



Learning Series

Massachusetts HealthCare Training Forum (MTF)

Winter 2023

MassHealth and the Health Connector Updates

MA Health Care Learning Series

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

- MassHealth Member Eligibility Redeterminations (2023-2024): Communications Toolkit
- MAhealthconnector.org System Updates
- Health Connector Special Enrollment Period (SEP) Review
- End of Year Tax Filing Reminders
 - Scenario
- Resource

MassHealth Member Eligibility Redeterminations (2023-2024): Communications Toolkit

MassHealth's Response to COVID-19 FPHE

In March 2020, the federal government declared a public health emergency (PHE) due to the COVID-19 pandemic. In response to the PHE and consistent with federal continuous coverage requirements, MassHealth put protections in place that prevented members' MassHealth coverage from ending during the COVID-19 emergency. When **continuous coverage requirements end on April 1, 2023**, MassHealth will return to our standard annual eligibility renewal processes.

- Once the continuous coverage requirements end, all current MassHealth **members will need to renew their health coverage** to ensure that they still qualify for their current benefit
- Renewals will take place over 12 months

Communication and Outreach Plan

MassHealth will communicate to members in 2 phases:

Current Phase



Phase 1: NOTIFY: Prepare for renewal of all MassHealth members

- MassHealth will work with stakeholders and other partners to make sure members know how to avoid gaps in coverage when renewals begin

Phase 2: Educate members about how to renew their coverage

- MassHealth and its partners will directly outreach to members when they are selected for renewal to make sure that they complete their renewal and, if applicable, know their options for affordable health coverage

Phase 1 Toolkit

Phase 1 Key Messages

During Phase 1, MassHealth and its partners should use the following key messages to educate members about the upcoming renewals and make sure they do not have any gaps in coverage

- 1. Update contact information:** Make sure to update date address, phone number, and email
- 2. Report any household changes:** These include a new job, address, changes to your income, disability status, or pregnancy

Phase 1 Toolkit

Phase 1 Key Messages

3. **Create an MA Login Account.** Current members under the age of 65 can create an and access their information through MA Login Account- the fastest way to renew your MassHealth and Health Connector coverage, update your information, and report changes
4. **Read all mail from MassHealth.** MassHealth will mail you information about members health benefit that may require them to take action to keep their current coverage
 - Look out for a blue envelope in the mail
and make note of the important deadlines



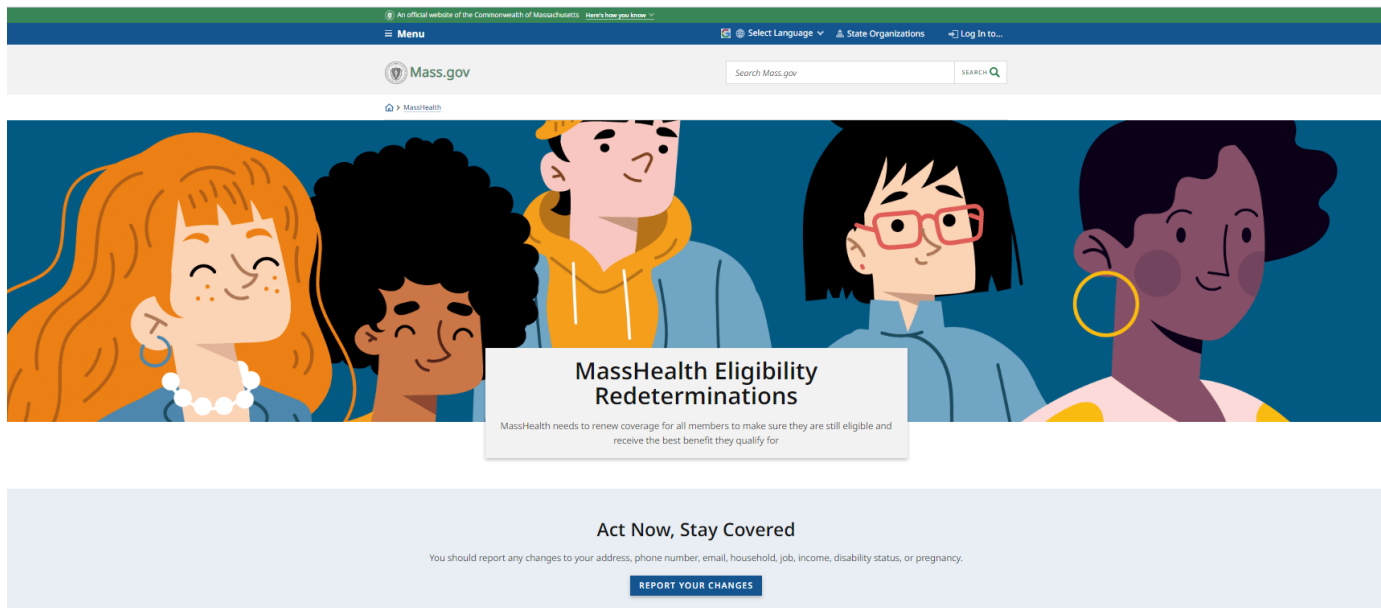
Phase 1 Toolkit

- MassHealth Toolkit:

