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# MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

April 2017

# MA Health Care Learning Series

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*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](http://MAhealthconnector.org)*

# Agenda

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- **Health Connector**
  - 2017 Open Enrollment Update
  - Online Payment Center and Paperless Notices
  - Periodic Data Matching
- **Health Connector and MassHealth**
  - How to Update an Application
- **MassHealth Updates**
  - Plan Selection and Fixed Enrollment Updates
  - Accountable Care Organization (ACO) Updates
    - 2017-2018 Member Outreach Strategy
    - Provider Communication and Education

# Health Connector Updates

# 2017 Open Enrollment: Complete and Successful



*The Health Connector's 2017 Open Enrollment concluded with an increase in non-group membership compared to opening membership level and an overall smooth and stable operational experience*

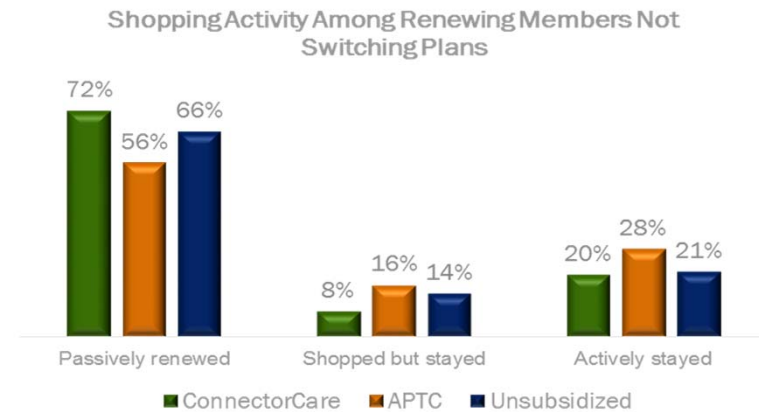
246,831	A record high number of Qualified Health Plan (QHP) enrollments for February 1, with additional March enrollees
88%	December enrollees retained
62,000	Renewing members who shopped this Open Enrollment
54,000	New enrollees for 2017

# Renewing Members



**Over 62,000, or 40%, of our renewing members shopped during 2017 Open Enrollment and 88% remained with the Health Connector.**

- 40% of our renewing population shopped this Open Enrollment, and 15% switched carriers after reviewing their options
- Shopping rates were higher among non-ConnectorCare members
- Of members who remained in the same plan, roughly 30% did so actively
- We retained 88% of December subscribers in February, with the highest retention among December's \$0 payers and PT1 enrollees, and the lowest retention among December's unsubsidized households



Program Type	% Retained
ConnectorCare	89%
\$0 in December	90%
PT1	91%
PT2A	88%
PT2B	88%
PT3A	89%
PT3B	89%
APTC	88%
Unsubsidized	85%
Total	88%

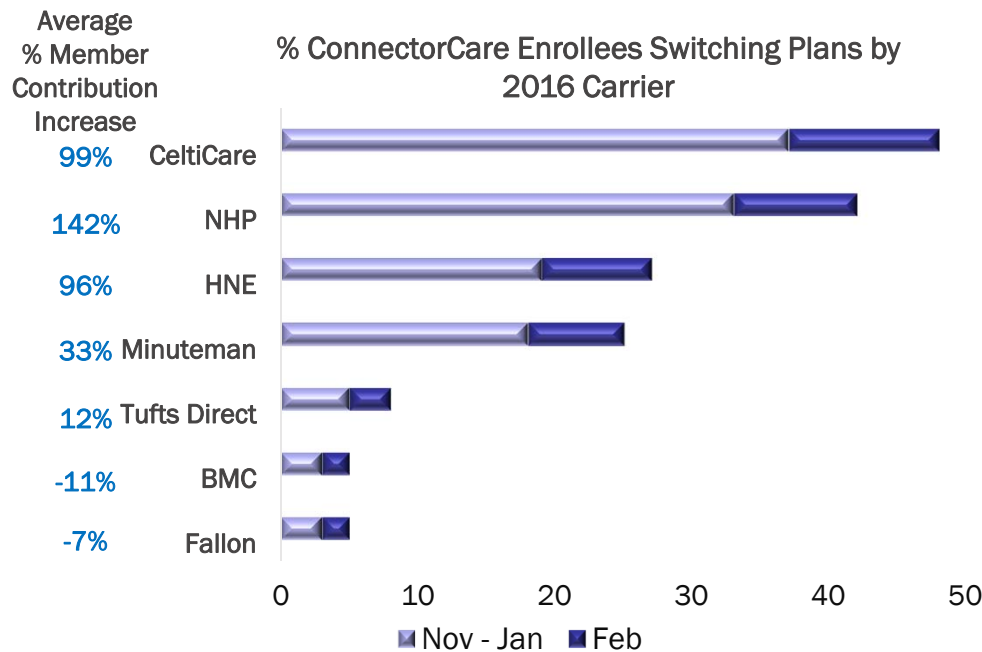
Retention rate based on December 2016 membership that remained enrolled in February 2017.

