

MA Health Care Learning Series

Massachusetts Health Care Training Forum

Health Connector, SHINE, and MassHealth Updates

Spring 2026



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

- Medicare Basics
- Helping Health Connector Members Transition to Medicare
 - Questions
- MassHealth Federal Updates
 - Questions

Medicare Basics

Medicare 101

- Not a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses
- Parts of Medicare:
 - Part A (Hospital Insurance)
 - Part B (Medical Insurance)
 - Part D (Prescription Drug Coverage)
 - Part C (Medicare Advantage) combines Parts A, B and usually Part D

Medicare Eligibility

- Federal health insurance program for individuals who are 65 years old or older and a U.S. citizen or
 - permanent residents (i.e. green card holder),
 - Cuban-Haitian entrants,
 - Or someone residing under the Compacts of Free Association
- If 40 work credits through payroll tax, entitled to premium free part A (may qualify through spouse or ex-spouse)
- Individuals under age 65 who have received 24 months of Social Security Disability (SSDI) payments



Enrolling in Medicare

- Common myth: that Medicare will know or remind a person to enroll when eligible at age 65. This is **NOT TRUE** unless the person is already receiving Social Security benefits
- Unless a person is currently employed and covered by their employer group health plan (EGHP) or through a spouse's employer plan, there may be lifetime penalties for delaying Medicare
- Contact Social Security by visiting your local office or
 - call for an appointment at 1-800-772-1213 or
 - enroll online at www.ssa.gov



A sample Medicare Health Insurance card for John L. Smith. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE" in a blue header. Below the header, the cardholder's name "JOHN L SMITH" is listed. The Medicare Number is "1EG4-TE5-MK72". The card also specifies the coverage for Hospital (Part A) and Medical (Part B), both starting on 03-01-2016. A large "SAMPLE" watermark is overlaid on the card.

Name/Nombre	
JOHN L SMITH	
Medicare Number/Número de Medicare	
1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Initial Enrollment Period

- **Initial Enrollment Period (IEP) - 7 months around 65th birthday**

Date	Can enroll for coverage to start:
3 months before the month you turn 65	the 1 st day of your birthday month
2 months before the month you turn 65	the 1 st day of your birthday month
1 month before the month you turn 65	the 1 st day of your birthday month
The month you turn 65	the 1 st day of the following month
1 month after the month you turn 65	the 1 st day of the following month
2 months after the month you turn 65	the 1 st day of the following month
3 months after the month you turn 65	the 1 st day of the following month

- **General Enrollment Period - Jan 1st- Mar 31st**
 - **Medicare effective date is 1st of month after enrollment**

Transitioning from the Health Connector to Medicare



- For those enrolled in a Health Connector health plan who become eligible for Premium-free Medicare Part A (which means they earned 40 credits working under Social Security and paying into Medicare):
 - They should sign up for Medicare during their Initial Enrollment Period
 - They will lose their Health Connector coverage
 - They will lose any tax credits they are receiving
 - If they don't sign up for Medicare when first eligible, they may be subject to a late enrollment penalty
- However, those who are not eligible for Premium-free Medicare Part A, can keep a Health Connector plan and any subsidies they are eligible for

Helping Health Connector Members Transition to Medicare

Health Connector Health Coverage Eligibility

Apply if you:

- Live in Massachusetts
- Are a U.S. citizen, U.S. national, or are otherwise lawfully present in the U.S.
- Don't have insurance

Do not apply if you:

- Are enrolled in **Medicare, MassHealth (Medicaid), or other public health coverage**
- Are offered affordable, comprehensive health insurance from an employer
- Are in jail

Those who are Medicare eligible can enroll in dental coverage any time of the year and there is no closed enrollment period.

Federal Rules Related to Medicare Coverage and Marketplace Coverage

It is against the law to sell Marketplace coverage to someone who already has Medicare.

- When someone is eligible for or enrolled in health insurance coverage that meets Minimum Essential Coverage (MEC) standards, such as Medicare Part A or Medicare Part C, they are not eligible for subsidized Health Connector coverage.
- Medicare rules prohibit selling Medicare enrollees health coverage that duplicates the benefits they receive from Medicare. Those eligible for or enrolled in Medicare Part A or Medicare Part C cannot sign up for new or additional health coverage through the Health Connector, including unsubsidized coverage. Those eligible for or enrolled in Medicare cannot renew their unsubsidized health plan through the Health Connector.

