



MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

October 2016

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 Updates:
 - Plan Selection Period and Fixed Enrollment Period
 - Accountable Care Organizations (ACO)
- Health Connector Updates
- System Updates

MassHealth Updates

Overview of October 1, 2016 Changes

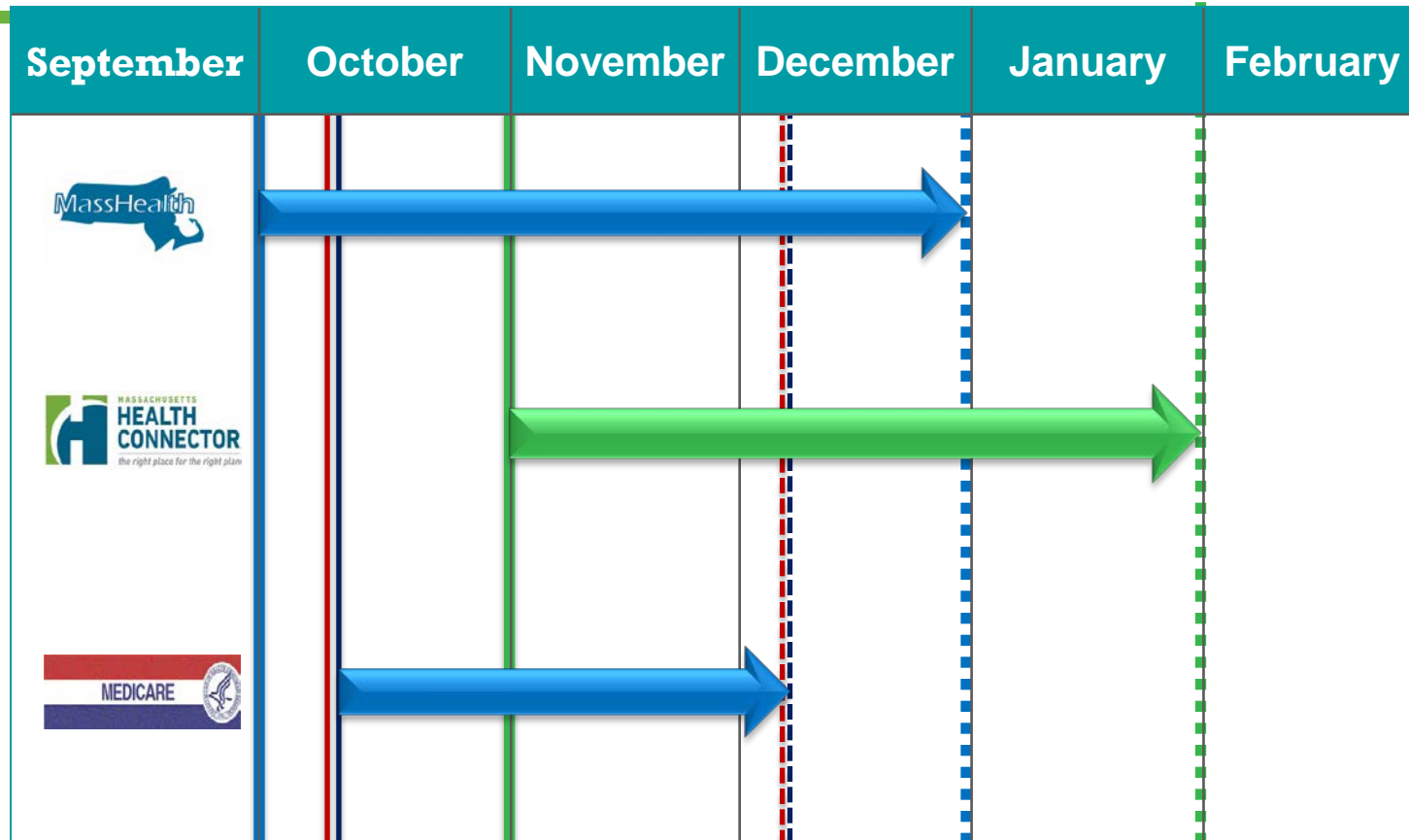


New Plan Selection Period and Fixed Enrollment Period

- Members enrolled in a MassHealth MCO health plan will have a 90-day **Plan Selection Period** every year.
 - During this time, members can enroll or switch their health plans for any reason.
- After the 90-day Plan Selection Period has ended, members will enter a **Fixed Enrollment Period** and will only be able to change health plans for certain reasons listed later in the presentation.
- **NOTE** – members enrolled in the Primary Care Clinician Plan (PCC Plan) do not have a Plan Selection or Fixed Enrollment Period.

* Refer to 130 CMR 508.004 for finalized MassHealth policy on Plan Selection Period and Fixed Enrollment Periods.

Timeline



Start of Plan Selection Period
October 1, 2016 – December 31, 2016
 Start of Fixed Enrollment Period
January 1, 2017



Open Enrollment Period
November 1, 2016 – January 31, 2017



Open Enrollment Period
October 15, 2016 – December 7, 2016

NOTE: MassHealth Plan Selection Period is an annual 90-day period for individuals enrolled in a MassHealth MCO health plan and is member-specific.

Plan Selection Period



Starting October 1st, MassHealth members enrolled in an MCO will have a new **90-day Plan Selection Period** every year.

- If members are happy with their current health plan, they do not need to take action. They will remain in their current plan.
- Members enrolled with an MCO will only be able to change MCOs during their annual 90-day Plan Selection Period.
- If members would like to switch MCOs, they have until December 31st, to select a new MCO plan for any reason.
- There are **NO** changes to how a member can enroll in an MCO plan
 - [Online](#)
 - Completing and mailing the MassHealth Health Plan Enrollment Form
 - Calling MassHealth Customer Service

Plan Selection Period (cont.)



When will changes made during the Plan Selection Period take effect?

- As is the case today, CarePlus members' plan changes are effective on the first day of the month following the change.
- All other MCO members will see their requested plan changes take effect typically in 1-2 days, depending upon which health plan the member chooses.

Fixed Enrollment Period



- The Fixed Enrollment Period will begin for members immediately following the 90-day Plan Selection Period end date.
 - On January 1, 2017, the Fixed Enrollment Period will begin for members enrolled with an MCO whose Plan Selection Period ended on December 31, 2016.
- During the Fixed Enrollment Period members enrolled in an MCO may not change MCOs or transfer into the PCC Plan until their next annual Plan Selection Period, unless they meet certain exceptions.
- MassHealth members will get a letter informing them of their Fixed Enrollment Period.

Fixed Enrollment Period (cont.)



What happens if a member loses MassHealth coverage during their Fixed Enrollment Period?

- If the member regains eligibility and is still managed care eligible, the member will be automatically reenrolled into their previous MCO.
- The member will return to Fixed Enrollment status, and will remain there until their next Plan Selection Period.
- If the member misses any part of their annual Plan Selection Period due to loss of eligibility, the member will be provided with a new Plan Selection Period upon regaining eligibility.

Does this impact a members ability to change their primary care physicians (PCP)?

- No, members enrolled in an MCO can change to a different primary care physician in their MCO plan at any time.

Fixed Enrollment Period Exceptions



Members in a Fixed Enrollment Period may only transfer out of their MCO if they can demonstrate to MassHealth that one of the following reasons apply:

1. The member moves out of the MCO's service area;
2. The MCO does not, because of moral or religious objections, cover the service the member seeks;
3. The member needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk;
4. Other reasons, including but not limited to, poor quality of care, lack of access to services covered, or lack of access to providers experienced in dealing with the member's health-care needs.

Fixed Enrollment Period Exceptions (cont.)



5. The MCO is no longer contracted with the MassHealth agency to cover the member's service area;
6. The member adequately demonstrates to the MassHealth agency that the MCO has not provided access to providers that meet the member's health care needs over time, even after member's request for assistance;
7. The member is homeless, the MassHealth agency's records indicate the member is homeless, and the MCO cannot accommodate the geographic needs of the member;
8. The member adequately demonstrates to the MassHealth agency that the MCO substantially violated a material provision of its contract with MassHealth agency;
9. The member adequately demonstrates to the MassHealth agency that the MCO is not meeting the member's language, communication, or other accessibility needs or preferences; or
10. The member adequately demonstrates to the MassHealth agency that key network providers, including PCPs, specialists, or behavioral health providers, leave the MCO network.

