

Massachusetts Health Connector: Open Enrollment Legislative Briefing

Open Enrollment 2019

Agenda



- Introduction to the Health Connector
- 2019 Open Enrollment
- #StayCovered Campaign
- Constituent Services Overview
- Appendix: Constituent Services FAQs

Introduction



The Health Connector is the state's health insurance marketplace, providing Massachusetts residents and small businesses with access to quality health insurance and dental plans.

- The Health Connector was created by Chapter 58 of the Acts of 2006, a major state health reform aimed at increasing access to health insurance in Massachusetts, and later adapted to incorporate the federal health reforms of the Affordable Care Act (ACA)
 - The Health Connector is governed by an eleven member Board of Directors, chaired by Executive Office
 of Health and Human Services Secretary Sudders (for more information on Board meetings:
 www.mahealthconnector.org/about/leadership/board-meetings)
 - The Health Connector currently serves over a quarter million members
- The Health Connector's programs, outreach and public education efforts, and policies have helped Massachusetts lead the nation with over 97% of residents insured
- The Marketplace allows residents to find and compare coverage and facilitates access to financial assistance to make health insurance more affordable for individuals, families and small businesses

Plan Offerings



The Health Connector offers different types of health and dental coverage to meet the needs of individuals/families and small businesses.

Health Connector Plan	Eligible Population
Qualified Health Plan (QHP)	A health plan available through the Health Connector to all: Massachusetts residents that are U.S. citizens, nationals or otherwise lawfully present and are not incarcerated Massachusetts-based employer groups of 50 or fewer employees
Qualified Dental Plan (QDP)	A dental plan available through the Health Connector to all: Massachusetts residents that are U.S. citizens, nationals or otherwise lawfully present and are not incarcerated Massachusetts-based employer groups of 50 or fewer employees
Catastrophic Health Plans	A health plan for adults under 30 or people with an individual mandate hardship exemption. These plans have lower premiums and higher deductibles Covers 3 preventive visits in full without cost-sharing

Health & Dental Carriers























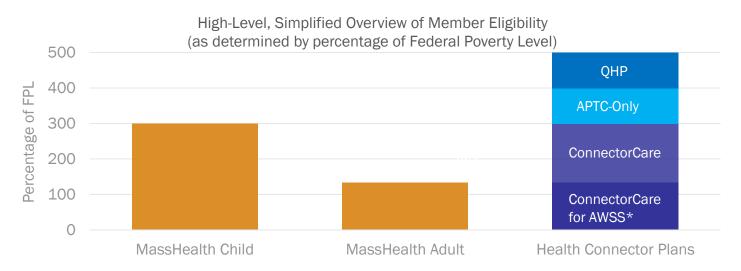
Health Connector for Individuals & Families

Introduction



The Health Connector and MassHealth share a common application and eligibility system at www.mahealthconnector.org, but are two distinct agencies, with different staff, call centers, plans, and policies.

- The shared eligibility system allows for fluid movement of individuals between MassHealth and the Health Connector. This is beneficial for members who experience life changes that impact their eligibility
- As a portion of the populations served by MassHealth and the Health Connector are shared between our
 programs throughout the course of a plan year or within a family, it is not uncommon for both agencies to be
 involved in a household's health coverage



^{*}Individuals who are lawfully present and under 133% FPL, but otherwise do not meet Medicaid immigration requirements (known as "Aliens with Special Status"), may also be eligible for ConnectorCare programs. See chart on slide 34 for details on this and other eligibility requirements.

Website for Individuals & Families



The Health Connector's website for individuals and families is stable, always improving, and continuing to connect residents to coverage.



GET STARTED

LEARN

ABOUT

CREATE ACCOUNT

Sign In



CREATE ACCO **ABOUT**



Open Enrollment for Individuals and Families is Now Closed

Enroll in coverage any time of the year if you are applying for dental plans or help paying for health coverage including MassHealth, Children's Medical Security Plan (CMSP), Health Safety Net, or ConnectorCare. Or, if you've experienced a qualifying event.

Learn More

Apply Now ▶



Are you a MassHealth member and received your renewal notice? If so, please be sure to take action and



Applying for the first time? Use our "Getting Started Guide" for helpful information to make sure



Visit the Help Center to find a local enrollment assister for in-person help. You can also search help topics.



