

## **MA Health Care Training Forum Winter 2026 Meeting**

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

**[Disclaimer] (note there is no audio for this slide in the recording)**

Some slides from the live presentation were adjusted to improve accessibility; however, the content remains unchanged. Because this disclaimer slide was added, the slide numbers in the video may not match the slide numbers in the printable PowerPoint or PDF file.

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

(Sue Kane): Good morning, everyone. Welcome to the Massachusetts Health Care Learning Series meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. I'm pleased to introduce our presenters for today. Sarah Buonopane, Associate Director of Community Assistance Programs at the Health Connector, Niki Conte, the Director of Outreach and Education at the Health Connector, and Kara Chiev, Manager of MassHealth External Training and Communications. We're going to turn it over to Niki Conte at the Health Connector.

(Niki Conte): Great. Thank you so much, Sue. Again, thank you, everyone, for taking time out of your morning to join us for the Learning Series presentation. If you want to go on to the next slide.

### **[MA Health Care Learning Series] (Background)**

As background for those participants who maybe have less experience with the Health Connector and MassHealth, this is our opportunity, the Learning Series presentation is where both of our organizations, the Health Connector and MassHealth, come together to provide updates in an effort to help keep Massachusetts residents able to apply, able to keep their coverage, whether they have it through MassHealth, the Health Connector, or Health Safety Net. Really, our opportunity to point out where efforts from both of our organizations are closely aligned, where they differ, and major updates that you need to be aware of, depending on the time of year.

## **[Agenda]**

Going on to the agenda, I want to kick us off this morning with just a little bit of Health Connector background. Again, for those of you with more experience in this field, this should be just a refresher for you but also want to be mindful that there are new staff joining this group all of the time. We want people to have just some context about our organization and our programs before we dive into the updates.

We will cover some federal policy changes, in particular ways in which you can help former Plan Type 1 members access services. We'll spend some time talking about the end of this year's Open Enrollment and how individuals can still get into Health Connector coverage when they have a Special Enrollment Period. We'll talk about those rules for Qualifying Events. Then we will cover some member tax filing responsibilities from both the MassHealth as well as the Health Connector side. Lastly, we will have opportunity for Q&A.

## **[Health Connector Background]**

Diving into Health Connector background,

### **[What is the Health Connector]**

I want to just orient everyone to the idea that the Health Connector is the state's health insurance Marketplace. This was, we became a state-based Marketplace essentially because of the Affordable Care Act. In Massachusetts, the Health Connector is able to offer coverage for individuals, families, as well as small employers in our state.

For those of you who are new, you may be wondering, well "How is the Health Connector different from MassHealth? Who are the people who are getting their coverage through the Health Connector?" Essentially, our membership is made up of individuals who don't get health insurance through their job, their spouse, their partner, essentially those who do not have access to affordable employer-sponsored insurance, whether it's through their own job or someone else's.

Now, when you look at our enrollment, many people who make up our membership, who apply for assistance, get help paying for their monthly premium. We'll talk more about the ConnectorCare Program, as well as advanced premium tax credits.

Essentially, when someone comes through the Health Connector, they're not only able to shop for health insurance, but they can also shop for and enroll in dental insurance.

Lastly, really not covered so much via, in the MTF space, but really important for everyone's awareness is that through the Health Connector, we also have a platform for small businesses. If you are working with someone who, for some reason, mentions that they need coverage for their small business, or if you or a friend or family member just want to learn more about offerings for small employers in Massachusetts, you can go to our website, [mahealthconnector.org/business](http://mahealthconnector.org/business), and you can learn more about offerings for those employers that have 50 or fewer full-time staff.

### **[Health Connector Offerings]**

All right. I think this slide and the next couple really can ground you in the Health Connector's offerings. You see that we have, we make available access to unsubsidized plans. What that means, really, is these are plans that are available to consumers at full cost. They're from leading Massachusetts carriers, and there's no savings applied to those plans, meaning no state dollars, no federal dollars. Essentially, it's the opportunity for individuals to buy through us and compare and contrast the health insurance plans available through Mass-leading carriers a bit more easily.