Will the Plan Selection Period and Fixed Enrollment Period Apply to Everyone



- No. The following members are exempt from the Plan Selection and Fixed Enrollment Periods:
 - Members enrolled in the PCC Plan
 - PCC Plan members can choose a different PCC in the PCC Plan or can choose to enroll in an MCO Plan at any time. However, members that select to enroll in an MCO will have a Plan Selection Period followed by a Fixed Enrollment Period.
 - MassHealth members who are in the care and custody of the Department of Children and Families (DCF) or Department of Youth Services (DYS)
 - These members can switch MCOs or join the PCC Plan at anytime for any reason

Will the Plan Selection Period and Fixed Enrollment Period Apply to Everyone (cont.)



Will the Plan Selection Period and Fixed Enrollment Period Apply to members who are Voluntarily Enrolled in an MCO?

- Yes, Plan Selection Period and Fixed Enrollment Period apply to members voluntarily enrolled in an MCO if the member is seeking to change to another MCO. However, members voluntarily enrolled in an MCO can transfer to the PCC Plan at any time, or, choose to receive all services on a fee for service basis.
- Members who are voluntarily enrolled in an MCO include:
 - Members who are enrolled in the Kaileigh Mulligan Program
 - Members who are enrolled in a home and community-based services waiver program
 - Members who are receiving Title IV-E adoption assistance

Impact to Members Who Enroll AFTER October 1, 2016



*The following explains how the **Plan Selection and Fixed Enrollment Periods** will impact members who enroll in an MCO for the first time after October 1, 2016:*

Plan Selection Period

- Members' **Plan Selection Period** will start on the first day of their MCO enrollment. Members will have a 90-day Plan Selection Period.
 - For example, a member who enrolled in an MCO for the first time on 1/1/17 would have until close of business on 3/31/17 to change MCO plans.
- Members who wish to remain with their new MCO do not need to do anything.
- If members would like to switch MCOs, or transfer into the Primary Care Clinician Plan (PCC Plan), they may select a new MCO or PCC plan for any reason through the first 90 days.

Impact to Members Who Enroll AFTER October 1, 2016



*The following explains how the **Plan Selection and Fixed Enrollment Periods** will impact members who enroll in an MCO for the first time after October 1, 2016.*

Fixed Enrollment Period

- The **Fixed Enrollment Period** will begin for members immediately following the 90-day Plan Selection Period end date.
- The member who enrolled in an MCO for the first time on 1/1/17 and ended their Plan Selection Period on 3/31/17 would begin their Fixed Enrollment Period on 4/1/17.
 - They will not be able to change their plan until their next annual 90-day Plan Selection Period unless they meet an exception.

Sample Notice



[HOH FIRST NAME] [HOH LAST NAME]

Date: [DATE]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Dear [HOH FIRST NAME] [HOH LAST NAME],

PLEASE READ THIS LETTER!

Starting October 1, 2016, changes are coming that may affect you and family members who are enrolled in a MassHealth Managed Care Organization (MCO) health plan or the Primary Care Clinician (PCC) Plan. The below information explains the changes you need to know about.

*** You do not need to do anything if you and your family members are happy with your health plan.***

Starting October 1, 2016, members enrolled in a MassHealth MCO health plan will have a 90-day Plan Selection Period every year. Starting January 1, 2017, MassHealth members enrolled in an MCO health plan on or before October 1, 2016 will be in a Fixed Enrollment Period. During this time, members will only be able to change health plans for certain reasons. More information on these new periods can be found on pages 2 and 3 of this letter.

Also on October 1, 2016, members enrolled in the PCC Plan will need to get referrals from their primary care doctors for certain health care services that did not need referrals before. A referral is an approval you need from your doctor before you can receive certain types of health care services. More information on PCC referral changes can be found on page 4 of this letter.

Important Dates!

October 1, 2016:

- ✓ For members enrolled in an MCO health plan, start of Plan Selection Period.
- ✓ For members enrolled in the PCC Plan, start of PCC referrals for some new services.

December 31, 2016:

- ✓ For members enrolled in an MCO health plan, last day to change health plan for any reason.

January 1, 2017:

- ✓ For members enrolled in an MCO health plan, start of Fixed Enrollment Period. Enrolled members cannot change their health plan until the next Plan Selection Period on October 1, 2017, except for certain reasons.

Introducing Plan Selection and Fixed Enrollment Periods

The new 90-day MassHealth Plan Selection Period begins October 1, 2016. During this time, if you are enrolled in an MCO health plan, you can change your health plan for any reason until December 31, 2016.

If you are happy with your current health plan, you do not need to do anything.

On January 1, 2017, if you are enrolled in an MCO health plan, you will be in your Fixed Enrollment Period. During your Fixed Enrollment Period, you will not be able to change your health plan unless you meet one of the reasons listed on the next page. Members enrolled in an MCO health plan will have to stay in their health plan until their next Plan Selection Period on October 1, 2017.

What are the MassHealth MCO health plans?

- Boston Medical Center HealthNet Plan
- Neighborhood Health Plan
- Health New England
- Fallon Community Health Plan
- Tufts Health Plan
- CeltiCare Health

If you or a family member has one of the plans listed above, you can choose a different plan available in your area until December 31, 2016. Starting January 1, 2017, you will be in a Fixed Enrollment Period and cannot change your MCO plan until the next Plan Selection Period, except for special reasons.

Do these changes apply to all members?

No. If you are enrolled in the PCC Plan, you can choose an MCO health plan at any time. However, if you do choose an MCO health plan, the new Plan Selection and Fixed Enrollment Periods above will apply.

These changes do not apply to children in the care or custody of the Department of Children and Families or the Department of Youth Services. These children can choose another health plan at any time.

What things should I consider during my Plan Selection Period?

This is a great time to review your current health plan and see if it still meets your health care needs. Ask yourself these questions:

- Are you happy with your current health plan? If you are, you do not need to do anything.
- Is your primary care physician (PCP) or any specialist you see now still in your current health plan's network of doctors?
- Will you need to (or want to) see different doctors than you see now? If yes, are they in your current health MCO plan's network of doctors?
- Have you moved and want to change doctors?

Your Plan Selection Period is the right time to find out more information about MassHealth MCO health plans and the doctors in their networks. You can do this by talking to your doctor, visiting the MassHealth or the MCO health plan's website, or by calling us.

How can I find out more about my MCO health plan or change my health plan?

Call us at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). If you would like more information about your health plan options, go to www.mass.gov/masshealth.

To change your health plan, either:

- Go to www.mass.gov/masshealth – Click the “MassHealth Members and Applicants” button on the left and then click the “Enroll in a Health Plan” link.
- Call us at 1-800-841-2900 (TTY: 1-800-497-4648)

During your Plan Selection Period you can choose any health plan, including the Primary Care Clinician (PCC) Plan.

What happens next?

If you are enrolled in an MCO health plan on January 1, 2017, you will be in a Fixed Enrollment Period. You will get a letter from MassHealth when this happens. Once you are in the Fixed Enrollment Period, you will not be able to change your MCO plan until the next Plan Selection Period, except for the reasons listed below.

Every year you will have a 90-day Plan Selection Period. MassHealth will send you another letter letting you know when your new Plan Selection Period starts and ends.

What if I want to switch health plans during my Fixed Enrollment Period?

If you are in a Fixed Enrollment Period, you may request to change your health plan if one of the following reasons applies to you:

- ✓ You move out of your MCO health plan's service area.
- ✓ You need related services to be performed at the same time, and those related services are not all available within your MCO health plan's network, and your primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to you.
- ✓ Your MCO health plan is not meeting your needs for other reasons including but not limited to poor quality of care, lack of access to covered services or lack of access to providers experienced in dealing with your health-care needs.
- ✓ Your MCO no longer serves your geographic area. MassHealth will let you know if this happens.
- ✓ Your MCO has not provided access to health care providers that meet your health care needs over time, even after you've asked for help.
- ✓ MassHealth has information that you are homeless, and your MCO does not have providers who can meet your specific geographic needs.
- ✓ Your MCO is not meeting your language, communication, or other accessibility needs or preferences.
- ✓ Your key network providers, including primary care physicians, specialists, or behavioral health providers, have left your MCO's network.

does not cover a service you

contract with MassHealth.
roll from the MCO.

the MassHealth regulations
Enrollment Period that

Referrals

Plan, you will need to get a
referral:

Independent Diagnostic Testing

Chronic Disease Management Training

You can make some
changes do not impact the

health.

Customer Service
(deaf, hard of hearing, or speech disabled). If
www.mass.gov/masshealth.

www.mass.gov/masshealth or

Monday through Friday,

MassHealth Update – Neighborhood Health Plan (NHP)

MassHealth Update – Neighborhood Health Plan (NHP)



On October 17, 2016, NHP and MassHealth began a temporary enrollment freeze of new MassHealth members joining NHP.