Health Connector Members that Are Newly Eligible for Medicare

When a Health Connector member becomes eligible to enroll in Medicare, they should take action to enroll in Medicare during their Initial Enrollment Period.

- After they have completed the steps to enroll in Medicare, they should report that they are no longer applying for Health Connector coverage through their online application or by contacting customer service. Their coverage will be terminated at the end of the month.
- If there are other members of the household enrolled in Health Connector coverage that wish to stay enrolled in coverage, they will need to re-shop for a new plan if the Medicare-enrolled individual was the subscriber for their plan.

Failing to Report Medicare Enrollment to the Health Connector

For enrollees who do not report their Medicare enrollment, the Health Connector is notified about their Medicare enrollment one of three ways during the year through federal data sources:

1. When someone updates their application to report a change to their application (note, this change can be any change to the application)
2. As part of the Health Connector's periodic data matching process
3. During the Health Connector's annual redeterminations and renewals process (i.e., preliminary eligibility for the upcoming plan year)

How Are Members Notified by the Health Connector?

Process	Notice
Health Connector member reports a change resulting in updated federal data source information about Medicare enrollment	Eligibility Denial Notice
Enrollment in Medicare identified through the periodic data matching process	Periodic Data Match Notice
Enrollment in Medicare identified through annual preliminary eligibility process for the upcoming plan year	Preliminary Eligibility Notice

Health Connector Member Coverage After Medicare Enrollment is Identified

- When someone is identified as enrolled in Medicare through federal data sources, they can expect to stay enrolled in an **unsubsidized** Health Connector plan through the end of current benefit year, whether they are enrolled in a subsidized or unsubsidized Health Connector health plan.
 - This change will be made effective the first day of the month following receipt of the enrollment information.
 - If the household agreed to have coverage terminated when / if the Health Connector identifies Medicare enrollment, then the coverage will end at the end of the month in which we received that information.
- *Remember: If the member no longer needs their Health Connector health coverage, they should update their application to “not applying” to terminate their health coverage*

Dental Coverage for Medicare Enrollees

Individuals who are enrolled in Medicare can enroll in a dental plan through the Health Connector.

- If a Health Connector member is already enrolled in a Health Connector dental plan and remains eligible after enrolling in Medicare, their existing dental plan will continue.
- If a Medicare-enrolled individual is not currently enrolled in a Health Connector dental plan and wishes to enroll after enrolling in Medicare, they can do so through their online account.

Additional Considerations

Coverage for Other Household Members

If there are other household members on the same application that need coverage, there are steps to take to re-enroll these household members into a Health Connector plan.

- If the Medicare-enrolled individual is the subscriber on the plan, the dependents will need to re-shop for coverage.
- If the Medicare-enrolled individual is not the subscriber, they can disenroll from their Health Connector coverage, and coverage will continue for the other members.

Health Connector Coverage when Someone Does Not Qualify for Premium-Free Part A

- Social Security will determine if an individual has enough quarters to qualify for Medicare Part A without having to pay a premium.
- If an individual needs to pay for Medicare Part A, they remain eligible to purchase health coverage through the Health Connector and they remain eligible for APTC, as long as they otherwise qualify.
- If an individual in this situation chooses to stay enrolled in Health Connector coverage, no additional action is needed. They can continue to update the online application and maintain their Health Connector eligibility and enrollment.

Qualifying for MassHealth for Individuals 65 and Over

If an individual thinks they may qualify for MassHealth, they need to follow a different application process.

- MassHealth coverage for individuals 65 and over looks at the applicant's income and asset limits, in addition to other eligibility criteria. The HIX system cannot determine eligibility for MassHealth for an individual who is over 65.
- Therefore, they will need to complete the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2).
- If an individual completes the SACA-2 and does not qualify for MassHealth based on the income and asset rules, their updated application information will be sent to HIX to determine whether they qualify for Health Connector coverage and subsidies.

Key Takeaways

When a Health Connector member is eligible for Medicare:

- Enroll in Medicare during their Initial Enrollment Period
- After completing their Medicare enrollment, update their Health Connector application to report they are not applying for coverage

Benefits of taking these actions:

- a. No gaps in coverage
- b. Avoid paying Medicare penalties
- c. Avoid paying for both Medicare and Marketplace coverage at the same time
- d. No risk of owing back APTC at tax time

There is an exception to these rules if: *Someone who is eligible to enroll in Medicare **but must pay a premium for Part A** can enroll in health coverage with the Health Connector and receive APTCs. Individuals in this situation should consult with a SHINE counselor to determine the best path forward for them.*



Thank You!