We then also have subsidized health insurance coverage, and I've already mentioned we have a ConnectorCare program. This is a comprehensive set of health insurance plans also offered by all of the health insurance plans that sell through the Health Connector through the Marketplace. Individuals have to be eligible for a ConnectorCare plan to access savings, whether those are advanced premium tax credits with or without the combination of state dollars, additional state dollars. Then we have dental plans, and as I recently spoke about, we have small group plans.

### **[Plan Offerings for Individuals and Families]**

Going on to this next slide, I just want to point out that for individuals and families, they can shop for unsubsidized plans. They can apply for subsidy, meaning they can see if they qualify for help paying for their monthly premium through the ConnectorCare program, and they can see if they're eligible for advanced premium tax credits. Separately or together, these individuals and families can also apply for and enroll in dental coverage.

### **[Plan Offerings for Small Employers]**

For small employers, small employers have access to plans from all of the leading Massachusetts carriers, just like the plans available to individuals and families, with a

different purchasing structure. However, these small employers can also decide to offer plans that include dental or plans, just health insurance plans without dental. Just noting that whether you're an individual, family, or small employer, you do have access to both health and dental coverage.

### **[Federal Policy Changes]**

I hope that overview was helpful for anyone who's new to the MTF meetings. If you want to learn more about any of our offerings, please come to [mahealthconnector.org](https://mahealthconnector.org). Now I'm going to pass this part of the presentation over to my colleague, Sarah Buonopane, and she's going to step through federal policy changes.

(Sarah Buonopane): Thank you, Niki. Good morning, everyone. Thanks for being here today. You can go ahead. Thank you.

### **[Health Savings Account (HSA)]**

We first want to talk about the availability of Health Savings Accounts through the plans offered at the Health Connector. For the first time this year, all HSAs can be used with all of our individual bronze tier and catastrophic plans. If you are working with the consumer in a bronze plan or a catastrophic plan, they can pair that plan with an HSA in 2026.

Now, we'll discuss that Open Enrollment has ended, but just because Open Enrollment has ended, someone can still go out and buy an HSA for 2026. What they could contribute may be a little bit different if they do it later in the year, but it is still something that is available to them. That HSA would let people set money aside to help pay for out-of-pocket health care costs, and this is through an account that saves them money at tax time.

The Health Connector doesn't offer HSAs or endorse any particular company or brand but just want to note if somebody is looking for one, most larger banks or personal finance companies would offer an HSA option so they can explore different options. We have a link here to a page on our website that gives a little bit more information for people interested in that.

### **[January 1, 2026, ConnectorCare Changes]**

Let's review some of the changes that are in place now that we're in 2026. Again, due to federal policy changes, there are two major impacts to ConnectorCare for this year. The

first is that ConnectorCare Plan Type 1 has been eliminated. That plan type does not exist in 2026 currently. The second is that Plan Type 3D in the ConnectorCare program has also been eliminated and doesn't currently exist in 2026.

Just to kind of review a little bit more of the background, ConnectorCare eligibility includes the requirement that individuals are eligible for advanced premium tax credits or APTCs. Now, APTCs are only available to individuals earning between 100% and 400% of the federal poverty level. Individuals and families with income under 100% are no longer eligible for these APTCs. That effectively eliminates our Plan Type 1 program. Then the federal enhanced APTCs expired at the end of 2025. Therefore, those with income above 400% of the FPL are not eligible for APTCs and therefore not eligible for ConnectorCare. We do still have our website linked here as well, with updates about federal policy changes.

### **[ConnectorCare Considerations]**

When thinking about some of the considerations around ConnectorCare with these changes we had discussed that those individuals above 400% are not eligible for APTCs, therefore, eligibility for ConnectorCare has changed. Individuals who were between 400% and 500% and getting ConnectorCare, they're no longer getting ConnectorCare because they're no longer receiving APTCs.

However, individuals between 300% and 400% of the federal poverty level continue to be eligible for ConnectorCare through the ConnectorCare Expansion Pilot Program, which has continued in 2026. Then just a note, individuals above 400% could have enrolled through Open Enrollment or if they're currently eligible through an SEP now in an unsubsidized plan. Just want to remind you, as we talked about HSAs in the beginning, they could pair maybe if they've chosen a bronze or a catastrophic plan with an HSA as well.

