

## **Massachusetts Health Care Training Forum Spring 2026 Meeting**

### **MA Health Care Learning Series Transcription**

#### **[MA Health Care Learning Series]**

(DEBBIE RAYMOND): I want to welcome everyone this morning to the MA Healthcare Learning Series meeting. Thank you for joining us. I'm Debbie Raymond from the Massachusetts Healthcare Training Forum team, and I will facilitate today's meeting. At this time, I would like to introduce our first set of presenters. We have Niki Conte, the Director of Outreach and Education at the Health Connector, and she will be joined by Cindy Phillips, the SHINE Director at the Executive Office of Aging and Independence. With that, Niki, I'm going to turn it over to you.

(NIKI CONTE): Thank you so much, Debbie, and thank you, everybody, for joining us today. A big thank you to my colleague, Cindy from SHINE, who will be providing all of us with some information about Medicare, and very specifically, today, we're going to be focusing on helping people transition from Health Connector coverage over to Medicare in the most efficient way that is possible. Thank you all for being with us today.

#### **[MA Health Care Learning Series – Background]**

If you go on to the agenda, Debbie shared some of this information specific to the purpose of the MTF.

However, we wanted to just express the importance and the intent of the Learning Series presentations. From the Health Connector's perspective and MassHealth, we want to ensure that staff and individuals in the field are able to best educate people who are in need of applying for coverage, enrolling in coverage, and keeping their health insurance coverage, whether it's through MassHealth, the Health Connector, or if they're seeking services via Health Safety Net. Anything related to [mahealthconnector.org](http://mahealthconnector.org).

#### **[Agenda]**

For today's agenda, I will be handing this over to my colleague, Cindy, in a moment. As Debbie said, then the Health Connector will be presenting, and we will focus on the questions for this portion. We will then, after we go through our questions about helping Health Connector members gracefully transition to Medicare, we will hand the baton over to our colleagues from MassHealth to talk about their federal updates, as well as take questions and answer those for all of you.

### **[Medicare Basics]**

With that, if we go to the next slide, I will hand this over to Cindy.

(CINDY PHILLIPS): Thanks so much, Niki. I appreciate you inviting me and just want to say a couple of words about the SHINE program. It stands for Serving the Health Insurance Needs of Everyone with Medicare, about to be on Medicare, or caregivers as well. We are funded by the federal government, Administration for Community Living, and the Commonwealth. We do have SHINE counselors available throughout the state, whether it's in person, by phone, or virtually. I want people to know that they do have access to us everywhere.

### **[Medicare 101]**

Let's talk about Medicare. It's not a comprehensive health insurance program. One of the activities that SHINE counselors and staff do is explain what Medicare is, the cost that people will need to contribute to help getting Medicare benefits, and also the programs that are available to help people pay for Medicare. The gaps in coverage mean that beneficiaries might pay a portion of their medical expenses in addition to have a deductible, and a premium, and any other potential co-pays. Let me explain a little bit more about that.

Again, Medicare is not comprehensive. There is Medicare A, which is a hospital insurance, and it helps pay for people for institutional care, like in the hospital, during hospice, skilled nursing facilities, some of that care. Part B is the medical insurance that helps cover medications that are under Part B administered in facilities, physician's services, outpatient, physical therapy, and other kinds of services that you'd find in an outpatient basis. Part D is the prescription drug coverage, which can either be a freestanding Part D plan or a Part D coverage through a Medicare Advantage plan.

Then there is Part C, which everybody knows about. It's partially funded through the federal government, but it combines Part A, Part B, and usually a drug plan. It doesn't always have a drug plan. Some people have a plan through the union or through the veteran services. There are plans available that do not cover medications, and there are extra benefits. I just want to mention that in addition to these options, people could choose a Medigap plan, which would go along with a freestanding prescription drug plan.

There are a lot of options for people to think about when they're about to be on Medicare or even annually when they need to look at changing their plans. Could you change the slide, please? Thank you.

### **[Medicare Eligibility]**

All right. What is Medicare, and who's eligible? It's a federal health insurance program for people 65 and over who are US citizens. That means they have a permanent resident or green card holder. They could be Cuban-Haitian entrants or someone residing under the Compacts of Free Association, which is Micronesia, Palau, and the Marshall Islands.

The Medicare A section or coverage is free to people who have worked 40 work credits and paid into a Medicare tax. They could also qualify through a spouse or ex-spouse. It doesn't have to be them that specifically contributed. People under 65 who have received Social Security Disability for 24 months would be automatically enrolled in Medicare at the 25th month. Also, people who have amyotrophic lateral sclerosis or ALS or end-stage renal disease can apply for Medicare earlier. They don't have to wait the 24 months to get a Medicare assistance.