- [MassHealth Eligibility Redeterminations](#)

“Your Family. Your Health.” Campaign

- The community-oriented campaign will focus on creating multi-lingual and equity-focused member materials to ensure members receive additional supports to assist them with the renewal process



The screenshot shows the top portion of the MassHealth website. At the top, there is a navigation bar with a 'Menu' icon, 'Select Language' dropdown, 'State Organizations' link, and 'Log In to...' link. Below this is a search bar with the text 'Search Mass.gov' and a magnifying glass icon. The main content area features a large banner with an illustration of five diverse people. Overlaid on the banner is a white box with the text: 'MassHealth Eligibility Redeterminations' and 'MassHealth needs to renew coverage for all members to make sure they are still eligible and receive the best benefit they qualify for'. Below the banner is a light blue section with the text 'Act Now, Stay Covered' and a smaller line of text: 'You should report any changes to your address, phone number, email, household, job, income, disability status, or pregnancy.' At the bottom of this section is a blue button with the text 'REPORT YOUR CHANGES'.

Update Your Contact Information

- **MassHealth has partnered with a third-party data source, LexisNexis, to match member contact information**
- Beginning the week of **1/9/2023**, heads of household with discrepant contact information will receive a notice informing them if LexisNexis has found updated contact information for their account (mailing address, phone, or email)
- For **members with a new address match**, the notice will be sent to both the current address on file and the new matched address
- Members can update their contact information by going online to MAhealthconnector.org (for members that have access to their HIX account) or call MassHealth Customer Service to update their contact information
- This mailing will run for 4 weeks

MAhealthconnector.org System Updates:

- **Continuing with an Application When HUB Services is Down**
- **Enhanced Application Flow**
- **Enhancement to MassHealth Adult Disability**
- **3-Month Retro Coverage for Pregnant Individuals and Children**
- **Family Glitch**

Continuing with an Application When Data Sources are Unavailable

Applications can now be submitted even when some Federal data sources are unavailable

- Previously, if any data sources were “down,” and individual wouldn’t be able to update and re-submit their application
- With updates in December’s HIX release, applicants will be able to make updates even when some data services are not available. HIX will “hold on” or place the application in **Suspend** and try to re-check the data sources over a period of 25 hours
- If the data services become available, the application will be automatically processed and use the new information to verify the applicant’s information if possible
- If the data services are still unavailable after 25 hours, the application will be submitted and the individual may receive a Request for Information (RFI) to provide verifications

Sample Screenshot: Suspended Message on Rights and Responsibility Screen

The screenshot shows a web page titled "Rights and Responsibilities" with a grey background. A white dialog box with a red border is overlaid in the center. The dialog box has the title "Confirm" and contains the following text: "Due to the unavailability of federal data sources, we are unable to determine your eligibility at this time, but will do so as soon as possible. If you want to apply the changes you reported to your 2023 eligibility application, please click 'Yes'. If not, please click 'No'." Below the text, there is an "Important:" note: "Important: If we determine that there are any applicants who are eligible for MassHealth coverage, we will automatically apply the reported changes to the 2023 application automatically." At the bottom of the dialog box, there are two buttons: a blue "Yes" button and a white "No" button with a blue border. A red arrow points upwards from the bottom left of the dialog box towards the "Yes" button. The background page has a heading "Rights and Responsibilities" and a sub-heading "When you see a star (*), you must complete the field." Below that, it says "When you see an ⓘ, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more." The main content of the page is partially obscured by the dialog box but includes a list of points starting with "This application will be used to..." and "On behalf of myself and all persons..."