### **[Ending ConnectorCare Plan Type 1 and How to Help Members Access Services]**

All right. Let's talk about those ConnectorCare Plan Type 1 members who are no longer able to be in ConnectorCare coverage and how you all in the community could help them access services. While they're no longer eligible for ConnectorCare Plan Type 1, that would be because of certain citizenship or immigration statuses, they could be eligible for MassHealth Limited and the Health Safety Net. Together, these programs can help residents get essential health care services that they may need.

Just as a reminder for some people, MassHealth Limited provides emergency health services to people who have an immigration status that keeps them from getting more services, either through MassHealth or they don't have a higher income to be getting those potential services in ConnectorCare now. Then the Health Safety Net pays community health centers and most hospitals for certain essential health care services provided to qualified, uninsured, and underinsured Massachusetts residents.

Just as a reminder, MassHealth Limited and the Health Safety Net are not health insurance policies. They don't provide MCC, which is the state's Minimum Creditable Coverage, or MEC, that federal requirement, but they can help the qualified individuals, again, access and receive services at the locations noted here.

### **[Helping Massachusetts Residents Get Essential Care]**

Here is just a little bit more information about where the services can be received. Again, these are emergency-type services through MassHealth Limited at emergency rooms or certain emergency services outside of a hospital. Health Safety Net can pay for services at acute hospitals and community health centers in Massachusetts. We do have a link here that you can download a list of HSN providers that may be helpful for you or to share with consumers you may be assisting.

Then just as a reminder, if you're working with somebody, they should make sure to report changes to their address, citizenship, or immigration status, income, changes to their family composition or size, email, phone number, all of those details to MassHealth as soon as possible, but no later than 10 days from the date of the change.

### **[Health Connector Members in Delinquency]**

Now we're going to discuss Health Connector members in delinquency. Health Connector members that are enrolled for a plan in January, even though we are in February, I do want to note how this works. Although you may have fewer people in this situation at this very moment, I think still relevant even for the future as well. Keep that in mind. For purposes here, they were enrolled in a plan for January, but they hadn't paid for that coverage, they are considered delinquent.

Someone who's enrolled in a plan but hasn't paid for the plan and they're in the current month, that's delinquency. This would include individuals that lost access to premium tax credits or ConnectorCare for plan year 2026 and were enrolled in unsubsidized

Health Connector coverage for January. You may recall for Plan Type 1 members, if they had automatic billing, we did not do that unless they proactively told us they wanted it.

You may have seen people or encountered situations where a Plan Type 1 person lost their ConnectorCare eligibility for January. They were enrolled in that unsubsidized plan, but they didn't pay for it, and maybe they had no intention of paying and having that unsubsidized coverage, they would have been in a delinquency status for January. Anyone who was enrolled in an unsubsidized plan but did not make the payment by January 23rd would have had their coverage terminated retroactively to December 31st. If any of those individuals qualify for a Special Enrollment Period or SEP at a future date, they would be able to come back into coverage with the Health Connector without being required to pay that past due premium.

ConnectorCare members that have not yet paid their premium for January, they would also be in a delinquency status. You have someone in ConnectorCare who is enrolled for January or February but hasn't paid, they're in delinquency as well. These members in ConnectorCare do have a grace period of three months to continue their ConnectorCare enrollment before they would subsequently terminate out of that enrollment. We've linked here our policy on coverage termination related to non-payment, if anyone wants to take a little bit of a deeper dive on how that works.

### **[Disenrolling from Health Connector Coverage]**

If any of these individuals who are in, say, delinquency want to disenroll for that given month, say, they're in February, and they haven't paid the premium but they don't intend to have coverage for February, they can proactively go ahead into their account and disenroll or cancel that enrollment. We do have our webpage here that covers information about canceling, including the steps that you would take online to cancel your coverage. That's linked here. Here's an image of that site that brings you through those steps.

### **[Closed Enrollment and Special Enrollment Periods (SEPs)]**

We're going to now talk about Closed Enrollment and Special Enrollment Periods, or we'll call them SEPs. You might occasionally hear us call them SEPs as well.