How does this impact existing NHP MassHealth members?

- There is no impact to our existing NHP MassHealth membership

Are there exceptions to the new enrollment hold?

- New MassHealth members can select NHP under the following conditions:
 - Babies born to mothers who are NHP members
 - Individuals who were NHP members within the last 365 days, lost enrollment eligibility, and are auto-assigned to NHP upon reinstatement of eligibility
 - Individuals who were members of NHP between 10/1/2016 and 10/16/2016, who chose to enroll in a different Managed Care Organization, and who subsequently chose to return to NHP during the individual's 90-day plan selection period.

Accountable Care Organization (ACO)

Accountable Care Organizations (ACO) Pilot



Accountable Care Organizations (ACO)

- Is a group of doctors and other health care providers who voluntarily come together to help members stay healthy and meet their health care needs
- Starting December 1, 2016 MassHealth will begin a one-year ACO Pilot program with selected PCC Plan provider entities.
- Pilot ACOs will be paid shared savings based on their performance

What Does ACO Pilot Mean for Members?



- Only those PCC Plan member's whose PCC's participate in ACO Pilot will be included in the Pilot
- Many PCC Plan members will not be included in ACO Pilot

If a member's PCC participates in ACO Pilot:

- The member will continue to get the same MassHealth benefits as they do now
- The member can continue to access the entire MassHealth provider network they have today in the PCC Plan including Massachusetts Behavioral Health Partnership (MBHP) providers
- The member will continue to use your current MassHealth ID card

ACO Pilot members can also expect:

- In some cases, the member may no longer need to get a referral from their PCP to see certain specialists.
- Additional support and/or services may be offered through their ACO to coordinate their care and help keep them healthy

How will members know about ACO Pilot?



- All PCC Plan members whose PCC participates in ACO Pilot will receive a letter by November 1, 2016
- The letter will introduce ACO Pilot to the member and provide them with details specific to their ACO
- Members will be told if they do not wish to be part of the ACO, they can contact MassHealth and switch to a PCC that does not participate in ACO Pilot
- Members are not required to participate in the ACO Pilot
 - If they do not want to participate they will need to either chose another PCC in the PCC Plan or chose a MassHealth MCO.

MassHealth Renewal Tips

MassHealth Renewal Update: Tips



- MassHealth members can submit their renewal online.
 - If they do not have an account to access their application online, they can set up an account by using the invitation link included in their MassHealth Renewal cover letter.
 - They can also call MassHealth Customer Service to have the link emailed to them.
- If members are in their renewal period, **DO NOT** create a new online or paper application.
 - If a member received an invitation code in their MassHealth Renewal notice:
 1. Check to make sure that the Invitation Code (hyperlink) is entered exactly (including upper/lower case, dashes, etc.) as it is printed on the MassHealth renewal notice.

MassHealth Renewal Update: Tips (cont.)



2. If the Invitation Code is entered correctly, the following screen will display with the Invitation Code automatically filled in.
 - Enter the Date of birth for the Head of Household (DOB must be for the Head of Household).

MASSACHUSETTS HEALTH CONNECTOR
the right place for the right plan

[Apply for Coverage](#)

Validate Invitation Code

* Required Information

Invitation Code* 98538001591452546645823001

Date of Birth* MM/DD/YYYY


[Next](#)

MassHealth Renewal Update: Tips (cont.)



- Members can call MassHealth customer service if they continue to have problems and want to have a new invitation code emailed to them.
- If for some reason an online application cannot be submitted, the next preference is for an Assister to help an individual with submitting their prepopulated MassHealth Renewal Form (all pages up to and including the signature page).
- If the member does not have a prepopulated MassHealth Renewal Form, they can call MassHealth Customer Service (1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled)) and complete their MassHealth renewal over the phone.
- If none of those options are available, you can submit a new ACA-3 application with the word MassHealth Renewal written in **bold** across the top of the application.

Health Connector Updates



2017 Health Connector Open Enrollment

2017 Open Enrollment

Open Enrollment is the time of year when individuals and families may enroll in non-group coverage or switch existing Health Connector coverage for any reason, without needing a qualifying event

- ***This year Open Enrollment is November 1, 2016- January 31, 2017***
 - Health Connector members can begin shopping and make new plan selections on November 1, but any new plan selection will not be effective until January 1, 2017
 - New applicants can submit applications and enroll for coverage starting January 1, 2017 without experiencing a qualifying event. If new members would like coverage in 2016, they must have a qualifying event
 - Any Health Connector members enrolled in 2016 will be redetermined and renewed into a plan for 2017
 - As a reminder – people can apply for and become eligible for MassHealth, the Health Safety Net, or Children’s Medical Security Plan at any time during the year

Open Enrollment 2017 (cont'd)

For Open Enrollment 2017, we anticipate:

- 1) Implementing newly required federal rules to ensure program integrity that will affect eligibility
- 2) Increased health insurance premium rates for a significant subset of our membership.

Open Enrollment 2017 (cont'd)



- **Eligibility: Required Redeterminations Program Integrity Updates**
 - **IRS income comparison:** The Health Connector may use income data from the IRS or state DOR to determine eligibility for subsidies
 - **Mandatory Tax Filing:** Members will have had to file taxes to keep subsidies
 - **Process for mixed households:** Households with Health Connector and MassHealth eligible individuals will be processed together
- **Plan Renewal:**
 - Due to some health insurance carrier premium increases, increased costs for a significant subset of our membership
 - These premium increases could impact:
 - Unsubsidized members, particularly Harvard Pilgrim HealthCare and Neighborhood Health Plan members and ConnectorCare members enrolled in higher cost carriers

Supporting Members

This year we again strive to offer our members and new applicants a stable and well supported process, including regular communication through direct outreach, and simplifying our product offerings promoting the ability to do “apples-to-apples” comparison shopping.

- ***Eligibility Redetermination***
 - Support enrollees through the renewals process, letting enrollees know which notices to expect and what information will be contained in each
 - Remind enrollees of the importance of filing taxes, reconciling tax credits and updating their applications if any of their personal circumstances have changed in order to ensure they get the correct program determination
 - Remind eligible but unenrolled individuals that they can apply for 2017 coverage, if they need it, during the Open Enrollment period

Supporting Members (cont'd)

- *Plan Renewal*
 - Strongly encourage enrollees to shop for a plan that fits their needs in 2017
 - We will be encouraging members to get help from Enrollment Assistants, and to take advantage of our decision support tools on our website (e.g., shopping guides, provider search, etc.
 - Help members who want to shop understand other plan offerings, including use of the “provider search” tool to help make informed decisions
 - We will be sending communications including emails, personalized letters, special inserts into monthly bills, and may deploy a robo-call campaign to encourage shopping

Health Connector Customer Service



In addition to expanding hours at the call center, staff will be deployed across the state to give in-person assistance to answer eligibility and shopping inquiries.

- **The Health Connector call center:** Will have extended business hours during Open Enrollment to ensure current and new members have expanded access to getting their questions answered
- Customer Service Representatives will be receiving specialized training to support Open Enrollment calls and more staff are being added to the call center in order to support the increased demand during this time
- **1-877-MA-ENROLL or 1-877-623-6765.**
- Help is available in all languages

Health Connector
Customer Service Open
Enrollment hours:

Mon – Thurs
8am – 8pm

Fri 8am – 6pm &
Sat 9am – 5pm

Health Connector Customer Service (cont'd)



- **Walk-in center support:** In-person assistance from Health Connector customer service staff. Each site performs the full range of customer service activities, such as helping with applications, taking payments, and troubleshooting accounts