Rights and Responsibilities

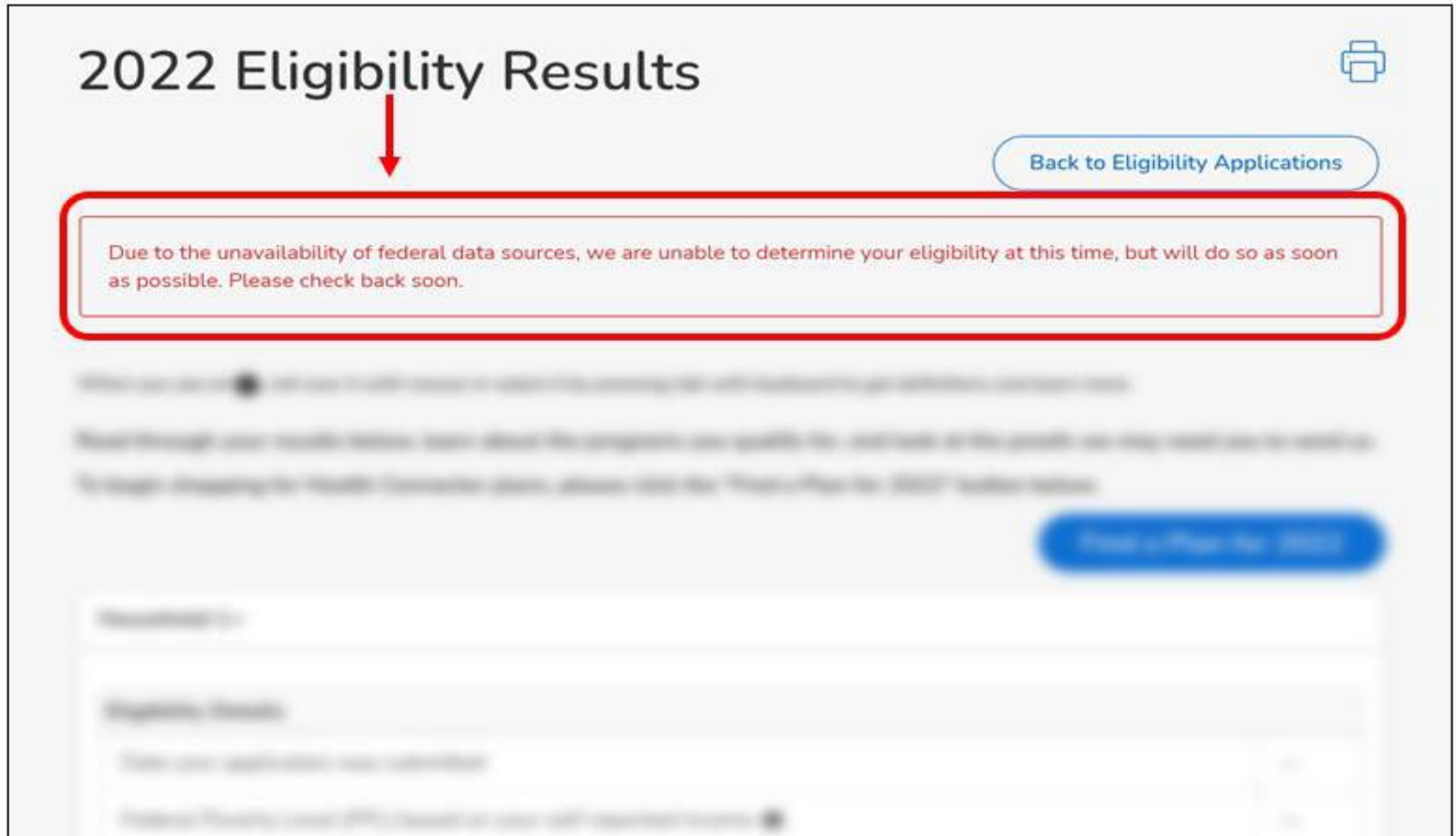
When you see a star (*), you must complete the field.
When you see an ⓘ, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

This application will be used to... premium subsidies administered for Health Safety Net.

On behalf of myself and all persons...

1. MassHealth may require eligible persons to pay for MassHealth payment of premium...
2. Employers of eligible persons and community health centers provide...
3. I may have to pay a premium for the State deducting the amount... not have to pay premiums for...
4. MassHealth has the right to purchase... persons enrolled in MassHealth... support, or individuals obligated to pay under accident settlements. Eligible persons must cooperate with MassHealth in establishing third party support and obtaining third-party payments for themselves and anyone whose rights they can legally assign. Eligible persons may be exempted from this obligation if they believe and tell MassHealth that cooperation could result in harm to them or anyone whose rights they can legally assign.
5. A parent and/or guardian of minor children must agree to cooperate with state efforts to collect medical support from an absent parent unless they believe and tell MassHealth that cooperation will harm the children or the parent or guardian.

Sample Screenshot: Eligibility Results Screen Banner Message



Continuing with an Application When HUB Services is Down

HIX will:

- Display a confirmation message of the Rights and Responsibilities page as well as an informational message on the Eligibility Results screen to convey that the HIX system is not able to make a program determination due to unavailability of HUB service(s) and the account holder should come back later to view the results
- Use the application submission date for eligibilities determined after HUB Services are down and the application was placed in a Suspended status

Note: HIX will use the determination date when the eligibility transitioned from Suspended to Submitted status

Updates to Rental/Royalty and Farm/Fishing Income Questions

Rental/Royalty Income

Before Release 26, the system asked the user to enter rental/royalty amount (profit or loss) per month regardless of what frequency the user has selected

Users entering rental/royalty income (profit or loss) are now required to enter an amount based on a monthly frequency only. With this update the question, “What is the profit or loss you receive per rental per month?” was revised. Instead, users are required to enter the profit or loss income amount, and then select the preferred frequency

The following updated language will be displayed: “How much net rental income (profits or losses after expenses are paid) or royalty income does (member/applicant) get?”