Tax Info

If you were enrolled in coverage through the Health Connector in calendar year 2017, find out

Affordability Help: Overview



The Health Connector is the exclusive source for individuals and families to connect to subsidies and other savings that can make coverage more affordable.

- <u>ConnectorCare</u>: A mix of state and federal funds subsidize comprehensive health insurance premiums for ConnectorCare-eligible individuals and their families with low and moderate incomes
 - i.e., individuals with household income of below 300 percent of the Federal Poverty Level (FPL) (for a household of one, \$36,420 annually, or for a household of four, \$75,300
- <u>APTC-Only Plans</u>: Individuals between 300 to 400% FPL may be eligible for a federal-only premium tax credit to reduce the cost of their monthly premiums purchased through the Connector

Affordability Help: ConnectorCare Detail



The Health Connector's ConnectorCare program provides comprehensive, affordable health insurance to low-income Massachusetts residents with incomes below 300 percent of the Federal Poverty Level (FPL).

- The ConnectorCare program supplements federal premium tax credits with state funds to offer more generous coverage than the federal standard
- ConnectorCare enrollees make modest premium payments on a sliding scale, in base amounts ranging from \$0 to \$126 monthly, depending on income
- ConnectorCare plans have low co-pays, but never include coinsurance or deductibles
- ConnectorCare enrollees can choose from among up to five carriers in 2018, one of which will feature the base premium
- Additionally, some ConnectorCare members may have access to more than one base premium plan for 2019

ConnectorCare Sliding-Scale Plan Types

Plan Type	FPL Range
Plan Type 1	0 -100% FPL
Plan Type 2A	100.1-150% FPL
Plan Type 2B	150.1-200% FPL
Plan Type 3A	200.1-250% FPL
Plan Type 3B	250.1-300% FPL

Lowest-Cost ConnectorCare Plan Premiums in 2019

	Plan Type 1 <=100% FPL	Plan Type 2A	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost Plan	\$0	\$0	\$44	\$85	\$126

Health Connector for Business

Website for Small Employer Groups



- The new website is easy to use for businesses and their employees
- The website provides quick employee roster uploading, decision-making tools and online payment
- Offers exclusive employee
 choice models and cost saving
 opportunities, promoting
 employer affordability
- For most people, it will take less than 30 minutes to navigate through the system
- Employers can get personal free help from our customer service team or a free broker in your area



Learn more at www.mahealthconnector.org/business

Exclusive Choice Models



Health Connector for Business is bringing something new to small businesses: for the first time, employers can offer a choice of plans for their employees.

One Plan

Employer selects one health plan

The employee is enrolled in the selected plan

Employer contribution rate is set based on plan selected

One Carrier

Employer selects one carrier

The employee can choose any plan within the selected carrier

Employer contribution rate is set, employee pays any cost difference between plans

One Level

Employer selects a reference plan from a Metallic Tier

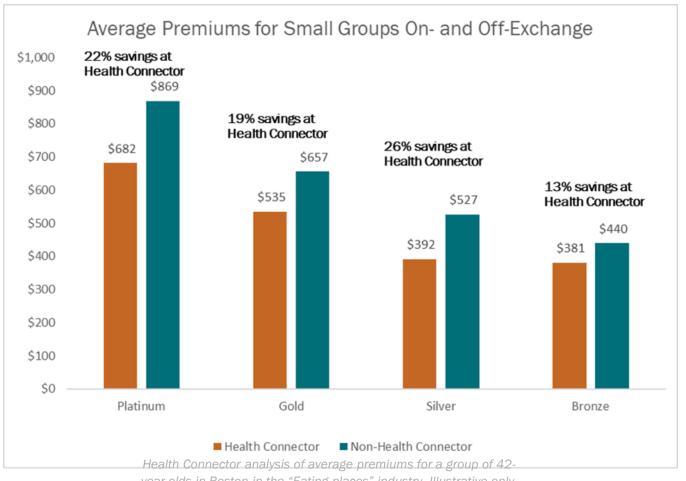
The employee chooses any health plan within the selected tier

Employer contribution rate is set, employee pays any cost difference between plans

Exclusive Comparison Shopping



Small businesses save over 20% on average by shopping through Health Connector for Business, using the power of comparison shopping.