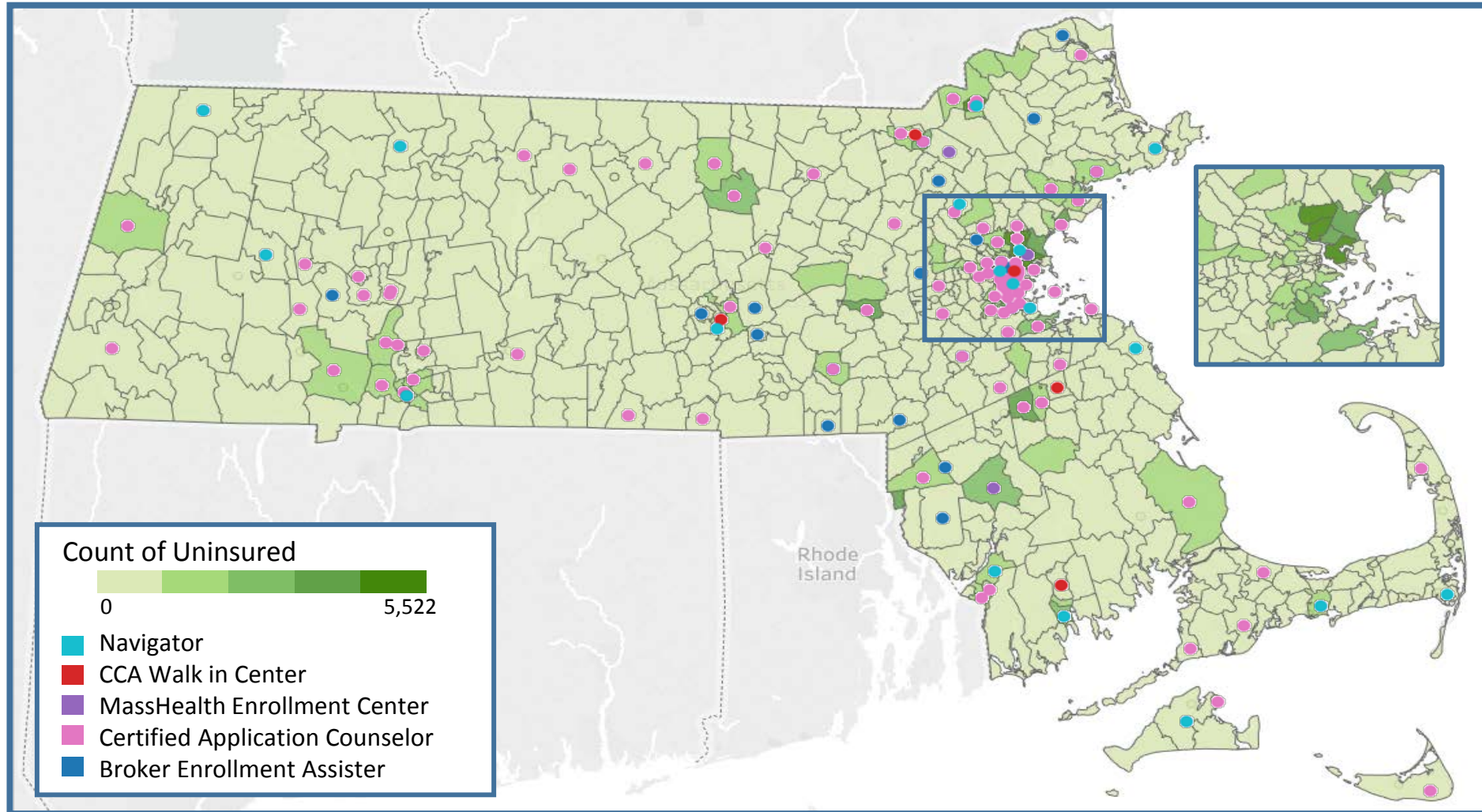
Location	Address	Open Enrollment Hours
Boston	133 Portland Street, Boston, Ma 02114	M-R: 8am-8pm, F: 8am-6pm, S: 9am-5pm
Worcester	146 Main Street Worcester, Ma 01608	M-R: 8am-8pm, F: 8am-6pm, S: 9am-5pm
Springfield	88 Industry Avenue Springfield, Ma 01104	M-F: 9am-5pm
Brockton Brockton Neighborhood Health Center	63 Main Street Brocton, Ma 02301	M-F: 9am-5pm
Lowell Lowell Community Health Center	161 Jackson Street, Lowell, Ma 1852	M-F: 9am-5pm
Fall River HealthFirst Family Care Center	387 Quarry Street Fall River, Ma 02732	M-F: 9am-5pm

2016 – 2018 Navigator Program: Selected Organizations



Navigator Organization	Location	Languages
Boston Public Health Commission	East Boston, Dorchester	Cape Verdean Creole, English, French, Haitian Creole, Portuguese, Spanish
Cambridge Economic Opportunity Council	Cambridge, Somerville	Amharic, English, Farsi, Haitian Creole, Spanish
Community Action Committee of Cape Cod & Islands	Hyannis, Nantucket	English, Portuguese, Spanish
Caring Health Center	Springfield	Arabic, English, Spanish
Community Health Center of Franklin County	Greenfield	English, Spanish
Ecu-Health Care	Northampton	English
Family Health Center of Worcester	Worcester	Albanian, Arabic, Berber, English, French, German, Greek, Portuguese, Spanish
Fishing Partnership Support Services	Chatham, Gloucester, New Bedford, Plymouth	English, Italian, Portuguese, Spanish
Greater Lawrence Community Action Council	Lawrence	English, Spanish
Hilltown Community Health Center	Huntington	English
Joint Committee for Children's Health Care in Everett	Everett, Chelsea	English, Spanish
Manet	Quincy, Fall River	Arabic, Cambodian, Cantonese, English, Mandarin, Portuguese, Spanish, Thai, Vietnamese
PACE	New Bedford	English, Portuguese, Spanish
Stanley Street Treatment and Resources	Fall River	English, Portuguese, Spanish
Vineyard Health Care Access	Dukes County	English, Portuguese, Spanish

Enrollment Assistance



Source: The Geography of Uninsurance in Massachusetts, 2009-2013, Blue Cross Blue Shield Foundation of Massachusetts

The 'Hidden Gems' Tour

- In an effort to give a boost to the Health Connector's traditional pre-Open Enrollment media effort, on Tuesday October 25th three teams from the Health Connector staff will be fanning out across the state on one-day tour
- Each team will visit hidden gems in six to eight communities that include our key uninsured populations, highlighting an interesting feature of a city, while talking about the Health Connector's upcoming open enrollment and special offerings, including standardized plans, APTCs, and our low-cost/no-deductible ConnectorCare program
- Attendees at each event will include Health Connector representatives, Navigators, community leaders, elected officials and external partners. The event will provide an opportunity for the Health Connector to expand relationships with elected and local officials, who are on the front lines of their communities and have unique relationships with their constituents and groups in their districts





Health Connector Member Noticing and Communications

Redeterminations & Renewals: Communications and Notices

- The Health Connector will only be noticing and renewing individuals who are actively enrolled in a 2016 Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) leading up to or during Open Enrollment
 - Note – Mixed Households received a unique cover letter (with instructions) and a prepopulated renewal form. This is similar to the letters that MassHealth currently sends to members who are having their benefits redetermined in the HIX today



Preliminary Eligibility Notice

- Late August-early September
- Sent to enrollees who submitted a subsidized application
- Informs them of estimated 2017 FPL and program eligibility
- Instructs on how to update/correct the information
- Encourages updating the 2017 eligibility application



Renewal Notice

- Late October (right before Open Enrollment)
- Sent to all enrollees eligible to renew into a QHP and/or a QDP in 2017
- Includes information about the member's 2017 plan (including QDPs, where applicable), rates, tax credit amount (where applicable), other plan options for ConnectorCare eligible members and other helpful information related to Open Enrollment

Redeterminations & Renewals: October Communications



Final Eligibility & Renewal Notice

- Health Connector members will receive a final determination before Open Enrollment
- Health Connector members can still make updates to their 2017 application after they receive their renewal notice if their eligibility looks incorrect before the January 1 effective date
 - Health Connector members can also make changes to their 2016 application throughout 2016
- MassHealth members will receive a notice letting them know what programs they are eligible for. If a MassHealth member did not respond to the renewal request, the system will use state and federal data sources to determine what benefits the individual may be eligible for

It's time to renew your insurance coverage for 2017. You won't need to apply again to stay enrolled for another year. To stay enrolled in your current plan, or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

You can also choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts November 1st.

What you need to do:

1. Review your renewal plan, your monthly premium for 2016 and the amount of tax credit that you can get for 2017
2. Compare any changes between your current plan and your plan for [renewal year] with our online **Plan Compare** tool at www.MAhealthconnector.org/compare-plans
3. Use our online **Find a Provider** tool at ProviderDirectory.MAhealthconnector.org to make sure your plan has the providers (such as doctors or hospitals) you want
4. Shop during Open Enrollment if you want to change plans
5. Keep paying your monthly premium bill to stay covered
6. Send us the documents we need as proof of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date.

Important Dates:

- **November 1, 2016.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2016.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2017.** The first day of your new 2017 coverage. If there have been any changes to the plans you qualify for, January 1 is the date when those changes will start.