# Renewing Members (cont'd)

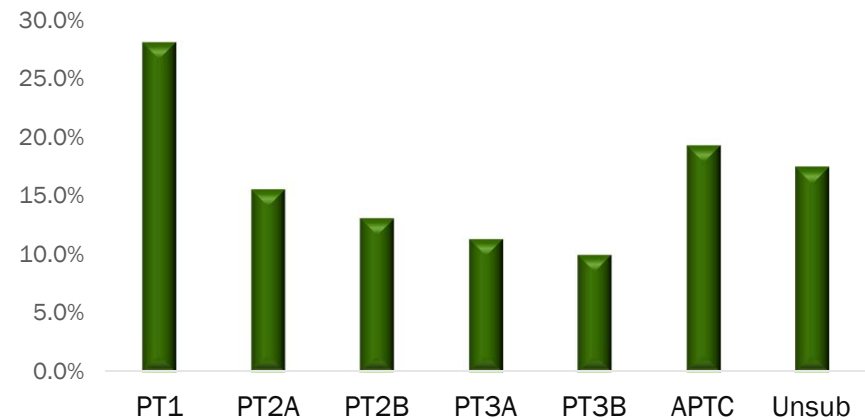


## ConnectorCare members continued to shop through the end of Open Enrollment.

- 81% of December ConnectorCare subscribers are still in ConnectorCare
- ConnectorCare members in higher cost carriers continued to switch plans at a higher rate
- Members in Plan Type 1 switched carriers at almost twice the rate of ConnectorCare members in other Plan Types



Percent of Renewing Members Who Switched Carriers, by December Plan Type

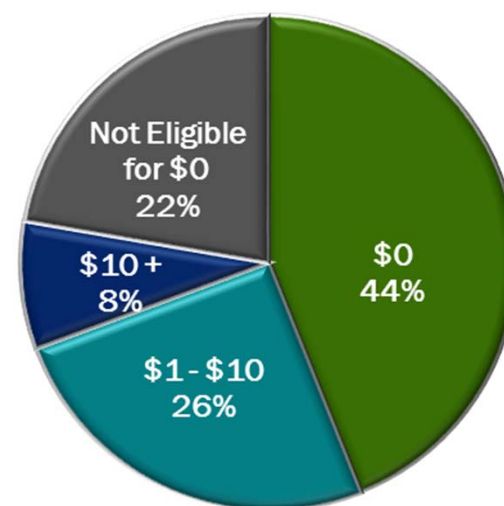


## Renewing Members (cont'd)

***Given changes to the ConnectorCare program this year, we paid particular attention to individuals who previously paid \$0 premiums.***

- 36% of 2016 \$0 premium payers either shopped or effectuated into a new plan
- 90% of 2016 \$0 premium payers were retained, compared to an overall retention rate of 88%
- Over 50% of those who are no longer eligible for a \$0 plan are still receiving subsidies through the Health Connector
- Of the 8% (2,113) of households paying more than \$10 but remain eligible for \$0:
  - Premiums varied widely, but the average premium is \$121
  - 45% are PT1 members paying \$100 – \$150 for NHP
  - 9% are PT2A members paying less than \$20 for Tufts Direct

February Premiums for 2016 \$0 Payers  
Population: 25,283





# **New Online Payment Center and Paperless Notices**

# New Online Payment Center and Paperless Notices



*Health Connector members will have a new way to make payments this spring*



## NEW Online Payment Center & Paperless Options

### What's new?

- Online payment features like the ability to view billing and payment history
- New choices to sign up for paperless bills, notices and tax forms

In May, we will launch a **new online payment center** and **paperless options** for members.

