' plan. The plan is listed with a monthly premium of \$510 and \$406.96 in monthly savings. The 'Add to Cart' button is highlighted. The 'Plan Documents' section shows a 'Summary of Benefits & Coverage' document. The 'Plan Summary' table lists various details: Plan Effective Date (October 1st, 2024), Primary Care Visit (\$0), Specialist Visit (\$22.00), Drugs (\$12.50 / \$25.00 / \$50.00 / \$50.00), Yearly deductible (\$0.00 / \$0.00), Max. out of pocket (\$1500.00 / \$3000.00), Providers covered (2 out of 2), Health Savings Account (HSA) Eligible? (No), Medical and Drug Deductibles Integrated? (No), and Medical and Drug Maximum Out of Pocket Integrated? (No). The 'General Details' section is partially visible at the bottom.

Online Application Updates - User Feedback Survey and RefID

Certified Assisters will no longer need to include "RefID" when searching for applicants/members on the Assister Portal.

- Assisters can simply type in the numbers that come after the RefID to search for existing applicants and members.

Appendix



Health Connector Payment Guidelines

Individuals previously using Walk-In Centers to make payments may be looking for guidance to make premium payments.

Visit our website:

www.mahealthconnector.org/how-to-pay,
for details on submitting payments.

There are three ways to submit payments:

- Online
- By phone
- By mail



Making a Payment

If you come to the walk-in center to make a payment, you will have to pay your premium in a different way after the center closes.

Pay Online

The quickest and easiest way to make [a payment](#) to the Health Connector is through your online account. You can sign in at MAhealthconnector.org and click the "Make Payment" button on your account dashboard.

You can set up automatic payments online. With AutoPay, your payments are automatically taken care of each month, so you don't have to worry about missing a payment or last-minute hassles. It's a simple, secure, and reliable way to manage your health insurance payments.

[Don't](#) have access to your account? No problem. You can make a guest payment to pay without signing into your account. Use the QR code to learn more about making [a guest](#) payment or setting up automatic payments online.

Pay by Phone

You can call the Health Connector's customer service self-service line to pay your bill. Dial 1-877-623-6765, or TTY: 711 for people who are deaf, hard of hearing, or speech disabled. Follow the system prompts and press or say "3" if you have existing health or dental coverage with the Massachusetts Health Connector, and the phone system will guide you.

What you will need:

- Your **12-digit Member ID number** (found on any bill or notice from the Health Connector) or the phone number associated with your account.
- [Your](#) **checking or savings account routing and account number**. The Health Connector does not accept credit or debit cards, or online electronic payment methods such as PayPal.



SCAN FOR
PAYMENT
INFO



Payment Guidelines - Pay Online

Online payments are the quickest and easiest way for members to make payments.

- **Members paying online can do so by either:**
 - Logging into their online account at MAhealthconnector.org, or
 - Visiting the [Guest Portal](#), where members can make payments without being logged into their account.
 - Remember, when paying through the Guest Portal, new enrollees will have to wait 4 hours after enrolling before they can make a payment.
 - There is no wait time for submitting payments when members are logged into their account.

Payment Guidelines - Pay by Phone

Members can make a payment over the phone, using our self-service payment feature.

- Members must call the Health Connector at 1-877-623-6765, and then proceed with the following steps:
 - Press “3” and then “1” to access the self-service features
 - Enter Health Connector member ID number (12-digit number found on bills and notices)
 - Enter banking and routing information
 - Note: Credit, debit, or other electronic payment systems are not accepted.

Payment Guidelines - Pay by Mail

Members can make payments by mailing a check or money order to this address:

Health Connector
P.O. BOX 412612
Boston, MA 02241-2612

- Members should be sure to include **the payment coupon** with any mailed payment to ensure it will be correctly applied to their account.
 - Payment coupons are included with mailed monthly invoices and are also available in the Member Portal.
 - If a payment coupon is not available, include the subscriber's full name, member ID, and mailing address on the memo line.

Payment Guidelines - AutoPay

Members can enroll to have automatic monthly withdrawals (AutoPay) taken from their accounts to pay for their monthly premium(s).

- **Members can enroll in AutoPay by following these steps:**
 - Logging into their online account at MAhealthconnector.org and going to the Member Portal
 - Clicking on the “AutoPay” option under “Payments” on the Main Menu, then select, “Set up new AutoPay”
 - The member will need to provide their checking or savings, bank routing, and full name of their account.

Thank you!