Redeterminations & Renewals: October Communications

Final Eligibility & Renewal Notice

Health Insurance Renewal Information						
Household Member	Date of Birth	2017 Program Eligibility	Current Health Plan Name	2017 Renewal Health Plan Name	Same plan as 2016?	Date Coverage Renews
[Household Member Name]	[DOB]	[Coverage Type]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	January 1, [Renewal Year]
[Household Member Name]	[DOB]	[Coverage Type]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	January 1, [Renewal Year]

[Renewal Year] Maximum Advance Premium Tax Credit Amount: 2017 [MAX APTC] per month
This is the amount of tax credit that will be used to lower your premium each month for 2017

[Renewal Year] Applied Tax Credit Amount: [2017 applied APTC] per month
We will continue to lower your [renewal year] monthly premium with the same amount of tax credit as you chose to take for [current year]. You can choose to apply less to your premiums for next year. Or you can apply more, up to your Maximum Advance Premium Tax Credit Amount.

[Renewal Year] Renewal Plan Monthly Premium: [contribution amount for QHP] (amount you pay each month)
This is the amount your household will pay each month if you stay enrolled in the 2017 health insurance renewal plan listed above. Your monthly premium is lower than the actual plan cost because it is reduced by your [Maximum/Applied] Advance Premium Tax Credit Amount.



Dental Insurance Renewal Information					
Household Member	Date of Birth	Current Dental Plan Name	2017 Renewal Dental Plan Name	Same plan as 2016?	Date Coverage Renews
[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	[Renewal Date Month, Day, 20XX]

Redeterminations & Renewals: October Communications (*cont'd*)

Envelope for Final Eligibility & Renewal Notice



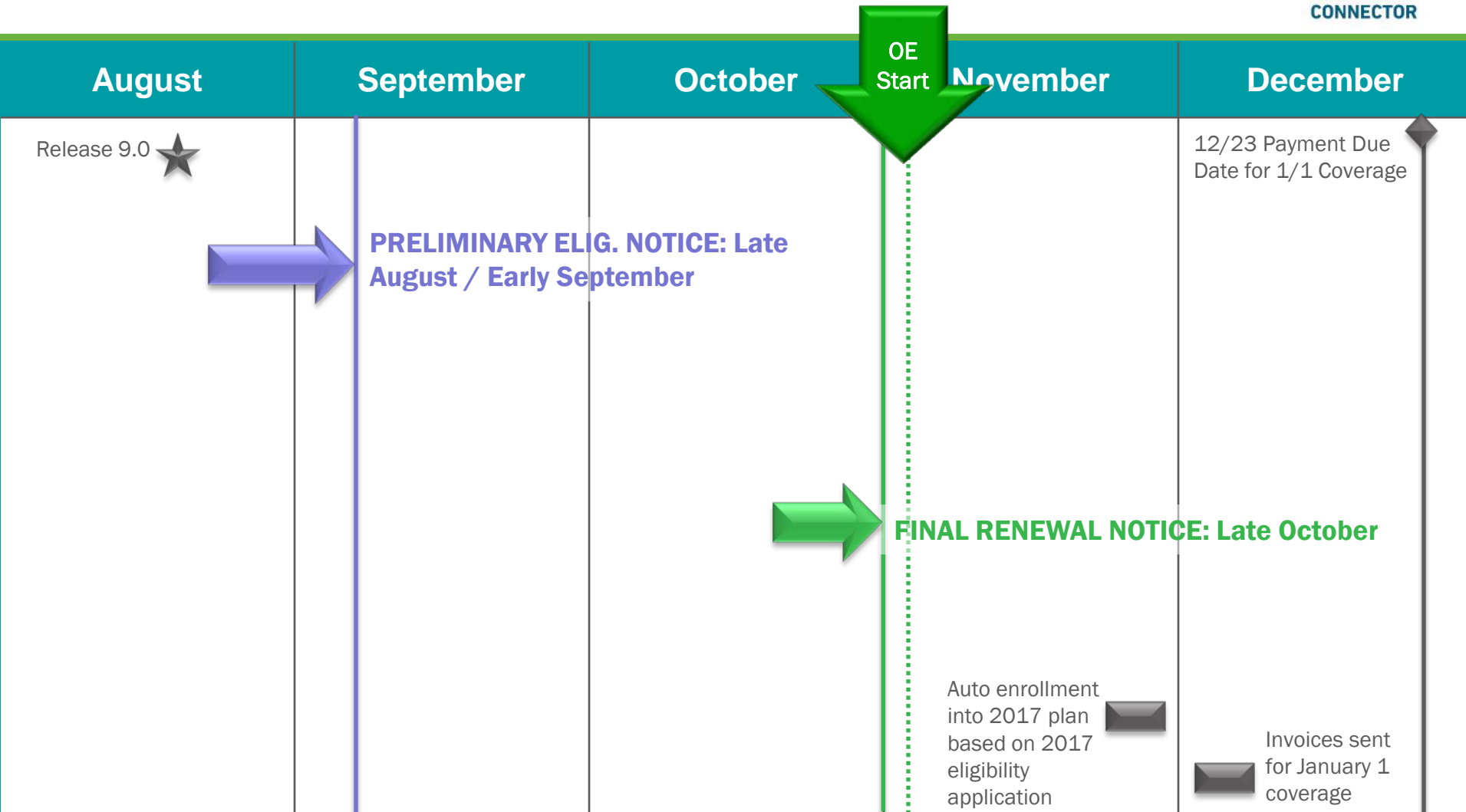
133 Portland Street, First Floor
Boston, MA 02114-1707

**OPEN NOW! Important information about
health insurance for 2017**

**¡ABRIR AHORA! Información importante sobre
el seguro de salud para el 2017**



Timeline



Seal of Approval Results

2017 Seal of Approval Timeline

- Each year the Health Connector conducts an in-depth review of the health and dental plans proposed by health and dental carriers to be sold in the upcoming year on MAhealthconnector.org, which is known as the Seal of Approval process
- On Thursday, September 8, 2016, as part of the 2017 Seal of Approval process, the Health Connector's Board of Directors approved the health and dental plans to be sold on the state's marketplace effective January 1, 2017. This approval includes unsubsidized QHPs, QDPs, and the 2016 ConnectorCare program

Mar 2016	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 2016
<p>● 3/10: SOA Kickoff – Board Meeting</p> <p>★ 3/18: Release Medical and Dental RFRs</p>		<p>★ 5/13: RFR Responses Due</p>		<p>★ 7/14: Conditional SOA – Board Meeting</p>		<p>★ 9/8: Final SOA – Board Meeting</p>		<p>★ 11/1: Open Enrollment Begins</p>	

2017 Seal of Approval Overview



The 2017 Qualified Health and Dental Plan available through the Health Connector will offer a range of plan designs, carriers and premiums.

- Rising premium costs, for certain medical carriers and plans, means many members will experience high renewal increases
 - Many unsubsidized and APTC-only enrollees, particularly those enrolled in Harvard Pilgrim HealthCare and Neighborhood Health Plan, will see large premium increases for their renewal plans
 - Rising premium costs will also impact ConnectorCare members enrolled in higher cost carriers. These members will experience large increases in the contributions for their renewal plans
- Despite these increases, almost all of our enrollees facing steep increases can find similar (or identical) plan options with lower costs from other carriers
 - All of our carriers offer networks with high quality providers
 - Many enrollees who shop will find plans with lower costs than their renewal plan and their current plan

2017 Seal of Approval Summary



The Health Connector will strongly encourage all members to comparison shop in order find a 2017 plan that meets their healthcare needs – including cost.

ConnectorCare Plans

- All of the ConnectorCare carriers are available in 2017; BMC Healthnet Plan, CeltiCare, Fallon, Health New England, Neighborhood Health Plan, Minuteman and Tufts-Direct (7 carriers in total)

Qualified Health Plans

- In addition to the carriers mentioned above, Blue Cross Blue Shield, Harvard Pilgrim, and Tufts Premier will be available for non group and group enrollment in 2017 (10 carriers in total)

Qualified Dental Plans

- In 2017, Altus Dental and Delta Dental of MA are available for non-group enrollment. In addition to Altus and Delta Dental, Blue Cross Blue Shield of MA and Guardian will also be available for group enrollment; (4 carriers in total)

ConnectorCare: Enrollee Contributions



The premium structure for 2017 promotes the most competitively priced options in the program and avoids additionally subsidizing those plans that filed significant rate increases this year.