Exclusive Cost Savings



Health Connector for Business offers exclusive savings for qualifying small employers that offer group coverage. Small businesses save over 20% on average by shopping through Health Connector for Business

MA Small Group Wellness Rebate Federal Small Business Health Care Tax Credit

15% rebate to employers on contribution costs

Up to 50% credit to employers on contribution costs

Employer eligibility:

- Up to 25 employees
- Meets wellness requirements
- Must cover at least 50% of the cost of employeeonly premiums (and at least 33% if choose to cover dependents)

Assistance amount:

• Rebate can be up to 15% of employer's share of group plan premium

How to claim:

- Available for 3 consecutive plan years
- Document that 33% of employees meet program's participation requirements

• Employer eligibility:

- Up to 25 FTE (full-time equivalent employees)
- Average annual wages must be\$53,000/year/FTE (adjusted for inflation)
- Must cover at least 50% of cost of employeeonly premiums
- Assistance amount:
- Credit can be up to 50% of premiums paid for small business employers
- Credit can be up to 35% of premiums paid for small tax-exempt employers
- Sliding scale: credit gets bigger if employer is smaller
- How to claim:
- Available for 2 consecutive taxable years
- Claim with IRS Form 8941

Open Enrollment for Employers



Minimum contribution and participation requirements are waived when enrolling during Open Enrollment for January 1 coverage through Health Connector for Business. Employers can shop from November 1- December 10 to be eligible for Jan. 1, 2019 coverage.

January 1 Effective
Date

Employer Contribution Requirement

No minimum contribution - 0%

Employer Participation Requirement

No minimum participation - 0%

All Other Effective
Dates

Employer Contribution Requirement

50% for employees 33% for dependents

Employer Participation Requirement

75% of employees must enroll or validly waive

Open Enrollment 2019 for Individuals & Families

Open Enrollment Overview



Each year Open Enrollment provides eligible individuals the opportunity to enroll or change health insurance plans without a Qualifying Life Event (QLE).

- Members can begin shopping for plans with an effective date of January 1, 2019 on November 1, 2018
- Members began receiving communications from the Health Connector in September with preliminary eligibility redetermination



- identifies and notices a member of their eligibility determination for the upcoming plan year
- If the member disagrees with the determination they should submit updates to their information

- noticed of the premium and the plan they will be enrolled into for the next year if they choose not to shop
- If a member does not take action to change their plan after receiving a final eligibility notice, they will be enrolled into the plan on the notice
- automatically enrolled into their existing plan
- If the same plan is not available, a plan from the same carrier, or within the same metallic tier will be used for enrollment
- Payment must be made by 12/23 for 1/1/2019 coverage

What's New for 2019



The Health Connector is proud to report relatively stable premiums, as well as a broader range of plan designs and carriers for 2019.

- Premiums rose only modestly, 4.7%, reflecting the Commonwealth's commitment to actively promoting a stable insurance market
- The individual platform will offer 57 individual and family health insurance plans from nine carriers
- A new carrier, UnitedHealthcare will offer plans in the Boston metro area for January 1, 2019 effective dates
- New for 2019, the Health Connector is expanding existing tiers of coverage to offer "low gold" and "high bronze" plans which will provide a wider selection of value options for individuals and families

"...New Gold level health plans

We now have more Gold health plan options than ever before, including our new "Low Gold" health plans. Low Gold plans have monthly premiums that are similar to Silver health plans but may have lower costs when you get health services..."



Constituent Experience: Unexpected Changes In Premium



Every year, some members in subsidized coverage are projected to move into plans where members may receive less or no subsidies. Members should update their information for the best chance at retaining any subsidies for which they may be eligible and keeping their premiums lower.

- Overall, approximately 22% of ConnectorCare members are currently slated to move to unsubsidized coverage
 - The majority of this movement is attributable to information not being available from state and federal sources (i.e. IRS, DOR, SSA) to confirm member income
 - Members who were moved to unsubsidized coverage because we needed updated income information can return to subsidized coverage by submitting their updated income attestation; they may have to send us proof
- The Health Connector is engaged in communications and outreach to encourage members to update their information to ensure accurate eligibility determinations





Have you updated your information for 2019?

It's almost time for Open Enrollment at the Massachusetts Health Connector. This is the time of year when Health Connector members need to review and update information to make sure they are getting the right kind of coverage in 2019.

It's important to let us know if anything has changed, such as:

- · Your family size
- · Your household income
- . A now addrose
- . A change to your Social Security Number or citizenship status

You can review and update information online if you have an online account.