Farm/Fishing Income

- Before R26, HIX did not capture number of hours worked in Farming or Fishing income. With this update, HIX will allow users to enter and/or update Hours per week in Farming or Fishing Income details. For existing individuals that have this type of income on file, HIX will default to 40 hours. Farm/Fishing hours will be a blank/mandatory field for new entries of Farm/Fishing income

Farming or Fishing Income 1

How much does shdgh O get from farming or fishing income?
Only tell us about the amount of profit earned after any losses (your "net" amount). If the net amount is a loss, enter the amount with a minus sign (-) in front. For example: \$-200

Amount *

\$ _____

Income Effective Date (MM/DD/YYYY) *

How many hours does shdgh O work per week? *

Enhanced Application Flow

Before Release 26, the Family & Household section of the application requires users to input information by navigating through screens to answer questions regarding:

- Tell Us About Your Household
- Parent/Caretaker Relatives
- Address Details
- Intend To Reside
- Enter Household Members Relationships
 - multiple screens display to determine the relationship among all applicants/non-applicants

Enhanced Application Flow: New Flow

The new sequence of screens will be streamlined for the Family & Household section, account holders will navigate through screens to enter:

- Address Details
- Intend To Reside
- Enter Household Members Relationships
- Tax Filing Information (renamed from Tell Us About Your Household)
 - lives with and relationship questions have been removed

The enhancement will improve the application flow by not asking duplicate or redundant questions

Enhancement to MassHealth Adult Disability

MassHealth received federal authority through its 1115 Waiver of not requiring members to meet a one-time deductible or need to meet a 40 hours per month work requirement. However, the system may calculate a one-time deductible in very limited scenarios, but this will NOT impact a member's eligibility. Learn more about the [Changes to Streamline MassHealth CommonHealth Eligibility for Adults](#)

In R26 enhancements, HIX will create the Disabled Adult Household composition and calculate the Disabled Adult Household FPL for young adults and adults

There will be no changes to how MassHealth:

- Collects disability or Medicare information from various sources
- Verifies a disability

Enhancement to MassHealth Adult Disability

Reminder: Unlike MassHealth MAGI Household composition, MassHealth Disabled Adult Household composition DOES NOT base household composition on whether the individual files federal taxes or whether they are claimed as a tax dependent on a federal tax return. Instead, household composition is the same as the non-filer rules for adults

The Disabled Adult Household composition consists of:

- Individual
- individual's spouse (if residing with them)
- individual's children under 19 (natural, adopted, or step if residing with them)
 - if any of the above are pregnant, the number of expected children

Enhancement to MassHealth Adult Disability

The MassHealth Disabled Adult Household composition is used to determine financial eligibility for disabled adults for the following MassHealth coverage types:

- MassHealth Standard
- MassHealth Family Assistance
- Health Safety Net (HSN)
- MassHealth CommonHealth
- MassHealth Limited

MassHealth disabled adult members will receive their notices through HIX

MassHealth's 1115 Demonstration Waiver: 3-Month Retro Coverage for Pregnant Individuals and Children

Beyond the PHE, the Centers for Medicare & Medicaid Services recently approved MassHealth's 1115 Demonstration Waiver. This waiver allows MassHealth to provide retroactive eligibility up to three calendar months prior to the date of application for applicants who are pregnant and for children younger than 19 years of age. To qualify for MassHealth retroactive eligibility coverage up to three months before the date of the application, the member or applicant must have been eligible during the retroactive period

Learn more about the [Three-Month Retroactive Eligibility for Certain MassHealth Applicants](#)

3-Month Retro Coverage for Pregnant Individuals and Children

In Release 26, the following new questions will seek to capture these requests in the **More About Your Household** screen:

- Do any of these people have bills for medical services they got in the last 3 months before the month we got their application? If yes, complete the rest of this section
- What is the earliest date the member/applicant needs MassHealth? You can apply for Medicaid to help you pay for bills for medical services you got in the 3 months before the month we got your application (MM/DD/YYYY)
- Did the member/applicant have any change in circumstance during this time?


***Note: The ACA-3 paper application will align with the online application in March 2023**

3-Month Retro Coverage for Pregnant Individuals and Children

HIX will automatically determine if the pregnant woman or child qualifies for retro coverage if:


- The requested retroactive MassHealth start date is within the past 3-months (first day of the third month back) of the paper/in-person application date or the application submission date during final Program Determination
- Retro coverage will not be granted when the member was eligible for Health Safety Net (HSN) Full/Partial or Children's Medical Security Plan (CMSP) within the 3-month retro request timeframe or if the application is in a **Decision Pending** or **Suspended** status

Sample Screenshot: 3-Month Retro Coverage for Pregnant Individuals and Children

Do any of these people have bills for medical services they got in the 3 months before the month we got their application? If yes, complete the rest of the section. * 

daddy YI

What is the earliest date daddy YI needs MassHealth? You can apply for MassHealth to help you pay for bills for medical services you got in the 3 months before the month we got your application. (MM/DD/YYYY) *

Did daddy YI have any change in circumstances during this time? * 

You may need to send us documents as proof of the change in circumstances. You may need to send more than one document to verify your information.