#### What you can expect in May:

- To make payments online, you will log into your account at **MAhealthconnector.org** instead of going to a separate website.
- New online features, like the ability to view your billing and payment history.
- The option to "go green" by signing up for paperless bills, notices, and tax forms.

 Learn more about going green at [MAhealthconnector.org](http://MAhealthconnector.org)

*Two sided – English and Spanish text insert to be included in member April invoices*

# New Online Payment Center and Paperless Notices (cont'd)



## New online payment center and paperless notices!

### What's new?

- New online payment features, like the ability to view your billing and payment history
- New choices to sign up for paperless bills, notices, and tax forms

### How to access:

1. Log into your account at [MAhealthconnector.org](http://MAhealthconnector.org).

If you don't have an online account, call Customer Service to get started setting one up at: 1-877-MA ENROLL (1-877-623-6765) TTY: 1-877-623-7773

2. Go to My Enrollments.

3. Go to Make a Payment. From here, you can choose to set up AutoPay for your monthly Health Connector bills. You can also set up paperless bills, notices, and tax forms.

Learn more at

[www.MAhealthconnector.org/paperless](http://www.MAhealthconnector.org/paperless)



### Faster

Get your notices and monthly bills **right away** instead of waiting for the mail



### Easier

See all of your current and past information from the Health Connector in **one place**



### Simpler

Reduce paper and clutter in your home



### Cheaper

Save on the cost of postage stamps, bank checks and money orders when you pay online every month



### Greener

Save trees and reduce greenhouse gases with less paper printing and mail delivery

## How to access:

1. Members should log into their account at [Mahealthconnector.org](http://Mahealthconnector.org)
  - If they don't have an online account they can call Customer Service to get one set up
2. Go to My Enrollments
3. Go to Make a Payment
  - From here, choose to set up AutoPay for monthly Health Connector bills. Members can also set up paperless bills, notices, and tax forms

*Full page flyer to be included in member May invoices*

# New Online Payment Center and Paperless Notices (cont'd)



## *What can Assisters do to help Health Connector members get ready for this change?*

- Work with members to make sure their [email address is up-to-date](#) in their account
  - Explain that this will help them get important email updates from the Health Connector
- If a member forgot their account sign-in information, they can [learn how to reset their username or password](#)
  - Members do not need to create a new account
- If a member does not have account login information, they need to [contact Health Connector customer service](#) as soon as possible to set up account sign in information
  - Remember that Members do not need to create a new account to access the new online payment center and paperless notices

# Periodic Data Matching

# Periodic Data Matching



***Coming Soon – New system functionality will be in place for MassHealth and the Health Connector to use periodic data matching to check data sources during the year for updated member information***

- For Health Connector consumers:
  - Once in place, the following eligibility criteria will be checked regularly:
    - Death
    - Access to Medicare
    - Access to MassHealth
    - Failure to Reconcile
    - Lawful Presence
    - Quarterly wage data from DOR

# Health Connector: Periodic Data Matching



- Each data check is “configurable” so that the Health Connector can determine which frequency (e.g., every month, every other month, etc.) the member’s data should be checked
- **Failure to reconcile (FTR) checks** will both add and remove FTR indicators as applicable
  - Example: John accepted premium tax credits in 2015, but did not reconcile his credits for Tax Year 2016, so he was found ineligible for APTCs in 2017. In January of 2017, he filed an amended tax return and reconciled the premium tax credits he received. When the Health Connector runs the FTR check, the FTR flag will be removed and his eligibility will be redetermined
- **Medicare and MassHealth checks** will override prior responses from data sources, as applicable
  - Example: John does not attest to having Medicare when he applies, but federal sources indicate he does have Medicare. A subsequent data match that is run does not return Medicare coverage. John’s eligibility will be redetermined using the new federal data

# Health Connector: Periodic Data Matching (cont'd)



- Quarterly wage data will not result in system action;
  - The Health Connector will receive a report outlining discrepancies and can determine what type of outreach should be done for when the new data suggests meaningful changes in eligibility
- Pursuant to federal regulations, consumers for whom a discrepancy is found between their information and the data match will receive a notice giving them 30 days to resolve the issue before a change in their eligibility
  - Exceptions are when data would result in an upgrade to MassHealth and failure to reconcile changes, which will result in immediate generation of appropriate eligibility notices
  - Example: The Health Connector checked data sources and it was indicated that John was deceased, if that was not the case, he would have 30 days to reach out to Health Connector and SSA to report the inaccurate information
- Checking for lawful presence will be implemented at a later date