ConnectorCare Member Contribution Range for 2017

	Plan Type 1 ≤100% FPL	Plan Type 2A 100%-150% FPL	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost	\$0	\$0	\$43	\$83	\$124
2 nd Lowest Cost	\$0 - \$118	\$1 - \$120	\$44 - \$166	\$84 - \$210	\$125 - \$255
3 rd Lowest Cost	\$0 - \$152	\$1 - \$155	\$44 - \$201	\$86 - \$247	\$127 - \$293
4 th Lowest Cost	\$53 - \$165	\$53 - \$174	\$97 - \$221	\$138 - \$263	\$180 - \$305
5 th Lowest Cost	\$84 - \$165	\$85 - \$174	\$129 - \$221	\$172 - \$263	\$214 - \$305

ConnectorCare Member Contribution Range for 2016

	Plan Type 1 ≤100% FPL	Plan Type 2A 100%-150% FPL	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost	\$0	\$0	\$43	\$82	\$123
2 nd Lowest Cost	\$0	\$1 - \$20	\$45 - \$71	\$86 - \$147	\$127 - \$193
3 rd Lowest Cost	\$0	\$3 - \$28	\$47 - \$71	\$91 - \$174	\$133 - \$221
4 th Lowest Cost	\$0	\$9 - \$28	\$55 - \$83	\$111 - \$174	\$153 - \$221
5 th Lowest Cost	\$0	\$14 - \$29	\$63 - \$85	\$129 - \$179	\$173 - \$226

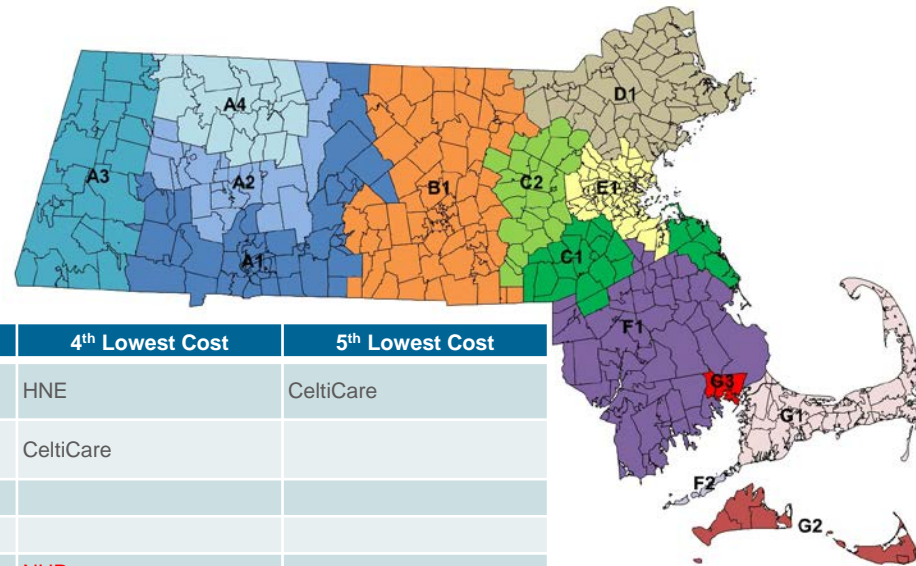
ConnectorCare: 2017 Plan Designs

CONNECTORCARE BENEFITS & COPAYS

Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$10	\$15
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$10	\$15
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High Cost Drugs	\$3.65	\$40	\$50

ConnectorCare: Recommended Carriers and Regions

Carriers indicated in **GREEN** have moved to a lower cost position relative to 2016, while carriers indicated in **RED** have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.



Cluster	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost	5 th Lowest Cost
A1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	NHP	HNE	CeltiCare
A2	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	HNE	CeltiCare	
A3	Tufts-Direct	HNE	CeltiCare		
A4	HNE	CeltiCare			
B1	BMCHP (formerly Tufts-Direct)	Fallon (formerly NHP)	Tufts-Direct (formerly Fallon)	NHP (formerly BMCHP)	CeltiCare
C1	Tufts-Direct	BMCHP (formerly Minuteman)	Minuteman (formerly BMCHP)	NHP	CeltiCare
C2 ¹	Tufts-Direct	BMCHP (formerly Minuteman)	Minuteman (formerly BMCHP)	Fallon (new entrant) (formerly NHP)	NHP (formerly CeltiCare) ²
D1	BMCHP	Tufts-Direct	Minuteman	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)
E1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)
F1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman	CeltiCare	NHP
F2	CeltiCare	NHP			
G1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)	
G2	NHP				
G3 ¹	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman (new entrant) (formerly NHP)	CeltiCare	NHP ³

¹ New Region for 2017

² CeltiCare no longer selected in new Region C2 due to new entrant (Fallon)

³ NHP moved to higher cost position in new Region G3 due to new entrant (Minuteman)

NEW! ConnectorCare: Enhanced Opioid Treatment

ConnectorCare enrollees with opioid dependency will have zero cost-sharing for medication-assisted treatment (MAT) and associated services and Rescue Opioid Antagonists.

Medication Assisted Treatment (MAT)

- Examples include buprenorphine, naltrexone, and methadone
- ConnectorCare Issuers must set MAT medications as zero cost-sharing for all ConnectorCare plan types
- If an identical generic formulation is available, ConnectorCare issuers may set additional cost-sharing for brand formulations
- Any services directly associated with a MAT visit, including counseling and drug screening, must also be provided at zero cost-sharing for all ConnectorCare plan types

Opioid Antagonists:

- Examples include Naloxone (Narcan)
- ConnectorCare Issuers must designate at least one (1) opioid antagonist (overdose reversal) approved for use in take-home setting (e.g., with a standing prescription) and (1) opioid antagonist for use by health care professionals as zero cost-sharing for all ConnectorCare plan types
- The selection of the zero cost-sharing medication(s) is at the discretion of the ConnectorCare Issuer

NEW! ConnectorCare: Enhanced Opioid Treatment (*cont'd*)



We welcome your feedback on this new program.

- Tell us about any success stories or challenges/concerns that you or ConnectorCare members experience
- We expect to launch a mid-year survey to solicit the provider community's feedback
- Feedback is valuable as it contributes to the Commonwealth's ability to continue to support this program
- Send comments to: Emily.Brice@massmail.state.ma.us

Qualified Health Plans: Product Shelf



Ten (10) medical carriers have a total of sixty-two (62) QHPs for non-group and small group.

- As required, all carriers proposed at least one (1) plan for each of the four (4) standardized plan designs on the carrier's broadest commercial network
 - Fallon Health proposed standardized plans on alternative networks
 - Three carriers requested to waive offering the standardized Bronze plan
- Carriers submitted seventeen (17) non-standardized plans, including five (5) new non-standardized plans for 2017
- Fallon Health has submitted four (4) non-standardized plans offered in 2016 as "frozen plans" for 2017 (*i.e.*, not accepting new enrollments)
- All carriers submitted Catastrophic plans as required, with six (6) carriers requesting to waive their Catastrophic plan offering

Qualified Dental Plans: Product Shelf

- All four dental carriers have submitted at least one offering for each of the required three standardized plan designs: Family High, Family Low and Pediatric-only
- Four non-standardized plan designs have been proposed by two carriers
 - Delta Dental proposed three non-standardized plans and Blue Cross Blue Shield of MA proposed one non-standardized plan, all previously offered in 2016

Carriers	Non-Group	Small Group	Standardized Plans				Non-Standardized Plans				All Plans
			High	Low	Pedi	Total	High	Low	Pedi	Total	
<i>Altus Dental</i>	✓	✓	1	1	1	3	-	-	-	0	3
<i>Blue Cross Blue Shield of MA</i>		✓	1	1	1	3	-	-	1	1	4
<i>Delta Dental of MA</i>	✓	✓	2	2	2	6	-	1	2	3	9
<i>Guardian</i>		✓	1	1	1	3	-	-	-	0	3

	Standardized Plans	Non-Standardized Plans	All Plans
<i>Non-Group</i>	9	3	12
<i>Small Group</i>	15	4	19



How can Assistors help Health Connector Members?

Comparison Shopping: Planned Communications

During this year's Open Enrollment, all member communications will strongly encourage shopping as the best way to find a good "deal" for 2017.

- In addition to promoting shopping, we will be encouraging members to get help from Enrollment Assistants, and to take advantage of our decision support tools (e.g., shopping guides, provider search, etc.)
- We will be sending communications including emails, personalized letters, special inserts into monthly bills, and may deploy a robo-call campaign to encourage shopping
- Key Messages include:
 - Highlighting potential changes in monthly premiums, but making clear that there are options available offering the same or similar benefits
 - The Health Connector has tools to help you find a good, affordable plan with access to excellent care



**Shoppers get
the best deals**

Open Enrollment
November 1–January 31

By shopping and comparing your options during Open Enrollment, you may be able to find a health plan that **costs you less** but still covers the benefits you need and the doctors you want. When you shop, be sure to look at:

- ☒ Monthly costs
- ☒ Out-of-pocket costs
- ☒ Provider networks (doctors and hospitals in the plan)

Find **free, in-person** help with shopping for a 2017 health plan. You can get help in many different languages:

www.MAhealthconnector.org/help

Comparison Shopping: Key Messages

“We know you might be facing significant changes in your plan for 2017, but we are here to help.”