Yes No

Mariya YI

Child YI

None of these people

[Save and Continue](#)

[Back](#)

Family Glitch

Family Glitch fixed: Affordability of employer sponsored insurance (ESI) considers the cost for the entire family due to a new IRS rule

- Previously the affordability of an employer sponsored health plan was based solely on the cost of the plan for the employee and not the whole family. This left many dependents without affordable employer sponsored coverage and unable to access tax credits, or subsidies, through the Health Connector. This issue was often referred to as the “family glitch”
- The new rule eliminates the family glitch by considering the cost of a family plan when determining whether an employee’s family has access to affordable coverage. The new IRS rule takes effect for plan year 2023
- The Health Connector application has been updated to include a new question in the 2023 application about the cost of family coverage offered by an employer
- This will change how affordability is calculated for family members who have ESI offered through their spouse or parent’s employer and determine if family members qualify for subsidies if their ESI is unaffordable

Family Glitch (cont'd)

- More applicants and members will qualify for help paying for Health Connector coverage due to this change
- Importantly, there are no changes to the rules about whether the employee has access to affordable coverage. Affordability for an applicant who is offered coverage by their employer will still be based on the lowest-cost self-only plan
- The new question allows the applicant to provide information about the cost of the individual and family premiums, and the Health Connector will use the information provided about the family premium to calculate affordability and make determinations about tax credits
- The online application now includes the new question; however, the paper ACA-3 does not currently have this question. It is expected to be included in the next version of the paper ACA-3 in March 2023

Family Glitch (cont'd)

Application Updates:

Applicants and members are asked questions about whether they are enrolled in and/or offered health insurance outside of the Health Connector. If they say that they are offered ESI, there is now a drop-down menu that will allow the applicant and member to tell us which family member(s) are offered ESI individually (self) versus family option coverage. If coverage is offered to others besides the employee, an additional question to gather the cost of covering those family members will appear

The new questions will allow the Health Connector to:

- More clearly identify an applicant's employer in the health insurance section of the application
- Capture family premium information where applicable
- Determine affordability of family coverage and considers it in the family members' eligibility
- [Job-based Insurance Affordability Calculator – Massachusetts Health Connector](#)

Family Glitch Sample Screenshot

Health Insurance Information for John Doe

When you see a star (*), you must complete the field.
When you see an **i**, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

[Find out more about insurance from a job and other coverage types.](#)

Is John Doe enrolled in health insurance? * **i**

Yes No

Is John Doe offered any health insurance? * **i**

Yes No

Employer-sponsored insurance (insurance offered through a job)

Current Job COBRA Retiree Health Plan

Tell us which employers offer health coverage:

Employer Name *

John Doe's Employer - ABC Limited

Please Select


John Doe's Employer - ABC Limited

Jane Doe's Employer - XYZ Limited

Other coverage.

Employer Address

For your updated or new information as a new employer. Do not type over text that may affect your ability to qualify for some programs that help pay for health



Family Glitch Sample Screenshot

EXAMPLE: John Doe has indicated that his wife Jane has access to his ESI, so the new question in the red box will appear:

Please select the members covered in this policy: *

Jane Doe

None of the Above

Does John Doe expect any changes to the coverage in 2022? *

Yes No

Does the health plan meet the "minimum value" standard for coverage? *

[Learn more about what minimum value means.](#)

Yes No

How much would John Doe have to pay in premiums for the lowest-cost plan that meets the minimum value standard? Please provide the cost of the individual (self) health plan, not the cost of a family health plan.

Plan Premium Cost: *

\$ _____ every _____ How often _____

How much would John Doe have to pay in premiums for the lowest-cost plan that meets the minimum value standard? Please provide the cost to cover the members selected above under the family health plan.

Plan Premium Cost: *

\$ _____ every _____ How often _____

Medicare



Health Connector Special Enrollment Period (SEP) Review

Special Enrollment Periods (SEP)

If an individual qualifies for a SEP, they can enroll in or change health insurance plans outside the annual Open Enrollment period

- **Changes that allow an individual to qualify for a SEP are called Qualifying Events, and may include:**
 - Changes in household composition, income, immigration status, or address
 - Certain life changes, like getting married, having a baby, or losing job-based health insurance
 - All Qualifying Events should be reported as soon as possible
- **A SEP gives someone 60 days from the date of the qualifying event to select a new plan**
 - Individuals may pay after the 60-day window, but they must submit a plan selection in the shopping process within 60 days—a plan in their shopping cart is not enough
 - Payment and enrollment deadlines still apply during a SEP

Qualifying Events

- Gains a dependent or becomes a dependent as a result of:
 - Marriage
 - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Loses pregnancy-related coverage or medically needy coverage under the Social Security Act
- Is enrolled in Health Connector coverage and loses a dependent because of death, divorce or legal separation
- Moves to Massachusetts or gains access to new plans as a result of a permanent move (including release from incarceration)
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare or has a ConnectorCare plan type change
- Is enrolled in Health Connector coverage and becomes newly eligible or ineligible for APTCs
- Is a victim of domestic abuse or spousal abandonment
- Start or end of a ConnectorCare premium waiver
- Exceptional circumstances
- Waiver from the Office of Patient Protection
- Erroneously enrolled or not enrolled due to error, misrepresentation, or misconduct or inaction of the Health Connector or entity affiliated with the Health Connector providing enrollment activities
- Carrier substantially violated a material provision of its contract with the enrollee
- NOTE: A new applicant who applies during closed enrollment and is determined eligible for tax credits only and who doesn't meet another qualifying event above, does NOT qualify for an SEP as a result