## **[Open and Closed Enrollment]**

Open Enrollment has been from November 1st through January 23rd. That has been true of our previous Open Enrollment, although we may expect shortened Open Enrollments in the future. Definitely keep an eye out on future timelines from us in future MTFs this year. Then Closed Enrollment would be the timeframes outside of that, which again has generally, and for this Open Enrollment that's just passed, been January 24th through October 31st.

## **[The Health Connector's Open Enrollment ended Friday, January 23, 2026]**

Our Open Enrollment ended Friday, January 23rd, and we're in Closed Enrollment timeframe now at the Health Connector.

During Closed Enrollment, consumers can still apply for health benefits. However, they can only enroll in Health Connector coverage if they qualify for that SEP. If someone qualifies under the rules of an SEP, they have up to 60 days to enroll in that QHP. I just want to note here; someone who's newly determined eligible for ConnectorCare could have an SEP. If that happens on or before January 23rd, when Open Enrollment ends, they would get that 60-day window to sort of extend them beyond Open Enrollment.

If someone, say, lost a job and lost their health insurance in January, they could have come in during Open Enrollment to get coverage for February 1st, but they would have their full 60 days that extends beyond Open Enrollment because they have an SEP. Some people will be ConnectorCare eligible right beyond that period, and they could still make a change or secure their enrollment within their SEP window. We have a link here at the bottom that reviews our Special Enrollment Period rules and policy as well.

## **[Special Enrollment Periods (SEP)]**

What can somebody do if they qualify for an SEP? It allows them to enroll in or change their health plan outside of annual Open Enrollment. Even if you have somebody who is currently enrolled, they could change their plan if they qualify for an SEP. Keep that in mind as well. It's not only for those who are coming in, but also our members that may experience changes throughout the year and want to change a plan as a result of that.

These changes are called Qualifying Events. They include certain life changes like getting married, having a baby, losing job-based health insurance, and they should be

reported as soon as possible. Again, it gives them 60 days from the date of that Qualifying Event to select a new plan or enroll in a plan through us.

Our payment and enrollment deadlines do still apply during someone's SEP. Individuals might be able to pay for their selected plan after that 60-day window, but they would have had to submit a plan selection through our shopping process within their 60-day SEP window. Sometimes we'll call it putting a plan in their shopping cart. That wouldn't be quite enough. They'd have to have fully selected the plan, although may be able to make that payment a bit outside of that window.

### **[Qualifying Events]**

Here, we've listed some of the Qualifying Events. We do have the extended, more detailed list linked here on a policy to our website on qualifying life events. You could see certain things include losing minimum essential coverage, moving to Massachusetts, being a victim of domestic abuse or spousal abandonment, being enrolled in Health Connector coverage but being newly eligible or not eligible for APTCs, newly eligible for ConnectorCare, or changing a ConnectorCare plan type as well would open an SEP and is a Qualifying Event, becoming lawfully present as well. Definitely go in and look through the list of Qualifying Events. I think that's really helpful to have if you're working with someone now during Closed Enrollment, who missed Open Enrollment, and wants to come in.

### **[ConnectorCare SEPs]**

Let's dig a little deeper into those ConnectorCare SEPs. As we noted previously, becoming newly eligible for ConnectorCare does give someone 60 days to enroll from the date of that eligibility determination. Anyone newly determined eligible for ConnectorCare, right before, on, or after January 23rd, that close of Open Enrollment, as we said, gets that automatic 60 days. You could see someone who came in for ConnectorCare eligibility during OE, and they could still have some of the tail end of their SEP open to enroll into coverage.

When it comes to this, our online system looks for any existing eligibility to determine if somebody is newly eligible. Then ConnectorCare members can't change plans outside of Open Enrollment unless they do experience a Qualifying Event, which can be a change of their ConnectorCare plan type. That would be moving, say, from Plan Type 2B

to 3A, that's a Qualifying Event. Then we also do have our ConnectorCare Premium Waiver. The beginning or end of a premium waiver would also be a Qualifying Event.