<u>Learn how to update information online</u>

You can also get free, in-person help with making changes to your account at one of our walk in centers or through one of our community partners.

Find help now

Constituent Experience: New Premium Notice



This year, members will receive their new plan year premium sooner, beginning on October 22nd, with an additional notice encouraging action.

- If a member is expected to receive a less or no subsidies in the upcoming plan year, the member will be notified by mailer of their new premium amount sooner than in years' past
- While the Connector has always engaged in communications to encourage members to update their information, this earlier notice with greater attention on the new premium amount is intended to encourage members to take action updating their information sooner



URGENT: Update your Health Connector account now

You may still be able to get a lower-cost health plan for 2019

If you take no action, your new monthly payment for 2019 is expected to be:

\$500.11

Your Health Connector health insurance is expected to be much more expensive next year because your eligibility has changed for 2019. You may be able to keep lower-cost coverage for next year but you will need to update your information to see if you still qualify.

Below are some of the reasons why your eligibility may have changed, and the next steps to take to see if you still qualify.



Has your income changed?

You will need to give us your most up-to-date income information. Visit www.MAhealthconnector.org/update-income and follow the step-by-step instructions for updating your income online. After you've submitted your new information, you may be asked to send us the proof of your income.



Did you file a federal income tax return?

If you didn't file a tax return for any of the years that you received a monthly health insurance tax credit, you will need to file a federal income tax return with the IRS right away. After you file, you can update your account information to let us know that you've filed all returns. You can make this change in the "Past Tax Credits" section of your 2019 application online. To learn more about filing your taxes, go to: www.MAhealthconnector.org/taxes



ACT NOW Update your

account to keep your coverage affordable for 2019



Do you need to verify your income?

If we couldn't verify (prove) your income for next year, you will see your expected 2019 income and Federal Poverty Level (FPL) listed as "Unknown" on the letter we sent you about your eligibility for next year, and in your online account

Because we don't have any recent proof of your income, you will need to confirm that your information is still the same. You can find step-by-step instructions for confirming your information at:

www.MAhealthconnector.org/confirm-income

Need help?

You can get help with updating your information by calling Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

You can also get free, in-person help through an Enrollment Assister organization or at one of our walk in centers. Find locations for free help near you at: www.MAhealthconnector.org/here-to-help

Constituent Experience: Neighborhood Health Plan Changes



Neighborhood Health Plan will be d.b.a. AllWays Health Partners, and members currently enrolled with Neighborhood Health Plan will see a change in the carrier's name when shopping for 2019 coverage.

- Neighborhood Health Plan (NHP) will rebrand under a new name, AllWays Health Partners
 - While we do not currently expect any substantive changes to the plan, the names members will be shopping for are expected to reflect AllWays Health Partners for January 1 effective dates
 - The Health Connector is working with NHP toward a smooth member transition to the AllWays brand, with an expected cut-over in time for Open Enrollment





Member Help: Online Shopping Tools

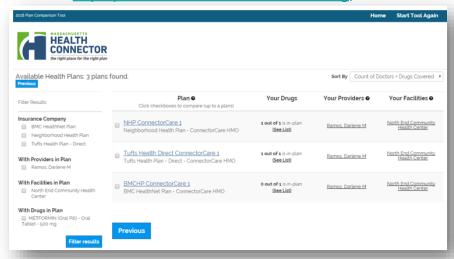


Members can utilize the improved plan comparison tool and provider search tool enhancements to assist in shopping for the most affordable plans that suit their individual needs.

Find our 2018 to 2019 Plan Comparison tool at: www.mahealthconnector.org/compare-plans



Find our provider & formulary search tool at: http://planfinder.mahealthconnector.org,



Find other helpful resources, like our Shopping Guide, at: www.mahealthconnector.org/help-center/resource-download-center

Member Help: OE and Year Round



- The Health Connector operates Walk in Centers in Boston, Springfield, Worcester and Brockton, which remain open year round to assist new and renewing members. Find locations at: www.mahealthconnector.org/about/contact.
- In-person assistance is available at 16 Navigator organizations located throughout the Commonwealth:

