



# Preparing to Help Health Connector Members for Open Enrollment 2024

September 2023

# What to expect during this session

## Health Connector staff will:

- Review the Health Connector's Open Enrollment timeline
- Describe the processes that take place for reviewing and renewing member coverage for the upcoming plan year
- Identify changes or special considerations to be aware of for the upcoming plan year

Throughout, we will explain the actions that members must take to renew coverage and how Assisters can help.



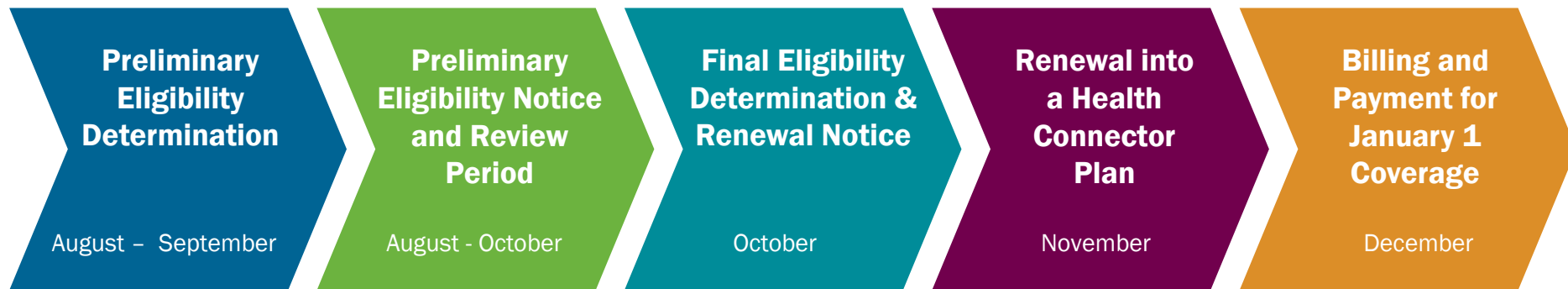


# **Health Connector Open Enrollment Timeline**

# Health Connector Annual Redeterminations & Renewals Processes for OE 2024

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.





# **Reviewing and Renewal Processes**

# Preliminary Eligibility Determination

In August and September, the Health Connector conducts preliminary eligibility determinations for actively enrolled Health Connector members and Health Connector members who are part of mixed households.

How does this process work?

- Available federal and state data sources are used to check for income and other factors.
- If a member has income that was verified with documents provided by the member within the last year, that income will be used to determine eligibility for 2024 coverage.
- If the household has not verified their income in the last year and data sources are incompatible, Health Connector will make the determination using available electronic data sources.
- If household has not verified their income in the last year and data sources are compatible with the income we are using, we will continue to use the current (attested) income to determine eligibility for 2024.

# Preliminary Eligibility Determination

- If there is no available data about a member, we will not be able to determine eligibility for MassHealth or a subsidized Health Connector plan.

## How can Assisters Help?

- If someone is projected to lose subsidies for 2024, edit their application and walk through the income section to confirm everything is up to date, then resubmit the application.
- Members who have outstanding verifications should send them as soon as possible, as the verified information will help create the most accurate 2024 eligibility.
- Members who owe verifications when their preliminary eligibility is determined may see changes on their 2024 eligibility online and in their notice.
  - For example, someone may see that they may be renewed into a higher cost ConnectorCare plan or may not be found eligible for any subsidy because they owe income verifications.

# Preliminary Eligibility Notices

Notices with the results of the preliminary eligibility determination are sent in August and September to all Health Connector enrollees that applied for financial assistance.

- Households with only Health Connector members will get:
  - Health Connector Preliminary Eligibility notice
- Mixed Households will receive either a:
  - Health Connector Preliminary Eligibility notice (for Mixed Households who can be auto-renewed); or a
  - Combined (co-branded) Health Connector and MassHealth notice for Mixed Households with a MassHealth pre-populated form (for those Mixed Households who cannot be auto-renewed).
- Encourage all members to update their applications for 2023 and 2024, and return or respond to any notice received from the Health Connector or MassHealth
- Depending on the type of household you are working with, the review period is between 30 – 45 days.



# Preliminary Eligibility Notices (cont'd)

Preliminary Eligibility notices encourage members to update their eligibility application for 2024 or the current year if needed.