Next slide, please. Thank you.

### **[Enrolling in Medicare]**

A lot of people will write about Medicare and say Medicare will let you know when you need to apply, your Social Security will. They actually don't. The interesting thing is you will know when you're about to turn 65 because you will get a lot of mail from the plans that are selling you insurance, but Medicare will not contact you. It is an alert that when you get all that mail, "Maybe I'm turning 65 and should think about Medicare." It's a good idea.

Unless you are employed and covered by your employer group help or an employer's health plan, you should think about enrolling in Medicare A, and/or B, and/or C, and/or D, or the Medigap, or you may have penalties. Those penalties are for life, and they are significant penalties. Again, if you have employer coverage, you may be covered and not need to worry about it until you lose your employer coverage, but you should check back with your employer and make sure you don't need to make a change because some employers who have under 20 members may actually have to go on to Medicare. Do check with your employer if you are working.

How do you get onto Medicare? You contact Social Security either by calling them. You could visit your local office by appointment only, and you can enroll online. Some people who are employed would choose to enroll in Part A just as a backup, especially if it's premium-free for you. That's something to think about as well. Thank you for putting that in the chat. (link to [www.ssa.gov](http://www.ssa.gov) was put into chat during webinar)

### **[Initial Enrollment Period]**

The first opportunity for people to enroll in Medicare is that are the seven months around your 65th birthday. This explains when you can enroll and when it would be starting.

If you enrolled in Medicare three months before the month you turned 65, it would be activated on the first day of your birthday month. That's true until you turn 65. If you enroll during that month, it would be the first of the next month, and so forth until you get to the end of the seven months you can enroll.

If you miss that seven months for some reason, either you're working or maybe you're on vacation, you didn't get your mail or something like that from the other insurance plans, or you decided that you didn't want to pick it up, you do have another opportunity to enroll in Medicare every year between January 1st and the end of March. That Medicare would be effective the first day of the month after you enroll. If you enroll in January 15th, it's activated for February 1st.

All right, thank you so much.

### **[Transitioning from the Health Connector to Medicare]**

Transitioning from the Health Connector to Medicare. People, when they learn they're almost Medicare-eligible, start to get nervous because the Health Connector oftentimes has tax credits, and it's reasonably priced. They felt comfortable. They've been using it for a while. When you start to enroll in Medicare and learn about that Medicare A, B, and D have deductibles and co-payments, and you have to purchase a plan to fill Medicare's gaps, people do become pretty nervous, and they may want to put it off. Again, that could be a problem for them if they do.

We do want you to know that there are programs that help people pay for Medicare. When they see a SHINE counselor we would definitely screen for all those programs. If they need to make a transition to Medicare, they're nervous about the cost, we will work with them to learn about the programs that could help pay for that, and how to keep their costs reasonable, knock on wood.

Again, if they're enrolled in the Health Connector, they become eligible for premium-free Medicare A. They have worked the 40 credits or their spouse has, and paid their taxes for Medicare. They need to sign up for Medicare during their initial enrollment period. They need to call the Health Connector. They should not wait to be contacted. They should call the Health Connector as soon as they enroll, tell them when their

enrollment will be activated, and let them know. They will lose their Health Connector coverage and the tax credits, but they need that to be a coordinated event.

If they don't sign up for Medicare when eligible, they could be subject to a late enrollment penalty in addition to all the other costs when they finally do enroll. It would be 10% of the Medicare A, 10% of the Medicare B costs, and 1% of the Part D costs. It can add up, and people should not avoid it. We can help you find something that's kind of reasonable.

Again, if they're not eligible for premium-free Medicare Part A, they'd have the option to keep a Health Connector plan and the subsidies that they're eligible for. Niki will explain that.

### **[Helping Health Connector Members Transition to Medicare]**

(NIKI CONTE): Thanks, Cindy.

(CINDY PHILLIPS): Thank you.

(NIKI CONTE): Let's continue on.

### **[Health Connector Health Coverage Eligibility]**

We thought it would be helpful for all of you to just get a reminder about Health Connector health coverage eligibility. For individuals who are looking for coverage, remember they need to live in Massachusetts. They need to be a US citizen, a US national, or otherwise lawfully present in the US. They need to not have access to insurance.