# MassHealth: Periodic Data Matching

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- Members with no Social Security number or members who are deceased will be bypassed from periodic data match (PDM)
- For MassHealth members: Once in place the following data sources will be checked regularly for:
  - Social Security Administration (SSA) checks for Title II income, federal disability status, Medicare status and death
  - MA Department of Revenue (DOR) checks quarterly wage information from MA DOR. May result in generation of a Job Update Form to member
  - Medicaid Management Information System (MMIS) checks for MassHealth eligibility from other eligibility systems



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# How to Update an Application

# How to Update an Application: MassHealth Online (cont.)



- Updates to an application can be done by:
  - Using the on-line application (Recommended) or;
  - Calling Customer Service
    - Depending on the consumer’s eligibility, consumers should call either MassHealth or Health Connector customer service
- If a member needs to report a change, sign into their account (either with the consumer or through the Assister portal) and edit the application by visiting the “My Eligibility” page and click “Edit Application”

Year 2015				
Eligibility Id	Received Date	Submitted Date	Status	Actions
RefID_0000123456789		11/28/2014	Submitted	<a href="#">Detail</a> <a href="#">Edit Application</a>

# How to Update an Application: MassHealth Online (cont.)



- On the next page, click “Report a Change”

Year 2015				
Eligibility Id	Received Date	Submitted Date	Status	Actions
RefID_00000123456789		11/28/2014	Submitted	<a href="#">Detail</a> <a href="#">Report a Change</a>

# How to Update an Application: MassHealth Online (cont.)



- From there, you will be able to select the type of change (or changes) the consumer needs to report
  - A. Notice the Remove Family Member(s) row
  - B. When you are done with the updates, select Report Changes

**Select Change Details**

If you need to change your mailing address, language preferences, email address, or phone number, [click here](#).  
If you need to make changes to your date of birth or Social Security Number, please contact the Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), TTY 1-877-623-7773.

Choose from the option(s) below to make changes in your application. Choose all that apply.

Add Family Member(s)? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Remove Family Member(s)? <a href="#">ℓ</a>	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>
Change Income? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Change Status? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Change Home Address and/or Identification Information? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Change Additional Questions? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Change to Application Type? <a href="#">ℓ</a>	<input type="button" value="Yes"/>	<input type="button" value="No"/>

# How to Update an Application: Online (cont.)



- A few examples of changes you can report online are:
  - Adding a person to your household, such as when you get married or have a baby
  - An income change, such as if you are now earning more or less
    - [Special Note about income changes](#): Reporting a change to income may change the how much help paying for costs you receive if you applied for subsidies
    - If you receive an Advance Premium Tax Credit (APTC) and you report an income increase, you may see a decrease in APTC
    - If you report an income that is less, you may see an increase in APTC
    - If you are now enrolled in a Health Connector plan with no APTC and your income is lower— below 400% the Federal Poverty Level (FPL)—and you applied for coverage and help paying costs, then you may become eligible for APTC
    - If you report an income that is at or below 300% FPL, you may be eligible for ConnectorCare plans
    - If you are enrolled in ConnectorCare and report an increase or decrease in income that is still at or below 300% FPL, then your Plan Type may change.
    - If you report an income that is at or below 133% FPL, you may qualify for MassHealth coverage

# How to Update an Application: MassHealth Online (cont.)



- Additional examples of changes you can report online are:
  - A move to a new address
  - A change in coverage, such as if you are now eligible for insurance through your job or through another family member
  - A change in application type, such as if you now wish to apply for help paying for costs
- **Please note** that some changes that you report may make you eligible for a Special Enrollment Period (for the Health Connector) where you may be able to shop for a new plan
  - For example, you may get access to new plans as a result of a permanent move within the state
- Resource: The Getting Started Guide at <https://www.MAhealthconnector.org/start>

# How to Report a Birth



***It is important to remind pregnant mothers that any birth needs to be properly reported to ensure their infant is covered by a health plan***

**Q: How should women currently eligible and on MassHealth report a birth?**

- Women currently receiving **MassHealth** can report a birth through their birth hospital. Facilities can use the Notice of Birth (NOB) process, where they report the change directly to the MassHealth
  - Hospitals should continue to submit the NOB form because this form is also used to enroll the child in the appropriate MCO plan
- Newborns added to the online application via Report a Change functionality or renewals will be evaluated to determine if they are a newborn who was born to a MassHealth-eligible mother on the child's date of birth. If so, the child will be approved for MassHealth Standard until the first birthday and the coverage will be retro to the child's date of birth



# How to Report a Birth



Q: How should women currently enrolled in Health Connector plans report the birth to the Health Connector?