“All of the Health Connector plans include access to quality doctors, hospitals and other medical care in your area. If you think it might be time to consider a new plan, you can use our tools to find a new doctor that can give you the care you need.”

“We know this can be a confusing and stressful process, but help is available. The Health Connector has walk-in centers and community organizations around the state with staff who are trained and ready to help you pick the right plan.”

“For many people, there are opportunities to find a plan that includes the same level of benefits and access to care, but at a lower cost. It can be worth taking a few minutes to review your options and save hundreds of dollars over the course of the year.”

How can Assistors help members?

Assistors can help members understand their 2017 eligibility determination and help them understand why their Health Connector eligibility may have changed.

These are the types of questions that you should consider to help them determine why:

- Did their household income go up? If the member did not manually verify their income between August 2015 – August 2016 the Health Connector may have reverted to federal and state data sources for their information
- Did the member report a change to family size? If the family size decreased, they may no longer be eligible for the same level of subsidy
- Did the member become eligible for government insurance? Remember, those who are eligible for other government insurance (such as Medicare) are not eligible for advance premium tax credits
- Did the member report a change that made them no longer eligible for subsidies? Examples include reporting access to employer sponsored insurance coverage or if a married couple indicates that they will file taxes as married filing separately
- Did the member receive tax credits in 2015? If the member did receive tax credits ask the member if they filed and reconciled their 2015 tax credits. Ask the member if they received a letter from the IRS (Letter 5858)

How can Assisters help members? (cont'd)



Once you have determined how a member's situation may have changed, here is how you can help:

- Help the member make changes on their 2017 application
- Remind and assist members to submit any required verifications
- Refer members to tax assistance locations if the member needs to file taxes
- If members need a copy of their 1095-A, refer them to the Health Connector's Customer Service. If members had multiple insurance coverage types in 2015, they may also need to contact their employer or MassHealth for a copy of their form 1095-B

To review consumer information related to health coverage and their taxes:
visit: <https://www.mahealthconnector.org/taxes>

How can Assisters help members?

(cont'd)



To help consumers shop for a Health Connector plan that best meets their needs, the following presentations will help Assisters feel more comfortable with the shopping process. These resources will be available on the MTF website.

1. Health Insurance Literacy Guide
2. Guide on Shopping For and Enrolling in Health Connector Plans
3. Guide on Shopping for and Enrolling in ConnectorCare Plans

Health Plan Shopping Guide



- Use this guide when helping a consumer with shopping. It is helpful to mail or give to the Consumer before their appointment so they can complete the worksheet and bring it with them to their appointment
- The worksheet contains information specific to their health care needs such as:
 - How often they use specific health care services
 - Names of doctors or specialists they or anyone on their plan want to be able to see
 - Names of hospitals or health centers that they or anyone on their plan want to be able to go to for care
 - Names of prescription medications they or anyone on their plan take regularly

This tool and other resources are available for download from:
<https://www.mahealthconnector.org/help-center/resource-download-center>

Health Plan Shopping Guide

Use this guide to help you choose a health insurance plan through the Massachusetts Health Connector.



Step 1: Know which plans you qualify for

First, you'll need to know which plans are available to you. If you applied online, you'll be able to see your plan choices after you complete your application and click the **Find a Plan** button. If you applied by paper application or by phone, you can search for plans available in your area by going to [MAhealthconnector.org](https://www.mahealthconnector.org) and clicking on **Browse Plans** halfway down the homepage. You can also call Customer Service.



Step 2: Compare costs

The total cost of your coverage will include your monthly premium payments and your out-of-pocket costs. In general, the lower your monthly premium, the higher your out-of-pocket costs will be when you get covered services. You can find a list of benefits included in all Health Connector plans on the next page. Our plans are organized by metallic tiers to make plan premiums and out-of-pocket costs easier to compare. Learn more about metallic tiers on page 5. Use our worksheet on page 3 to see how much your out-of-pocket costs might be, based on health services you think you'll need during the plan year.



Step 3: Find out whether the providers you want are in a plan's network

Once you've narrowed your plan choices down, make sure that any providers that you want to use for care (such as doctors, hospitals, or health centers) are in those plans' provider networks. Learn more about provider networks on page 6.



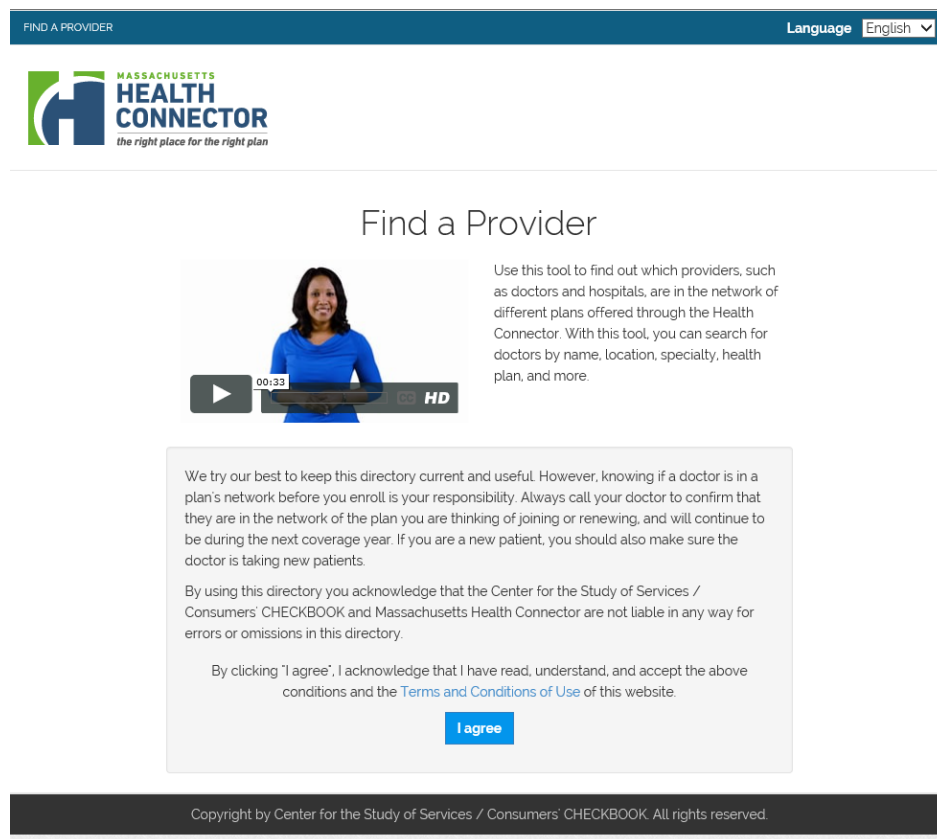
Step 4: Choose your new plan and enroll

After you've learned more about a plan's costs and checked to see if the providers you want are in its network, you will need to complete your enrollment. You can enroll online at [MAhealthconnector.org](https://www.mahealthconnector.org), or call Customer Service to enroll by phone. After you choose a plan, you'll need to pay your first premium to complete enrollment. Payment is always due by the 23rd of the month before your coverage begins.