Navigator Organization	Location(s)
Boston Public Health Commission	Boston
Cambridge Economic Opportunity Commission	Cambridge
Caring Health Center	Springfield
Community Health Center of Franklin County	Greenfield
Community Action Committee of Cape Cod & Islands	Hyannis
Ecu-Health Care	North Adams
Edward M. Kennedy Community Health Center	Framingham and Worcester
Family Health Center of Worcester	Worcester
Fishing Partnership Support Services	North Shore, South Shore, Cape Cod and SouthCoast
Greater Lawrence Community Action Council	Lawrence
HealthFirst Family Care Center	Fall River
Hilltown Community Health Center	Huntington
Joint Committee for Children's Health Care	Everett
Manet Community Health Center	Quincy
PACE (People Acting in Community Endeavors)	New Bedford
Vineyard Health Care Access	Vineyard Haven

 2019 Open Enrollment Call Center Hours have been updated to reflect member needs

Open Enrollment 2019	Closed Enrollment
Call Center Hours of Operation	Call Center Hours of Operation
Monday - Thursday	Monday - Thursday
8AM - 7PM	8AM - 6PM
Friday	Friday
8AM - 7PM	8AM - 6PM
Saturday	Saturday
Dec. 15, Dec 22, Jan. 12, Jan. 19	CLOSED

 New self-service features for 2019 will allow members to check account information without needing to speak with a call center representative **#StayCovered**

#StayCovered Awareness Campaign



With federal individual mandate penalties cancelled after 2018, the Connector is reminding Massachusetts residents that a state individual mandate remains.

- For over a decade, Massachusetts has required adults to have health insurance that meets certain minimum standards or pay a state tax penalty
- The mandate and the penalties for not having coverage –provide key consumer benefits and protections, including:
 - Ensuring that all residents are insured makes coverage more affordable and allows for benefit protection
 - The requirement is an important part of Massachusetts' position as a national leader in health care, and is part of the state's unique efforts to maintain a stable and accessible market
 - The requirement reinforces the original intent of the state's health care reform effort,
 which is that having health insurance is a shared responsibility
 - Massachusetts' requirement is serving as a model for other states looking to replicate our success in the absence of a federal requirement





Concumer Guide

Massachusetts law requires residents to have health coverage

With all the changes in health insurance these days, it can be hard for people to know what kind of health plan is best for themselves and their families. But if you are a Massachusetts resident age 18 or older, you are required to have health coverage that meets certain standards or else you may have to pay a state tax penalty. This requirement is part of Massachusetts state law.

As you consider your health coverage options, you should be weare of specific state coverage standards that are still in effect. This guide is immediated to hely you ensure that you and your family have health overage that meet. Massachusetts requirements and consumer protections so that you and your family members can avoid state menalities.

Your Responsibility to Have Comprehensive Coverage

Messachusetts lew generally requires adult residents (age 18º) to have health coverage that meets "Minimum Creditable Coverage" (MCC), MCD standards require you to have a plan that cover ley health benefits including preventive health care. These standards protect you from severe financial losses as a result of serious illness or injury.

MCC is the level of coverage a Massachusetts resident must have so that they are not penalized under the state's individual mandate law when filing taxes. MCC standards help ensure that people have the coverage they need and works to keep insurance costs down for consumers.

In addition to Massachusetts law, federal law currently contains a similar requirement that individuals obtain coverage that meets certain standards or face a federal tax panely. While there will no longer be a federal penalty starting in 2019. Massachusetts residents can still face a state penalty for not having health coverage that meets MCD requirements. You still have a responsibility to have health coverage that meets certain standards under Massachusetts law, even though similar federal requirements are changing.

Remember...

Questions? Visit MAhealthconnector.org/stay-covered

#StayCovered Awareness Campaign (Cont'd)



Thank you to everyone who has participated thus far in the #StayCovered campaign, we will be asking for continued support throughout our Open Enrollment period and beyond.

- #StayCovered will be part of the discussion during Open Enrollment-related events, such as the statewide October tour and during the Days of Coverage in communities throughout the Commonwealth
- Offices will be receiving #StayCovered tool kits that include:
 - #StayCovered Beanie wear and post photos early and often!
 - Example social media text
 - #StayCovered one-pager
 - #StayCovered talking points and sample newsletter
 - For more information and resources on the #StayCovered campaign visit: https://www.mahealthconnector.org/stay-covered







While Massachusetts health reform and existing statutes provide strong consumer protections, recent federal rule changes introduce greater risk for the sale of non-comprehensive health insurance plans.