Remember, if the changes a member shares are for this year, make sure to update their 2023 application. If the member expects that information to also be true next year, please apply those changes to their 2024 application and submit them as well.

*Assisters can access samples of subsidized and unsubsidized member notices any time, log into the [Learning Management System \(LMS\)](#) and review the items in the **Open Enrollment 2024** folder.*

Health Connector Processing Center  
P.O. Box 4404  
Taunton, MA 02780



Sample Member  
123 Sample Road  
Sometown, MA 00000

July 07, 2023  
XXXXXXXXXX

Notice Name: Preliminary Eligibility Determination  
Notice ID: ELG\_REN  
Member ID: XXXXXXXXXXXXX  
Ref ID: RefID\_XXXXXXXXXXXX

## Important 2024 Eligibility Information

Dear Sample Member,

We need to make sure all of the information we have about you is right for next year.

It will be time to renew your Health Connector health insurance coverage for 2024 soon. Before we can renew your coverage, we need to make sure we have the right information about your household.

Please read this information carefully and follow all steps in this letter, so that you can get the right health coverage for 2024.

### Step 1

Check your household income range to see if it looks right

For privacy reasons, we can't show the exact dollar amount for your income. Instead, we show your expected income as a range, and as a percentage of the Federal Poverty Level (FPL). Compare the Expected 2024 Income Range and Federal Poverty Level (FPL) listed below.

# Final Eligibility and Renewal

**In October a Final Eligibility and Renewal notice is sent to All households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan the following year.**

- This notice will include the health plan name and premium for the upcoming year, and their APTC amount.
- Those who were determined eligible but not enrolled and got a 2024 application will get a 2024 eligibility notice during this timeframe. It will not include any renewal information.

**Open Enrollment begins on November 1st.**

- The Health Connector follows guidelines to place members into their dental and medical plans each year.
- For coverage effective January 1, 2024, payment is due on December 23, 2023.

# Medicare Reminders:

Health Connector members who are identified as Medicare eligible in their 2024 application will lose access to State and Federal subsidies.

- They can remain in an unsubsidized Health Connector plan through the end of the calendar year.
- These individuals will not be renewed for the upcoming year (they will lose their Health Connector health plan at the end of the calendar year).
- If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

### **When a Health Connector member is found to be enrolled in Medicare they are no longer eligible for the same Health Connector benefits.**

As a best practice, once someone is *eligible* for Medicare, they should take action to enroll as soon as possible. They also need to disenroll from Health Connector coverage as this does not happen automatically. Taking these actions will help them avoid paying Medicare penalties for late enrollment and also help avoid being responsible for paying back any Advance Premium Tax Credits (APTCs) used for Health Connector coverage. Individuals do not qualify for APTCs once they become eligible for Medicare.

There is an exception to this rule. People who must pay for Medicare Part A have the option to stay enrolled in a Health Connector plan and continue receiving any subsidies they qualify for or to take Medicare and leave Health Connector coverage. Continue on to read the Health Connector's general guidance about helping someone newly enrolled in Medicare. There are also more details about Health Connector policies, procedures, some basic Medicare information, including where to direct people for more help and you can learn more about those who may be in an exception situation.

### **Health Connector policies and processes:**

**Subsidized Health Connector coverage.** If someone is enrolled in health insurance coverage that meets Minimum Essential Coverage (MEC) standards, such as Medicare Part A, they are not eligible for subsidized Health Connector coverage. If someone is found to be enrolled in Medicare during the calendar year, they will lose eligibility for subsidies through the Health Connector for the rest of the year.

**Unsubsidized Health Connector coverage.** Individuals enrolled in Medicare Part A cannot sign up for new coverage through the Health Connector, including unsubsidized coverage. In addition, those enrolled in Medicare can no longer renew their unsubsidized coverage through the Health Connector. This is because Medicare rules prohibit selling Medicare enrollees coverage that duplicates the benefits they receive from Medicare.