- Call the Health Connector customer service within 30 days per regulation
  - If a women is enrolled in **Health Connector QHP**, the change should still be reported to Health Connector's customer service to ensure the newborn is enrolled in the health plan
  - Newborns are covered from the day they were born for all Health Connector plans.
  - If a women is enrolled in **ConnectorCare**, and then reports the birth her eligibility may change. Depending on her new program determination she may become eligible for MassHealth and the newborn may be covered by MassHealth
  - A child born to a mother who was not eligible for **MassHealth** on the child's date of birth (including ConnectorCare plans) will be determined according to regular eligibility rules
    - If the households MAGI income is  $\leq 200\%$  FPL the child will be eligible for MassHealth Standard
    - If the MAGI income is  $200 \leq 300\%$  FPL the child will be eligible for Family Assistance
    - *NOTE:* The start date of coverage will be 10 days prior to the date the change is reported (note if child added within 10 days of date of birth, start date will begin on date of birth)

# MassHealth Updates

# MassHealth Plan Selection and Fixed Enrollment Updates

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- Newborns until their first birthday, may continue to change health plans at any time
- In 2017, the Fixed Enrollment Periods for all members will end on September 30th, 2017



## **How can a member request to change their health plan during their Fixed Enrollment Period?**

Members seeking an exception and are in their Fixed Enrollment Period should:

- Review the Fixed Enrollment exceptions list
- Call MassHealth Customer Service at 1-800-841-2900. A Customer Service Representative will help them request an exception to change their health plan
- MassHealth will review the request and make a determination of the request
- The member will receive a call and a letter from MassHealth with a decision

# MassHealth Fixed Enrollment (cont'd)



- If MassHealth determines that one of the exceptions applies, the member will be able to change their health plan during their Fixed Enrollment Period
- If MassHealth determines that one of the exceptions does not apply, the member cannot change their health plan until their next Plan Selection Period
- The member will be able to appeal the decision

# **MassHealth ACO Updates**

# Current and Future Managed Care Eligible Coverage Types

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- Members < age 65 without TPL (Third Party Liability) in the following MassHealth coverage types can join an ACO, MCO, or PCC Plan:
  - Standard
  - CommonHealth
  - CarePlus
  - Family Assistance
- Providers are encourage to check the Eligibility Verification System (EVS) to confirm the MassHealth enrollment status of their patients

# Current Choices for Managed Care Members (cont'd)



- Currently, managed care members can choose:
  - Primary Care Clinician (PCC) Plan:
    - Behavioral health is managed by the Massachusetts Behavioral Health Partnership (MBHP)
    - All other services (medical and Long Term Services and Support (LTSS)) are provided directly by MassHealth
  - Managed Care Organization (MCO) in their region:
    - Manages medical and behavioral health services
    - LTSS is provided directly by MassHealth



# Future Choices for Managed Care Members



## Members will have the following choices when new health plans become available:

- Members will have the following choices:
  - Managed Care Organization (MCO) program,
  - the Primary Care Clinician (PCC) Plan, and
  - Accountable Care Organizations (ACO)

# Future Choices for Managed Care Members



This winter 2017 MassHealth will now offer a new choice of health plan for member's called an Accountable Care Organization

- An ACO is a group of Primary Care Providers (PCP) who work together to make sure a member's overall health care needs are met. When they are part of an ACO, their doctors will work with the member and each other to coordinate their care and help them meet their health goals

In an ACO, a PCP is responsible for working with the member and the ACO's network of providers to help better coordinate their care and connect them with available services and supports. This coordination can help them get the right care at the right time to improve their health and keep them healthy