### **[ConnectorCare Qualifying Event and SEP Example]**

This is an example that lays out how that could look like for a member. In this example, we have Maria applying for coverage on February 13th and being determined eligible for Plan Type 2B. Maria has those 60 days to shop and enroll. She does that, picks her plan, and if she has a premium, makes that payment for ConnectorCare by March 1<sup>st</sup>, and she would have a premium in 2B, I should clarify that.

Then in July, Maria reports an income change, and that results in her moving from ConnectorCare Plan Type 2B to 3A, that's a Qualifying Event. Maria is eligible to change plans at that point, as that ConnectorCare plan type change is a Qualifying Event for her. If she would like to, she can consider a different plan and enroll in that plan.

### **[End of Year Tax Filing]**

At this point, I am going to hand it back to Niki to discuss end-of-year tax filing.

### **[Health Coverage and Taxes]**

(Niki Conte): Thanks, Sarah. In this section, we just want to spend a little bit of time with all of you to talk about some member responsibilities as it relates to tax filing. You may have heard us say before that health insurance and taxes don't seem to exactly go together, but in Massachusetts, at least for the last 20 years, there has been a connection. Health insurance information is needed for state and federal taxes, and we need that information for two reasons. It helps us determine subsidy eligibility and it also helps keep track, that individuals are in coverage that meet both state and federal coverage standards.

### **[Federal Tax Filing Requirements]**

As it relates to federal tax filing requirements, just a reminder that any Health Connector member that receives federal advanced premium tax credits have a responsibility to file and reconcile those tax credits on their federal tax return for every year they received advanced premium tax credits. A couple of other details to note. An applicant's tax filing status also impacts their eligibility for receiving tax credits. If you have a married couple, they must file taxes jointly unless, of course, they are a victim of

domestic abuse or spousal abandonment. They need to file those taxes jointly to receive access to advanced premium tax credits.

### **[State Tax Filing: Important Facts]**

Now, going on to state tax filing, in Massachusetts, we still have an individual mandate in place, and that requires most adults who are 18 and over to purchase or be enrolled in health insurance if it is affordable to them and meets Minimum Creditable Coverage standards. Consumers have to provide proof of their enrollment in health coverage on their state taxes annually, and if they fail to have health insurance for the entire year, it could result in a state tax penalty.

Now, there are certain people who are exempt and not subject to the state individual mandate penalty. For example, people whose incomes are under 150% of the federal poverty level. Now, I know as all of you work directly with members, clients, a lot of times you get questions from individuals about what happens if I don't have health insurance, for like, what are the penalties, what are the risks. There's more information on our website, and when you receive these slides, you'll get the link to this information. You can guide individuals accurately, depending on what their situation might be.

### **[Health Connector Member Forms]**

All right. As you can imagine, if individuals need to provide proof on both their state and federal taxes, the Health Connector, MassHealth, or the carriers need to send forms to members so that they can properly complete their tax forms. From the Health Connector, members are going to get a 1095 and a 1099-HC to use when they file their Massachusetts state taxes, as well as their federal taxes. Depending on how someone is enrolled in health insurance coverage through the Health Connector, they're going to get either a 1095-A or a 1095-B.

If someone is enrolled in a ConnectorCare plan or a Health Connector plan with advanced premium tax credits or one that's completely unsubsidized, they'll get a 1095-A from the Health Connector. If an individual is enrolled in a Catastrophic plan or a Health Connector for Business plan, they'll get a 1095-B from their health plan or the carrier. We tend to use those words interchangeably. Just want you to know that we're talking about the health insurance company, that plan.

Then for state filing taxes, or state tax filing, pardon me, individuals or members are going to receive their 1099-HC from their health plan, and that will be used to complete their state tax forms.

**[MassHealth Member Forms]**

All right. I think my colleague Kara is here as well. I wanted to give her a chance to talk about the MassHealth member forms.

(Kara Chiev): Thanks, Niki. Hi, everyone. In relation to tax forms, certain members, certain MassHealth members will receive both their 1095-B and 1099-HC form. Now, why certain members? When we look at our different MassHealth coverage types, there are certain programs that do not meet MCC and MEC standards. First, let's look at the coverage types that are comprehensive and do meet both MCC and MEC standards. They include MassHealth Standard, CarePlus, CommonHealth, and Family Assistance. MassHealth will send proof of insurance to each individual member who had coverage in 2025.