So, we discourage people from applying if they are enrolled in Medicare, MassHealth, or other public health coverage. There are certain levels of veterans' benefits that would disqualify individuals from getting access to subsidies available through Health Connector coverage. If somebody has access to Medicare, as Cindy was explaining, again, they're not going to be eligible for advanced premium tax credits.

One thing I want to stress before we go on to the next slide is just a reminder. I know we're going to be focusing a lot today on health coverage through the Health Connector, but we know that many people who are Medicare eligible do enroll in our dental coverage. Please keep in mind if you're helping or working with someone who needs dental coverage, people can enroll in our dental coverage any time of the year. The dental coverage does not have any closed enrollment period.

### **[Federal Rules Related to Medicare Coverage and Marketplace Coverage]**

Cindy touched on some of this a little bit, but I'm just going to dive in a bit deeper. There are some federal rules related to Medicare coverage and Marketplace coverage. The Health Connector does need to abide by that. 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 standards, such as Medicare Part A or Medicare C, they are not eligible for subsidized Health Connector coverage.

Medicare rules prohibit selling Medicare enrollee 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 buy additional health coverage through the Health Connector, including unsubsidized coverage. Those who are eligible for or enrolled in Medicare cannot renew their unsubsidized health plan through the Health Connector the following plan year. Going on to the next slide.

### **[Health Connector Members that Are Newly Eligible for Medicare]**

Cindy touched on this a little bit as well.

When a Health Connector member becomes newly eligible for Medicare, they do need to take action. They need to take action to enroll in Medicare during their initial enrollment period. Cindy talked about those penalties that can stay with them for life. After someone has completed those steps to enroll in Medicare, they should report that they're no longer applying for Health Connector coverage, either through their online application or by calling Health Connector's customer service. Once they do that, their coverage will be terminated at the end of that month.

If there are other people in their households that are enrolled in Health Connector coverage that need to stay enrolled, those people are also going to need to take action. They're going to need to reshop for a new plan if the Medicare-enrolled individual was a subscriber for their plan. We know many folks out there, as you begin working with individuals, maybe one person who was over 65, another who was under, over time, we've advised that you should try to list the younger individual as the head of household. We know that is not always the case. We really need you, not necessarily the member, to focus on who is the subscriber, and that might help explain what is occurring.

Going on to the next slide.

### **[Failing to Report Medicare Enrollment to the Health Connector]**

Let's talk a little bit about failing to report Medicare enrollment to the Health Connector and what that experience looks like. For enrollees who don't report their Medicare enrollment, the Health Connector learns about Medicare enrollment one of three ways during the year. That happens through federal data sources that are available to us.

The first way is when someone updates their application to report any type of change. When someone does that, what happens on the back end is our system verifies all the information that they're telling us. One of those verifications will give us information about Medicare enrollment.

In addition to that, there's a second opportunity. This is through the Health Connector's periodic data matching process. This is something that the Health Connector does on a routine basis for a period of months, where we look through our membership, and we just run system checks or data checks on information that is available to us. That is another way that we might learn about somebody's Medicare enrollment.

The last way in which this could happen is each year the Health Connector goes through an annual redeterminations and renewals process. This is where the Health Connector, this is when we run our preliminary eligibility for renewing someone into a plan for the upcoming plan year, so for the upcoming January 1. A lot of times we learn about someone's Medicare enrollment at that point, and we begin to advise the individual about their loss of Health Connector or what, or when, and how they will be losing Health Connector coverage and/or subsidies.

### **[How Are Members Notified by the Health Connector]**

I told you about how we learn about their Medicare enrollment, but I just want to acknowledge how people are notified by us. If somebody reports a change that results in showing us updated federal information about Medicare enrollment, the person is going to receive an eligibility denial notice. If someone is identified as being enrolled in Medicare through our periodic data matching process, they will get a periodic data match notice. If someone is identified during preliminary eligibility, that's where we provide that information on their prelim notice. Sorry, using a little shorthand for those of you who have been around with us.

Again, to the member, all of this is the same. They're receiving a letter from the Health Connector, and they're learning about potentially not being eligible for subsidies any longer or not being eligible to renew in coverage the following year.

### **[Health Connector Member Coverage After Medicare Enrollment is Identified]**

When someone is identified as enrolled in Medicare coverage through federal data sources, they can expect to stay enrolled in an unsubsidized Health Connector plan through the end of the current benefit year, whether they're enrolled in a subsidized or unsubsidized Health Connector plan.

What does that mean? If somebody is enrolled in ConnectorCare, for example, and we learn about their enrollment in Medicare, they would be in an unsubsidized plan, same plan name, et cetera. This change will be made effective the first day of the month following the receipt of the enrollment information. If the household agreed within our online application to have their coverage terminated when or if the Health Connector identifies Medicare enrollment, then that coverage will simply end at the end of the month in which we receive the information.