- New "scam plans" may try to target your constituents, their businesses, and employees
- Encourage smart
 shopping to avoid
 insurance scams:
 www.mahealthconnector.or
 g/consumer-alert-shop-smart-to-avoid-health-insurance-scams
- Remember: You can always "shop safe" through the Health Connector

Make Sure Your Plan	MA-Approved Individual & Small Group Plans	Scam Plans
Is approved for sale to individuals and small businesses by the Division of Insurance	√	X
Covers pre-existing conditions	\checkmark	Χ
Does not charge more for pre-existing conditions	\checkmark	Χ
Does not charge women more than men	V	Χ
Limits your annual out-of-pocket costs to a maximum amount when you get care	√	X
Does not have lifetime or annual coverage limits	V	X
Covers important Essential Health Benefits like preventive care, mental health care, prescription drugs, and women's care	√	X
Meets the state tax requirements for comprehensive insurance (known as Minimum Creditable Coverage)	√	X
Never charges an "enrollment fee" to get covered, only your monthly premium	V	X

Constituent Services Overview

What Should I Expect from Health Connector Constituent Services?



- Though we strive to outreach members to begin working on cases as soon as possible, the expectations of our Ombudsman team is to conduct outreach within 2 business days
- The Ombudsman team will complete three outreach attempts, if they are unable to connect with the member by the third attempt, we will inform the office and close the case, though a case can be reopened at any time
- If a member has an urgent medical need, please inform us of a medical need immediately, as this will
 expedite the outreach and review of the members request (minimizing PHI and PII details to the
 greatest extent possible)
- When working with a constituent, please request that the individual complete a Permission to Share Information (PSI) form and provide it to the Health Connector so that we can provide your office with comprehensive updates on the status of our outreach with the member forms can be found at: https://www.mass.gov/lists/hipaa-forms-for-masshealth-members
- If a family member/designee will speak with the Health Connector on behalf of the constituent, please be aware that we are required to obtain an **Authorized Representative Designee (ARD)** form, prior to sharing any information with someone other than the Head of Household

Who Can I Contact for Help?



Please never hesitate to reach out to the Health Connector on any question, we are here to help and want to give our members the best experience possible.

Erin Ryan, Government Affairs Manager 617-933-3053

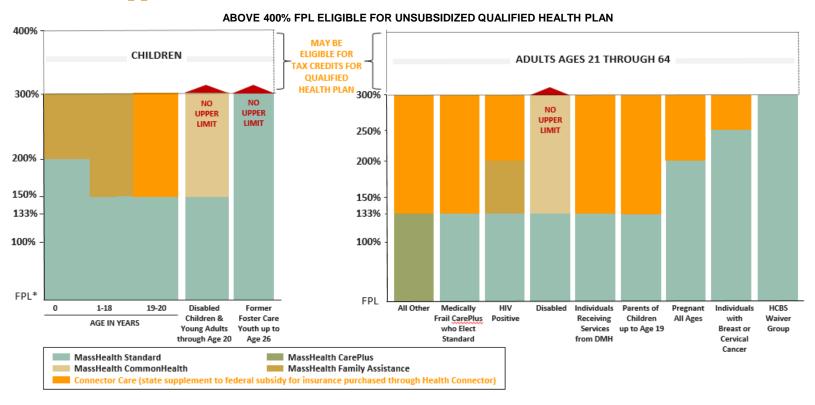
Erin.E.Ryan@mass.gov

Appendix: Constituent Services Frequently Asked Questions

What Is My Constituent's Eligibility?



MassHealth and the Health Connector share an application and eligibility system, streamlining the application process. If a member is not eligible for MassHealth, they may be found eligible for a QHP through the Health Connector without having to submit an additional application.



FPL = income as percent of federal poverty level; in 2015 100% FPL for a family of four was \$24,250.

NOTE: In general, the eligibility level for seniors age 65 and older is 100 percent of FPL and assets of up to \$2,000 for an individual or \$3,000 for a couple. More generous eligibility rules apply for seniors residing in nursing facilities or enrolled in special waiver programs.

Why Isn't My Constituent Eligible?