Looking at the Form 1099-HC first, for a member to receive this form, the following criteria must be met. The member must have had income that's greater than 150% of the federal poverty level at any point during calendar year 2025. The member must have an MCC coverage type for at least 15 days of any month during that calendar year. The member must have been at least 18 years old as of December 31st, 2025. MassHealth members with income at or below 150% of FPL throughout all of the calendar year of 2025 will not receive a Form 1099-HC.

As for Form 1095-B, MassHealth will mail each eligible member their form, which shows each month the member was covered in 2025. If the box covered all 12 months is marked, that means the individual was covered by MassHealth for the entire 2025 calendar year. If specific months are marked, that means the individual was covered by MassHealth only during those marked months.

Lastly, as you heard Sarah mention earlier, Health Safety Net and MassHealth Limited does not meet MCC and MEC standards. These members receiving services covered by HSN and Limited will not be sent a 1095 and or a 1099-HC form. Members should be receiving their forms now. Those forms went out or started to go out last week. As of February 1st, those members that want to access their 1095-B online, they can do that at [masshealthtaxform.com](https://masshealthtaxform.com).

For any questions related to the forms or to request a duplicate forms, members can call MassHealth at the number here, this customer service line, the 866 number, is very specific for tax forms and related questions. This customer service line will not be able to support questions related to MassHealth eligibility. For those, they would need to call MassHealth's main customer service line at 800-841-2900. Now I'm going to pass it back to Niki.

### **[Important Timelines and Dates for Tax Year 2025]**

(Niki Conte): Thanks, Kara. Kara will be with us for questions as well. Just in terms of timelines, by end of January, all 1095-A forms were sent to all Health Connector members who were enrolled in a Health Connector qualified health plan, including our ConnectorCare members. Also, the 1095-B forms were sent to certain MassHealth members that Kara just went over.

Then as you can imagine, people may get these forms, and when they look at them, they may want to correct something. Something's just not right. We're just recommending that they contact us, the Health Connector and MassHealth, as soon as possible to give time for the new forms with the adjustments, if there are any to be made, to be sent to them prior to the tax filing deadline. We're giving a range between March 1st to 18th, really, so that people can meet the deadline for both state and federal tax filing.

### **[Free Tax Assistance]**

All right. In terms of supports, there are a number of places across Massachusetts where people can get some free tax assistance. There is VITA, TCE, and the AARP Foundation for Tax-Aide. VITA is the Volunteer Tax Assistance Program, and these are IRS-certified volunteers, and they're basically able to help with free, fairly basic income tax returns. They'll file those electronically for individuals who qualify. Generally, people need to make \$69,000 or less.

Now, Tax Counseling for the Elderly, these folks are also certified by the IRS. However, they specialize in questions about pensions and retirement-related issues that, typically, individuals over 60 years of age may have, may ask. Then lastly, the AARP Foundation Tax-Aide, they're there to help. Again, they have generally people who are 50 years of age or older. That's their target audience. However, you don't need to be a member of AARP to use that free support.

**[Helpful Tax Resources]**

If you go to the Health Connector's Taxes webpage, so that's [mahealthconnector.org/taxes](http://mahealthconnector.org/taxes), we have a number of resources laid out on our website. You can get links to that free tax filing support. You can get an explanation of the tax forms, basically the information that Kara and I just went over. Some of you know that since ConnectorCare members are typically in the lower income brackets, some of them don't, aren't used to filing taxes.

We also have letters available in English, Spanish, I'm not sure about Portuguese, but we can certainly check, that you can print out or a member can print out and bring to their tax filing professional that literally just says, "I do need to file taxes because I'm a ConnectorCare member," something along those lines. There are lots of helpful resources on these pages, and we just encourage you to take a look when you have a moment.

**[Thank You]**

(SUE KANE): Thank you, everybody. I hope you have a great rest of your day. We'll see you soon. Bye-bye.