We just want to stress, as Cindy said, there are two things that need to happen at once. When the person enrolls in Medicare, when they take that action, it would be very helpful for them to also acknowledge and notify the Health Connector of that action so that they're not "enrolled" in an unsubsidized plan. Now, if you or they feel comfortable using the online application, if the member no longer needs their Health Connector health coverage, they should update their application to not applying, and that will terminate their health coverage.

I mentioned this a little bit, but again, just reinforcing, if someone who's enrolled in Medicare wants to enroll in a dental plan through the Health Connector, if they are already enrolled in a Health Connector dental plan and remain 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 wants to after they enroll in Medicare, they can simply do that either by going online, enrolling in coverage and dental coverage through us or calling Health Connector customer service.

A few more considerations specifically for those of you who work more closely in supporting families in these situations. I previously mentioned what it looks like if the subscriber is the Medicare-eligible individual. Just think about a household, and there could be a household with multiple members on that same application, and they all need coverage.

There are steps, active steps that people are going to need to re-enroll the members who need health coverage into a Health Connector plan. If the Medicare-enrolled individual is the subscriber on the plan, the dependents will need to reshop for coverage. If the Medicare-enrolled individual is not the subscriber, they can disenroll

from the Health Connector coverage and the coverage, the Health Connector coverage for the others will continue for them.

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

Cindy touched on this a little bit. Remember, there is an exception for Health Connector coverage when someone does not qualify for premium-free Part A Medicare coverage. Social Security will determine if someone has enough quarters to qualify for Medicare Part A without having to pay for a premium.

If someone needs to pay for Medicare Part A, they remain eligible to purchase health coverage through the Health Connector, and they remain eligible for accessing advanced premium tax credits as long as they otherwise qualify for our coverage. If someone in this situation chooses to stay enrolled in Health Connector coverage, there are no additional steps for them. They can continue to update the online application, maintain their Health Connector eligibility and enrollment in the Health Connector plan.

**[Qualifying for MassHealth for Individuals 65 and Over]**

Now, let's talk about those who may qualify for MassHealth if they're 65 and over.

If someone thinks that they may qualify for MassHealth, they're going to need to follow a different application process. MassHealth coverage for those who are 65 and over looks not only at the applicant's income, but also their asset limits, in addition to other eligibility criteria. The online application at [mahealthconnector.org](http://mahealthconnector.org), also known as the HIX system, does not, cannot determine eligibility for MassHealth for someone who is over 65. If you're helping someone who's in this situation, they're going to need to complete what we call the SACA, what is known as the SACA-2, but it's the Application for Health Coverage for Seniors and People Needing Long-term Care Services.

If someone completes the SACA-2 and does not qualify for MassHealth based on their income and assets, their updated application information will be sent to HIX to find out whether or not they qualify for Health Connector coverage and possibly subsidies through the ConnectorCare program.

**[Key Takeaways]**

To summarize all of the information that Cindy and I shared this morning, when a Health Connector member is eligible for Medicare, please encourage them to take action. They need to enroll in Medicare during their Initial Enrollment Period, and then, after completing their Medicare enrollment, they need to update the Health Connector about that Medicare enrollment. Whether they update their Health Connector online

application and report that they're not applying for coverage, or they can contact Health Connector's customer service.

Now, there are many benefits of being proactive here. The individual won't experience any gaps in coverage. They'll avoid paying Medicare penalties. They'll avoid paying for both Medicare and Marketplace coverage at the same time, or at the minimum, avoid getting billed for marketplace coverage. These people won't face the risk of owing back advanced premium tax credits at tax time.

Now, we want to remind everybody about the exception to this rule for people who might continue to be eligible for Health Connector coverage with APTCs, or in our case, people who would be able to continue to be enrolled in ConnectorCare. Remember, if somebody is not eligible for premium-free Part A, they can still stay enrolled or get enrolled in health coverage with the Health Connector and receive some support via advanced premium tax credits.

We truly encourage anyone who's going through this transition, anyone who has questions about Medicare to consult with a SHINE counselor and have them help determine the best, have them help them determine, and they can choose the best path forward.

Again, we really appreciate all of the work that all of you do and allowing us to just share these reminders with all of you.

**[Thank You!]**

(DEBBIE RAYMOND): I want to thank everybody for your time today. I want to thank Niki and Cindy. I want to wish you all a great rest of your day. Thanks again. Bye-bye.