• For an applicant to be eligible for a individual/family Qualified Health Plan (QHP) through the Health Connector they must:

Eligibility Criteria	Definition/Notes
Be a resident of Massachusetts	Resident is defined as having an intent to reside in Massachusetts, or someone who is the dependent of a tax filer who intends to reside in Massachusetts
Be lawfully present in the US	Lawfully present individuals are citizens and non-citizens with valid immigration statuses during the benefit year
Not be incarcerated	Incarceration is defined as someone in jail or prison, unless they are pending the disposition of charges (pretrial)

• For an applicant to be eligible to receive subsidies through the Health Connector they must also be:

Eligibility Criteria	Definition/Notes
Not eligible for public Minimum Essential Coverage (MEC)	Public MEC includes: Eligibility for Medicaid, Medicare, Peace Corps and TRICARE Enrollment in VA coverage or individual market coverage
Not eligible for affordable, minimum value Employer-Sponsored Insurance (ESI)	 ESI meets both minimum value and affordability standards if: The plan has an actuarial value of at least 60% Self-only coverage costs less than 9.56% of household income in 2018
Income under 400% FPL (APTC only) or under 300% (ConnectorCare)	Modified Adjusted Gross Income (MAGI) for the tax household is less than the federal poverty standard for the household's size
American Indian or Alaska Native	Indian is defined in Section 4(d) of the Indian Self-Determination and Education Assistance Act.

What Can My Constituent Expect to Pay in the ConnectorCare Program?



2019 ConnectorCare Enrollee Contributions

п	Region A1	Enrollee Premium Contribution By Plan Type						
		1 <100MFPL	2A 100-150% FPI	28 150-200% FPL	3A 200-250% FPI	38 250-300% FF		
1	BMC	\$0	\$0	\$44	\$85	\$128		
2	Tufte-Direct	\$0	\$0	\$44	\$85	\$128		
3	HNE	\$122	\$121	\$188	\$210	\$254		
4	AllWaye Health Partners	\$159	\$157	\$205	\$248	\$293		

	Region A2	Enrollee Premium Contribution By Plan Type					
		1	2A	28	ЗА	38	
1	BMC	\$0	\$0	\$44	\$85	\$128	
2	Tufte-Direct	\$0	50	\$44	\$85	\$128	
3	HNE	\$122	\$121	\$188	\$210	\$254	

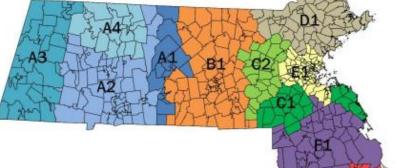
	D-2 42	Enrolle	ee Premiur	n Contribu	tion By Pla	an Type
	Region A3	1	2A	28	3A	38
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$128
2	HNE	\$72	\$118	\$185	\$208	\$251

	Region A4	Enrollee Premium Contribution By Plan Type					
		1	2A	28	3A	38	
1	HNE	\$0	\$0	\$44	\$85	\$128	

	Region B1	Enrollee Premium Contribution By Plan Type						
		1	2A	28	3A	38		
1	Fallon	\$0	\$0	\$44	\$85	\$128		
2	Tufte Direct	\$0	50	\$44	\$85	\$128		
3	BMC	\$0	\$0	\$44	\$85	\$128		
4	AllWays Health	\$158	\$157	\$205	\$248	\$291		

	Region C1	Enrollee Premium Contribution By Plan Type						
		1	2A	28	34	38		
1	Tufta-Direct	\$0	\$0	\$44	\$85	\$128		
2	BMC	\$0	\$0	\$44	\$85	\$128		
3	AllWaye Health Partnere	\$195	\$190	\$238	\$278	\$321		

	Region C2	Enrollee Premium Contribution By Plan Type					
		1	2A	28	3A	38	
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$126	
2	вмс	\$0	\$0	\$44	\$85	\$126	
3	Fellon	\$72	\$74	\$119	\$180	\$201	
4	AllWaye Health Partners	\$195	\$190	\$238	\$278	\$321	



	Region D1	Enrollee Premium Contribution By Plan Type						
		1	2A	28	3A	38		
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$128		
2	BMC	\$0	\$0	\$44	\$85	\$128		
3	AllWaye Health Partners	\$188	\$188	\$215	\$258	\$300		

	Region E1	Enrollee Premium Contribution By Plan Type						
		1	2A	28	ЗА	38		
1	Tufta-Direct	\$0	\$0	\$44	\$85	\$128		
2	BMC	\$0	\$0	\$44	\$85	\$128		
3	AllWays Health Partners	\$224	\$221	\$287	\$308	\$349		