# MassHealth ACO Goals and Principles



- **Materially improve member experience**—ACOs are expected to innovate and engage members differently (e.g., better transitions of care, improved coordination between a member’s various providers)
- **Strengthen the relationship between members and Primary Care Providers** by attributing members to an ACO through their selection of a primary care provider
- **Encourage ACOs to develop high value, clinically integrated provider partnerships** by expecting and allowing ACOs to define coordinated care teams and, for some ACOs, to establish preferred networks
- **Increase Behavioral Health /Long Term Service and Support integration and linkages to social services** in ACO models through explicit requirements for partnering with BH and LTSS Community Partners

# ACO Responsibilities



- May include:
  - Direct investment in their PCPs and requirements for performance management and value-based payment arrangements
  - Screening members to identify care needs
  - Coordinating care, managing discharges and transitions, and operating a clinician advice and support line for members
  - Performing comprehensive assessments and developing person-centered care plans, as appropriate
  - Team-based care management, including a care coordinator or clinical care manager as appropriate
  - Governance that is provider-led (75% of board) and includes a voting consumer board member as well as a Patient and Family Advisory Committee
  - Processes to accept member grievances and requirements to protect member rights (e.g., access to medical records, choice of providers, non-discrimination)

# Why Members May Choose an ACO



- Members may choose an ACO because:
  - ACO's are PCP-driven with a team-focused approach that can allow providers to care for their overall health and wellness including coordination of physical, behavioral, and social health care needs
  - They want to increase their engagement in their care and work with their health team to meet their health goals and stay healthy
  - ACO's networks have referral circles that makes referrals faster and easier for them
  - ACO's can help them find the right care during difficult times with their health, such as during hospitalizations or a discharge from a hospital stay
  - ACO's can help connect them to services in their community to improve their health
  - If they meet certain criteria they may have access to additional services such as Community Partners and Flexible Services depending on eligibility standards and availability of services

# New Health Plan Choice



	Definition
<b>Accountable Care Partnership Plans</b>	A group of PCPs who have exclusively partnered with an Managed Care Organization (MCO) to use their provider network to provide integrated and coordinated care for members
<b>Primary Care ACOs</b>	A group of PCPs who contract directly with MassHealth to use it's provider network to provide integrated and coordinated care for members
<b>MCO's and MCO Administered ACO</b>	Managed Care Organization (MCO) that has a network of providers to deliver care. MCO's may contract with an ACO to provide more integrated and coordinated care
<b>PCC Plan</b>	MassHealth's statewide managed care option that uses the MassHealth provider network to deliver care

# Member Enrollment in New MCOs and ACOs



- In order to ensure that all managed care eligible members are enrolled in an MCOs and ACOs (or PCC Plan) by **December 18, 2017**, certain members will have a “Special Assignment” to plans
- **Special Assignment:**
  - Will be based on keeping members with their PCP, to the extent possible
  - Members who will be Specially Assigned will receive a notice and an enrollment guide from MassHealth in October 2017
  - All health plan options (ACO, MCO, and PCC Plan) will be presented in an enrollment guide
  - Members will default to their Specially Assigned plans on December 18<sup>th</sup> if they do not make another choice

**MCO and ACO enrolled members will have a Plan Selection Period beginning December 18, 2017, and the Fixed Enrollment Period will begin for those members March 19, 2018**

# **2017-2018 Member Outreach Strategy**



# Member Support



- Member support covers three categories—each focused on a different goal

**Global Awareness & Education**  
Trainings, communication, and materials that share broad information to mass audiences to educate them about program changes



**Support Material & Member Engagement**  
Targeted communication materials and engagement activities designed to provide individual and focused information to audiences

**Customer Service Center (CSC)\***  
Enhancements to the Customer Services Center to provide effective customer service to members by answering questions, providing resources, and resolving issues

\* CSC is responsible for enrolling members into health plans. 41

# MassHealth Outreach Strategy



## Global Awareness & Education

- Staff training: MassHealth Enrollment Center (MEC)
- MassHealth Training Forum (MTF) presentations
- EOHHS website updates
- Sister Agency & Advocacy training
- Certified Application Counselor (CAC) & Navigator training
- Navigator feedback Sessions
- Advertising

## Support Material

- Enrollment Guide presenting all available MCO, ACO, and PCC Plan options
- Member-specific letters with information about Special Assignment, Plan Selection Period, and Fixed Enrollment Period
- Choice counseling tool
- Member booklet
- Video/Animation “How to Enroll”

## Member Engagement

- Community Health Worker (CHW) Training
- ACO/MCO Ombudsman
- Community enrollment events throughout the Commonwealth