ConnectorCare SEPs

Becoming newly eligible for ConnectorCare gives consumers **60 days to enroll** from the date of the eligibility determination

- The online system will look at any existing eligibility to determine if consumer is newly eligible
- ConnectorCare members cannot change plans unless they experience a new qualifying event, which includes a change of plan type or the start or end of a ConnectorCare premium waiver
 - **Example:** John applies on **4/1 and is determined ConnectorCare eligible**. He has 60 days to shop. He picks a plan and pays his first premium by the due date and is enrolled in a ConnectorCare plan
 - **In June,** John reports an income change to his application that **results in a ConnectorCare Plan Type change**. John is eligible to change plans, as a ConnectorCare Plan Type change is a qualifying event

Health Connector Policies

To review the complete policy on qualifying events for individuals and families go to: [Policy NG-5 Mid-Year Life Events or Qualifying Events \(mahealthconnector.org\)](https://www.mahealthconnector.org/about/policy-center/policies)

To find all of the Health Connector policies, go to the Policy Center

[Policies – Massachusetts Health Connector \(mahealthconnector.org\)](https://www.mahealthconnector.org/about/policy-center/policies)

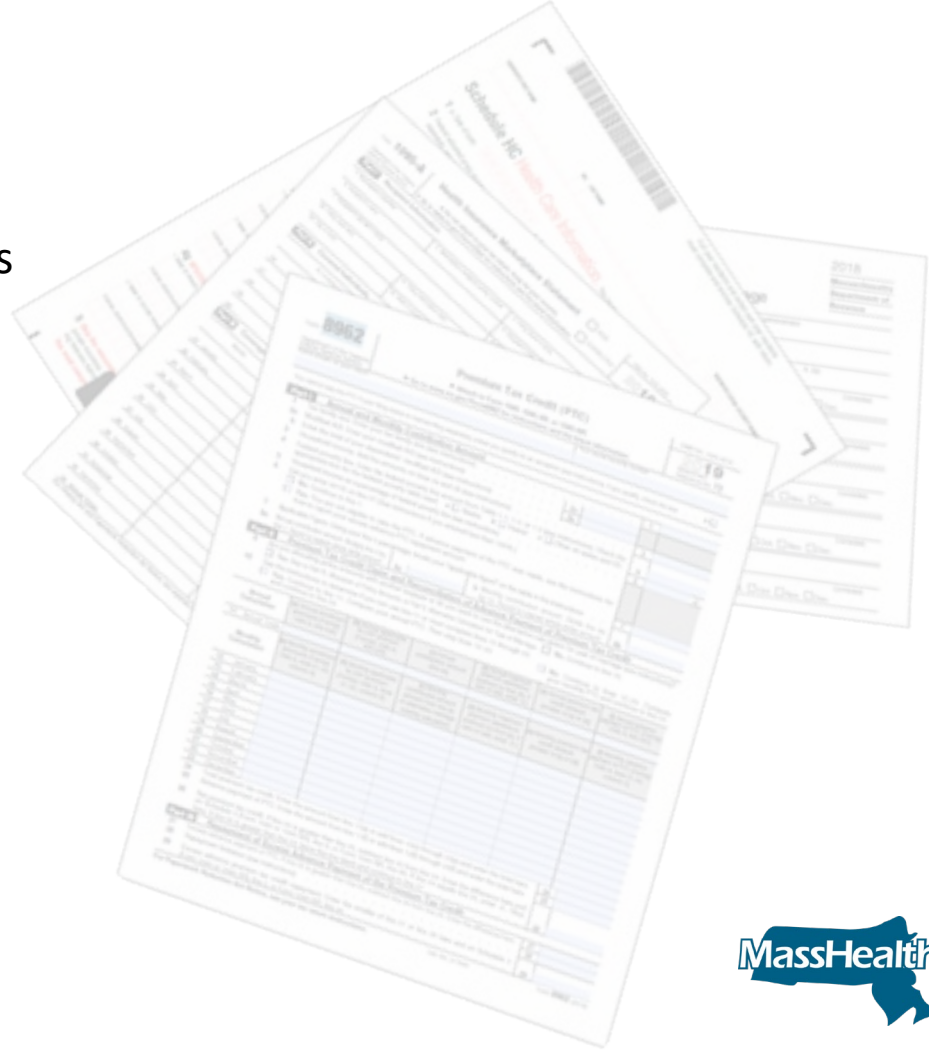
The screenshot shows the website's interface. At the top, there is a dark blue navigation bar with a grid icon, a "Get an Estimate" button, and a "Help Center" link. Below this is the Massachusetts Health Connector logo, which includes the text "MASSACHUSETTS HEALTH CONNECTOR" and the tagline "the right place for the right plan". To the right of the logo are three navigation links: "GET STARTED", "LEARN", and "ABOUT". The main content area has a light gray header with the word "Policies". Below this, a paragraph states: "These policies are for insurance plans offered through the Health Connector. From time to time, our policies...". Underneath, a section titled "Policy Groups:" contains a bulleted list: "• Non-group Policies – For **individuals and families**, only" and "• Small-group Policies – For **Health Connector for Business**, only". Further down, there is a section titled "Non-Group Policies" and another titled "Eligibility". Under "Eligibility", there are two links: "NG-1: Eligibility for Individual / Family Plan" and "NG-2: Eligibility for Federal and State Financial Support for Individual / Family Plan".