	Region F1	Enrollee Premium Contribution By Plan Type						
		1	2A	28	ЗА	38		
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$128		
2	BMC	\$0	\$0	\$44	\$85	\$128		
3	AllWays Health Partners	\$211	\$210	\$257	\$299	\$344		

	Region F2	Enrollee Premium Contribution By Plan Type						
		1	2A	28	34	38		
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$128		

	Region G1	Enrollee Premium Contribution By Plan Type					
		1	2A	28	34	38	
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$128	
2	BMC	\$0	\$0	\$44	\$85	\$128	

	Region G2	Enrolle	e Premiu	m Contribu	tion By Pl	an Type
		1	2A	28	ЗА	38
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$128

-1	Region G3	Enrollee Premium Contribution By Plan Type					
		1	2A	28	ЗА	38	
1	Tufte-Direct	\$0	\$0	\$44	\$85	\$128	
2	BMC	\$0	\$0	\$44	\$85	\$128	
3	AllWays Health Partners	\$235	\$278	\$323	\$388	\$413	

When Can My Constituent Enroll?



An applicant can submit an application for coverage at anytime during the year, however, if it is outside of the Open Enrollment period an applicant must have experienced a Qualifying Life Event (QLE) and enroll through a Special Enrollment Period (SEP).

Health Connector* Qualifying Life Events include: (see for detail: https://www.mahealthconnector.org/get-started/special-enrollment-period

- Marriage
- Birth or adoption of a child
- Change in residency (such as moving to MA)
- Loss of MEC
- Newly eligible for ConnectorCare or APTC or certain changes to subsidy eligibility

- New lawfully present immigration status
- Certain other circumstances such as Victims of Domestic Violence
- American Indian or Alaska Native
- Waiver through Office of Patient Protection

*Note that individuals eligible for MassHealth can apply year-round

- Generally, a QLE must be reported within 60 days, once reported a SEP will be open for a limited time, authorizing a member to enroll
- Open Enrollment runs from November 1, 2018 through January 23, 2019
 - New and returning members do not require a QLE during this time to shop for a plan
 - For coverage effective January 1, 2018 plan selection and payment must be made prior to 12/23
 - For coverage effective February 1, 2018 plan selection and payment must be made by 1/23

When Can My Constituent Start or Cancel Coverage?



- Health Connector coverage for new applicants is prospective, which means applicants must select a plan and make their first payment by the 23rd day of the month prior to when they want coverage to begin
- In rare circumstances, existing members may be eligible for reinstatement or retroactiveenrollment into an existing plan
 - Member is required to pay for the months that they are requesting reinstatement into and one future month to avoid immediate loss of coverage in next month
 - Reinstatements and Retro-active enrollments are subject to carrier approval and must be requested within allotted timeframes
- A member must cancel coverage by the 23rd of the month prior to the first of the month that they want to stop receiving coverage

Why Is My Constituent Receiving or Being Asking for Information?



Requests for Information

- Upon submitting or reporting a change to an application a member may be requested to submit verification for items such as *income*, *residency*, *citizenship*, etc. within an expressed timeframe in order to ensure continued coverage
- If these documents are not submitted within the adequate timeframe a member is subject to eligibility changes or termination of coverage

Denial Notices

Because of the shared application and eligibility system, if an individual is found eligible for a
Qualified Health Plan (QHP) through the Health Connector, the individual will receive a denial notice
from MassHealth, even if the constituent did not intend to apply for MassHealth

Why Did My Constituent Lose Subsidies?



- Members may contact your office if they are found ineligible for subsidies, this can occur
 for a number of reasons and in some cases we are not allowed to tell you the reason
 because of privacy laws
- Our Ombudsman team works with members to identify what factors may be barring them
 from accessing subsidies and reviews the following checklist with them in an effort to
 determine the root cause, such as:
 - Income level
 - Access to Employer Sponsored Insurance (ESI) that meets affordability and value standards
 - Access to government minimum essential coverage (Tricare, Medicaid, Medicare, VA)
 - Invalid tax-filing status (such as "married filing separately" status)
 - Failure to file and reconcile taxes, including the IRS' Form 8962 due to federal tax privacy laws, it
 may be difficult for us to communicate that this is the reason a person is being denied subsidies