## Customer Service Center

- Searchable Provider Directory
- Enhanced call center staff

# **Provider Communication and Education**

# Provider Communication and Education



- To support the goals of MassHealth Restructuring, MassHealth is focused on strategies that bring awareness of payment reform activity and delivery system change to the provider community
- Providers will need information about how and when MassHealth restructuring will impact them, including network contracting choices, payments and accountability, and administrative changes, as well as changes for members
- MassHealth will develop targeted messaging tailored for specific provider groups, including:

- |                            |   |
|----------------------------|---|
| • Primary Care Providers   | • Specialists                               |
| • Hospitals                | • Behavioral Health Providers               |
| • Community Health Centers | • Long-Term Services and Supports Providers |

# Provider Communication and Education



- MassHealth will use a variety of communication strategies and methods to share information with providers, including:

<u>Resources and Information</u>	<u>Collaboration Strategies</u>
<ul style="list-style-type: none"><li>▪ Webinars</li><li>▪ Provider bulletins</li><li>▪ MassHealth website</li><li>▪ MassHealth regulations</li><li>▪ Message text (POSC)</li></ul>	<ul style="list-style-type: none"><li>▪ Work with ACOs/MCOs to provide consistent messaging</li><li>▪ Work closely with Provider Associations</li><li>▪ Proactive outbound calls from MassHealth</li><li>▪ Knowledgeable MassHealth Provider Services staff, available to answer providers' questions as needed</li></ul>



**Questions?**

# Appendix



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# Finding local tax assistance



# VITA and TCE

- The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make \$54,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers who need assistance in preparing their own tax returns. The IRS-certified volunteers are able to provide free basic income tax return preparation with electronic filing to qualified individuals
- In addition to VITA, 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
- Before going to a VITA or TCE site, see [Publication 3676-A](#) for services provided and check out the [What to Bring](#) page to ensure you have all the required documents and information our volunteers will need to help you
  - Note: available services can vary at each site due to the availability of volunteers certified with the tax law expertise required for a particular return

# Finding a VITA or TCE Site Near You

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- VITA and TCE sites are generally located at community and neighborhood centers, libraries, schools, shopping malls and other convenient locations across the country
  - To locate a VITA or TCE site or use the VITA Locator Tool <http://irs.treasury.gov/freetaxprep> or call 800-906-9887
- At select tax sites, taxpayers also have an option to prepare their own basic federal and state tax return for free using web-based tax preparation software with an IRS-certified volunteer to help guide them through the process. This option is only available at locations that list “Self-Prep” in the site listing <http://irs.treasury.gov/freetaxprep/>

# Finding an AARP TCE Tax-Aide Site

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- A majority of the TCE sites are operated by the AARP Foundation's Tax Aide program
- To locate the nearest AARP TCE Tax-Aide site between January and April use the AARP Site Locator Tool or call 888-227-7669

<http://www.aarp.org/applications/VMISLocator/searchTaxAideLocations.action>

# Key Takeaways related to Tax Filing



***Please keep this information in mind as you work with consumers to help them apply for health insurance coverage:***

- Both Massachusetts and the Federal government have a requirement for individuals to have coverage if it's affordable
  - There are important differences in how Massachusetts and the Federal government have structured their requirements that may be confusing for consumers
- Filing taxes has implications for a consumer's eligibility for Advance Premium Tax Credits (APTC), including the ConnectorCare program. If members don't file, they may not be able to get tax credits again in the future if they do not reconcile their APTCs
- An applicant's tax filing status also impacts their ability to receive tax credits (Example, married couple must file taxes jointly to receive APTCs)
- Keeping the state informed about any changes a member has, such as income, job loss or change, marriage or pregnancy, will help minimize any unanticipated responsibilities when taxes are reconciled

# Key Takeaways related to Tax Filing (cont'd)



- Remind consumers to keep any 1095 forms received from MassHealth or the Health Connector
- Also refer members to the eligibility and enrollment notices they've received from MassHealth and the Health Connector to help them determine when their coverage was effective, and make sure to keep copies of these notices. Consumers may need them if the IRS or their tax preparer has questions about their coverage

To review the complete MA Learning Series Presentation on the Health Connector and MassHealth's End of Year Tax Filing Process, go to the MTF website:

<http://www.masshealthmtf.org/affordable-care-act/trainings/affordable-care-act-aca-learning-series>