End of Year Tax Filing Reminders

Health Coverage and Taxes

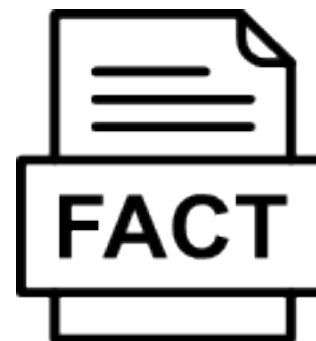
Health insurance information is needed for federal and state taxes for two reasons:

1. Determining subsidy eligibility
2. Meeting coverage requirements



Health Coverage and Taxes

Important Facts

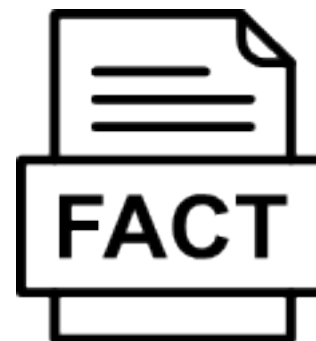


Federal Tax Filing:

Consumers that receive federal advance premium tax credits (APTCs) must file and reconcile them on their federal tax return in order to continue to be eligible for them in future years

- An applicant's tax filing status also impacts their ability to receive tax credits. For example, married couples must file taxes jointly to receive access to APTCs (with the exception of victims of domestic violence)
- In **2017** the Tax Cuts and Jobs Act set the penalty for the federal individual mandate to \$0 beginning with tax year **2019**
 - Individuals will not have to show that they had health insurance coverage when filing their federal taxes
 - Individuals that did not have Minimal Essential Coverage (MEC) for all or part of the year will not have to pay a penalty or file for an exemption **on their federal tax return**

Health Coverage and Taxes



Important Facts

State Tax Filing:

The Massachusetts Individual Mandate is still in effect

- Massachusetts requires most adults 18 and over to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards
- Consumers will have to provide proof of their enrollment in health coverage on their state taxes
 - Failure to have health insurance for the entire year may result in a **state tax penalty**
 - Consumers may be able to get an exemption if Minimum Creditable Coverage is not affordable for them or for other special circumstances or hardships

Complying with the State Individual Mandate

- If members had coverage for **the full year**, they check a box for full year coverage on their state income tax return
- If they did not have coverage for the full year, they should use the **Form(s) 1099-HC** they received to complete **Schedule HC** with their tax return to report **their months of coverage**
- If a member needs to apply for a state mandate exemption they can indicate their **wish to appeal** on the **Schedule HC** when they file their state taxes
 - The Massachusetts Department of Revenue will send them a letter asking for more proof of their hardship, which the Health Connector will review
 - No penalty will be assessed until the Health Connector has made a decision

Health Connector Members Get 1095 and 1099-HC

These forms will be used when members file their Massachusetts State Taxes and Federal Taxes

To request a correction to form 1095-A:

- If Members believe there's a mistake on their **form 1095-A**, they should call **Health Connector Customer Service**. A Customer Service Representative can let members know if a corrected form is needed

Health Connector Members Get a 1095 and 1099-HC

These forms will be used when members file their Massachusetts State Taxes and Federal Taxes

Program	1095 info	1099-HC info
ConnectorCare	1095-A from the Health Connector	1099-HC from their health plan (carrier)
QHP with APTC or unsub		
Catastrophic plan	1095-B from their health plan (carrier)	
Health Connector for Business		

To request a correction to form 1095-A:

- If Members believe there's a mistake on their form 1095-A, they should call Health Connector Customer Service. A Customer Service Representative can let Members know if a corrected form is needed

MassHealth Members Get 1095-B and 1099-HC

MassHealth members enrolled in certain MassHealth coverage types will receive:

Program	1095 info	1099-HC info
Standard	1095-B from MassHealth	1099-HC from MassHealth, unless member was 18 years or older and was <150% FPL all year
CarePlus	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
CommonHealth	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Family Assistance (Direct Coverage)	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Health Safety Net	No form – not MEC	No form – not MCC
Limited	No form – not MEC	No form – not MCC

- **For questions** about why members received the Form MA 1099-HC or Form 1095-B from MassHealth, or if members want a **duplicate copy of either form**, contact the MassHealth Customer Service Center at (866) 682-6745, TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled



Members with Overlapping Health Connector and MassHealth Coverage

There are situations when a member can get tax credits even though they have other coverage. They will receive two 1095 forms showing the overlapping coverage for those months

- For example, people who transitioned between MassHealth and Health Connector programs or those who received retroactive MassHealth eligibility