1

Provider Directory

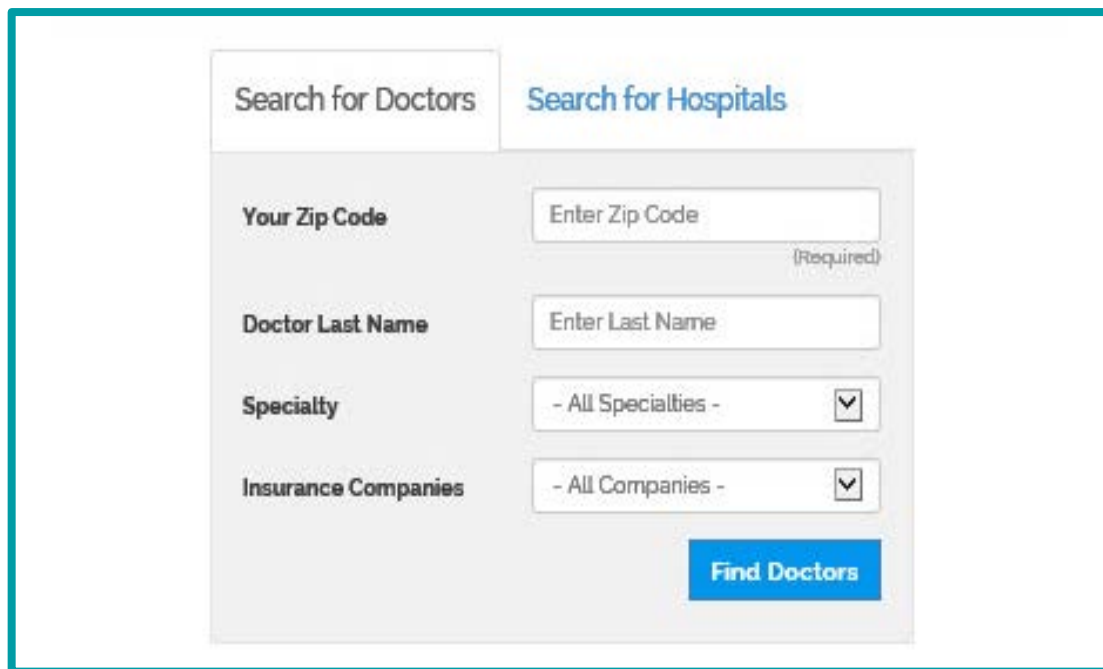
- Remind consumers that provider networks vary by insurance carrier
- Consumers can check to see if a provider is in a plan's network in the following three ways:
 1. Use the Find a Provider tool located on the Health Connector's website at ProviderDirectory.MAhealthconnector.org
 2. Check the provider directory located on the insurance plan's website
 3. Call the insurance plan directly and speak to a customer representative



The screenshot shows the 'Find a Provider' tool on the Massachusetts Health Connector website. At the top, there is a navigation bar with 'FIND A PROVIDER' and a language dropdown set to 'English'. Below the navigation bar is the Health Connector logo with the tagline 'the right place for the right plan'. The main heading is 'Find a Provider'. Below this is a video player showing a woman in a blue shirt, with a play button and a timer of 00:33. To the right of the video, text explains the tool's purpose: 'Use this tool to find out which providers, such as doctors and hospitals, are in the network of different plans offered through the Health Connector. With this tool, you can search for doctors by name, location, specialty, health plan, and more.' Below the video and text is a disclaimer: 'We try our best to keep this directory current and useful. However, knowing if a doctor is in a plan's network before you enroll is your responsibility. Always call your doctor to confirm that they are in the network of the plan you are thinking of joining or renewing, and will continue to be during the next coverage year. If you are a new patient, you should also make sure the doctor is taking new patients.' This is followed by a statement: 'By using this directory you acknowledge that the Center for the Study of Services / Consumers' CHECKBOOK and Massachusetts Health Connector are not liable in any way for errors or omissions in this directory.' Below this is a checkbox area with the text 'By clicking "I agree", I acknowledge that I have read, understand, and accept the above conditions and the Terms and Conditions of Use of this website.' and a blue 'I agree' button. At the bottom of the page, a footer states: 'Copyright by Center for the Study of Services / Consumers' CHECKBOOK. All rights reserved.'

Note: Even if you use the tool, it's always a good idea to confirm with the plan directly.

Provider Directory (cont'd)



The screenshot shows a search interface for providers. At the top, there are two tabs: "Search for Doctors" (which is active) and "Search for Hospitals". Below the tabs is a search form with the following fields:

- Your Zip Code:** A text input field with the placeholder "Enter Zip Code" and a "(Required)" label below it.
- Doctor Last Name:** A text input field with the placeholder "Enter Last Name".
- Specialty:** A dropdown menu with the text "- All Specialties -" and a downward arrow icon.
- Insurance Companies:** A dropdown menu with the text "- All Companies -" and a downward arrow icon.

At the bottom right of the form is a blue button labeled "Find Doctors".



Certain providers such as behavioral health providers, nurse practitioners, physician assistants, and Community Health Centers are not currently listed in the directory, but are expected to be added in time for Open Enrollment

Assister Premium Estimator Tool

Member Information

Tax Household Member Information

	Residential Zip Code	Date of Birth	Projected MAGI Income	Eligibility
Member #1 (HOH)	02210	9/26/1980	\$30,000.00	Unsubsidized QHP
Member #2				
Member #3				
Member #4				
Member #5				
Member #6				
Effective Date of Coverage		January 1, 2017		

FPL to Income Converter

FPL	159.66%
Family Size	1
Calculated Income	\$18,967.61

Subsidy Eligibility

Tax Household FPL	168.35%
Monthly APTC for Tax Household	\$157.00
ConnectorCare Plan Type	2B
ConnectorCare Region	E1

ConnectorCare Options

	HIOS ID	Carrier	Plan Name	Family Premium
1st Lowest Cost	82569MA0400001	BMC HealthNet Plan	BMCHP ConnectorCare	\$43.00
2nd Lowest Cost	59763MA0040013	Tufts Health Plan - Direct	Tufts Health Direct ConnectorCare	\$49.00
3rd Lowest Cost	73331MA0790001	Minuteman Health	MyDoc HMO ConnectorCare	\$85.00
4th Lowest Cost	31234MA0370010	CeltiCare Health	Ambetter ConnectorCare	\$193.00
5th Lowest Cost	41304MA0021106	Neighborhood Health Plan	NHP ConnectorCare	\$194.00

System Release Updates

System Updates



- Navigator/CAC Assister Portal
- Special Enrollment Period enhancements
- APTC “Failure to Reconcile”

Assister Portal



- A new portal has been created for Certified Application Counselors (CACs) and Navigators (NAVs). These certified assisters can use this portal to help members create profiles, applications or work on an existing application
- The portal will allow these certified assisters to complete eligibility review forms, find health plan details, and complete health plan enrollment on behalf of the member. The portal will also help certified assisters complete required Designation Forms (NDF/CACDF).

CCA Special Enrollment Period (SEP) Enhancements



- The applicant/member may qualify for a special enrollment period lasting up to 60 days following certain qualifying life events that involve a change in family status such as a marriage, birth of a child or loss of other health coverage.
- The following is a list of NEW “Qualifying Life Events (QLEs)” in order to qualify for a Special Enrollment Period:
 - Divorce Rules
 - No Longer Incarcerated
 - Domestic Abuse/Spouse Abandonments

Family & Household



A new question is being added for members who have received Advance Premium Tax Credits in past years. This question will be in the Family & Household section after dependent information.

Past Tax Credits (Optional)

[Learn more about tax credits and IRS reconciliation.](#)

* When you see a star (*), you must complete the field.
When you see an i, roll over it to get definitions and learn more.

To skip this page, click "Save and Continue" without checking a box below. You can skip this page if:

- You've never received an Advance Premium Tax Credit (APTC)
- You've never had a ConnectorCare plan from the Massachusetts Health Connector

To complete this page, read the statement. Then check the box next to each household listed below the statement if:

- You have received an APTC or ConnectorCare in the past, and
- The statement is true for all people listed in the household

Statement

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an Advance Premium Tax Credit (APTC). When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my APTC.

A ☒ Household 1 (Erin Rashid)

WARNING

Check this box only if you have filed all required tax returns.

If you checked this box but haven't filed a tax return that reconciled all Advance Premium Tax Credits (APTC), you could lose all help you get to pay for health insurance, including tax credits.

If you know you need to file a tax return but have not filed yet, please uncheck the box before you click Save & Continue.

B ☐ **Save and Continue**

Additional Question



When a member checks the block they are attesting to the statement:

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an Advance Premium Tax Credit (APTC). When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my APTC.

Past Tax Credits (Optional)

[Learn more about tax credits and IRS reconciliation.](#)

Learn more.

Without checking a box below. You can skip this page if:

you received an Advance Premium Tax Credit (APTC) from the Massachusetts Health Connector

To complete this page, read the statement. Then check the box next to each household listed below the statement if:

- You have received an APTC or ConnectorCare in the past, and
- The statement is true for all people listed in the household

Statement

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an Advance Premium Tax Credit (APTC). When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my APTC.



Household 1 (Erin Rashid)

Warning Message



When a member does check the box this warning message will pop up.

Warning

Check this box only if you have filed all required tax returns.

If you checked this box but haven't filed a tax return that reconciled all Advance Premium Tax Credits (APTC), you could lose all help you get to pay for health insurance, including tax credits.

If you know you need to file a tax return but have not filed yet, please uncheck the box before you click Save & Continue

What happens after they check the box?



Once a member checks that box they will be allowed to continue receiving APTCs. Another check will be done 90 days later. If they IRS still does not have that member as being reconciled:

- The member will be re-program determined, which would end in a member losing their access to APTCs including ConnectorCare
- The member will need to reconcile with the IRS before they are eligible for APTCs again
- They will NOT be able to check the box again in the meantime

Questions?