In general, if a member thinks their overlapping coverage was valid, they can report **Health Connector coverage only for that month** when filing their taxes

- They do not need a corrected form from MassHealth, even if they do not report the MassHealth coverage on their taxes
- MassHealth must tell a member if they had MassHealth coverage for at least one day in a month, but the member must decide if that coverage means they must repay tax credits

Members with Overlapping Health Connector and MassHealth Coverage (cont'd)

IRS regulations say that if there is overlapping coverage with Medicaid (MassHealth) and a subsidized plan with APTCs/ConnectorCare through the Health Connector, the consumer will not have to pay back subsidies for that first overlapping month of coverage following an eligibility change

However, they may have to repay the APTCs starting the second month after the eligibility determination

Important Dates for filing 2022 taxes

Dates	Action
Mid-Late January	1095-A forms sent to all Health Connector members enrolled in a QHP (including ConnectorCare members)
January	1095-B forms will be sent to certain MassHealth Members
March 1 st	Individuals are asked to report any corrections to 1095 or 1099-HC forms to the Health Connector and/or MassHealth and new forms to be sent out prior to the tax filing deadline
April 18th	State and Federal Tax filing deadline

Key Points for Tax Filing

Key Points for Tax Filing

Health Connector members enrolled in a Qualified Health Plan (including ConnectorCare) must:

- Reconcile any APTCs they received during the year on their federal tax returns
- Members get APTCs based on their projected income. At tax time, they must "reconcile," or compare, the amount of credits they received in advance during the year against the amount they qualify for based on the income they calculated on their tax return
- Households that did not claim an APTC during the year may claim a **Premium Tax Credit when they file their taxes** if they are eligible for one, even if they did not request financial assistance when they applied
- There is not a requirement to file state income taxes based on enrollment in a Health Connector plan the same way enrollees who receive tax credits must file a federal return
 - However, enrollees who do file a state return will be asked to show proof of coverage that meets Minimum Creditable Coverage (MCC) standards
 - All health insurance plans sold through the Health Connector meet the MCC standards

Key Points for Tax Filing (cont'd)

Remind members:

- Tax filing status also impacts a member's ability to receive tax credits. For example, married couples must file taxes jointly to receive APTCs
- Tell the state about any changes such as income, job loss or change, marriage or pregnancy, to help minimize unexpected repayments when reconciling their taxes
- Keep MassHealth and Health Connector documents as they may be needed if the IRS or their tax preparer has questions about their coverage:
 - 1095 and 1099-HC forms
 - Eligibility and enrollment notices which can be used to help determine their coverage effective date
- They can indicate their wish to apply for a state mandate exemption on their Schedule HC when filing their state taxes
- There is free tax assistance available, if needed

Free Tax Assistance

Free Tax Assistance

VITA: The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make \$60,000 or less, persons with disabilities and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals

TCE: The Tax Counseling for the Elderly (TCE) program offers free tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors. The IRS-certified volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS

AARP Foundation Tax-Aide: offers free tax help to anyone especially for those age 50 and older who can't afford a tax preparation service. IRS-certified volunteers understand that retirement or other life changes may make tax filing a little more complicated. AARP membership is not required

Helpful Tax Resources

- Free Tax Return Preparation for Qualifying Taxpayers

<https://www.irs.gov/individuals/free-tax-return-preparation-for-you-by-volunteers>

- Affordable Care Act (ACA) Tax Provisions

<http://www.irs.gov/Affordable-Care-Act>

- Individual Shared Responsibility Provision

<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision>

- Health Connector tax resources

<https://www.mahealthconnector.org/taxes>

Resource

SNAP Benefit Update



Extra COVID Food Funds for Families Ending March 2

- Extra COVID Supplemental Nutrition Assistance Program (SNAP) benefits, known as SNAP Emergency Allotments, were created during the pandemic to help individuals and families buy food
- These extra COVID benefits are the difference between a household's normal benefit amount and the maximum amount for their household size, with a minimum amount of \$95 a month
 - The benefits have been put on EBT cards at the beginning of each month. Since March 2020, Massachusetts has elected to utilize this temporary benefit program that was made available under the Families First Coronavirus Relief Act
- Recent action by the federal government (through the Congressional Consolidated Appropriations Act 2023) ends the extra COVID SNAP benefits as of February 2023. **This means that Massachusetts households will receive their last extra COVID SNAP payment on March 2, 2023**

Extra COVID Food Funds for Families Ending March 2

The state **launched a new website:** [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP) to help residents plan for the end of these temporary federal benefits. Over the next several months, individuals and families should explore any optional expenses that may increase their normal SNAP benefits

Help spread the word about the end of these extra COVID SNAP benefits:

- [Outreach materials are available in 16 languages](#) - including flyers, text/email/robocall templates and social media posts
- [Videos](#) are available in English, Spanish, and American Sign Language (ASL)
- Encourage households to visit [Mass.gov/ExtraCOVIDSNAP](https://www.mass.gov/ExtraCOVIDSNAP) to learn how they can get the most out of their SNAP benefits, save some of it to help after March 2, and be connected with other resources