Both subsidized and unsubsidized Health Connector members who are identified as enrolled in Medicare during the Health Connector Redeterminations and Renewals process, or Health Connector members who update their application to report that they have Medicare, can expect to:

- Stay enrolled in a Health Connector health plan (QHP) through the end of current benefit year only
  - Those found to be eligible for Medicare for the upcoming year are able to keep their subsidies through the end of the current calendar year.
  - Those who update their current year application with Medicare will lose their access to subsidies sooner.
- Lose their Health Connector coverage for the upcoming year
- Continue their enrollment in Dental plans
- Potentially renew coverage in their same unsubsidized plan directly through their carrier, if the carrier offers the same policy off-Exchange (outside of the Health Connector)

Medicare beneficiaries can also purchase a Medicare Supplement or Medicare Advantage plan to supplement Medicare coverage. Medicare Supplement plans are continuously open while Medicare Advantage plans are open for enrollment at specific times. These plans are available through insurance carriers; the Health Connector does not offer these types of plans.

# More Considerations

## Failure to Reconcile (FTR)

Members that fail to reconcile (FTR), will not lose tax credits in 2024.

The IRS will not send FTR indicators, and the Health Connector will not use FTR as part of its renewal process.

Members and applicants should file Form 8962 with their taxes for 2023 if they believe they should receive additional premium tax credits beyond what they received in advance.

## Mixed Households

Members who are part of mixed households (households with both Health Connector & MassHealth members) will receive a preliminary eligibility notice from the Health Connector and may receive a renewal form from MassHealth.

As the MassHealth renewals process continues, encourage members to update their applications for 2023 and 2024 as needed and submit requested documents or respond to any notice received from the Health Connector or MassHealth.



# **Special Considerations for Plan Year 2024**

# Pilot expansion of ConnectorCare reshapes affordability and plan options through the Health Connector

The Health Connector Board of Directors approved regulatory changes that will expand access to the Marketplace's landmark ConnectorCare program through a two-year pilot program

- The ConnectorCare expansion that is part of the state budget increases the income limits in the program up to 500 percent of the federal poverty level, up from the current limit of 300 percent, creating the opportunity for tens of thousands of people to access more affordable health care.
- These changes create the largest state-level expansion in health care affordability since the Health Connector was created in 2006, and means people can access plans that deliver important benefits, while saving thousands of dollars a year on the cost of health care.

# More Choice in Plan Year 2024

- Along with expanding income levels, all carriers who participate in the Health Connector will offer plans in ConnectorCare for the first time, beginning in 2024.
- Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care and UnitedHealthcare join current participating carriers Fallon Health, Health New England, Mass General Brigham Health Plan, Tufts Health Plan, and WellSense Health Plan.
- All of these changes will be in place for Plan Year 2024, with Open Enrollment shopping starting on **November 1**.

# What does this mean for Massachusetts residents?

ConnectorCare includes significantly reduced premiums, lower co-pays, and eliminates the deductible from the plan.

For an **individual**, the change increases the income limit for ConnectorCare from \$43,470 a year to \$72,900 a year.

For a **family of four**, the change increases the income limit for ConnectorCare from \$90,000 a year to \$150,000 a year.



# What is the approach for implementation?

## The Health Connector will add two plan subgroups to the ConnectorCare program's "Plan Type 3."

- ConnectorCare members are currently split into **three** Plan Types based on their income, each reflecting a different set of point-of-service cost sharing
- Within Plan Types 2 and 3, members are further broken into two groups 2A/2B, and 3A/3B. Enrollee contributions are determined at this more granular level to provide targeted premium support
- System limitations prevent the addition of more benefit designs, so the approach for the expansion pilot is to add two additional subgroups to the Plan Type 3 benefit design (3C/3D)


	Plan Type 1	Plan Type 2		Plan Type 3			
Subgroups	n/a	2A	2B	3A	3B	3C	3D
Income range (% FPL)	0-100%	100.01-150%	150.01-200%	200.01-250%	250.01-300%	300.01-400%	400.01-500%
Minimum 2024 enrollee contribution	\$0	\$0	\$49	\$96	\$142	\$219	\$255



# **Preparing to Help Health Connector Members**

# Preparing to Help Health Connector Members

- ✓ Complete the updated Health Connector Redeterminations and Renewals course available in the Learning Management System (LMS)
- ✓ Read MTF and Assister email messages for important updates
- ✓ Become familiar with the available resources in the LMS folder **Open Enrollment 2024** (example sample notices, past recordings)
- ✓ Register for and attend upcoming Assister sessions - prepare questions in advance!

Health Connector Open Enrollment 2024 Assister Webinar Schedule		
Session days and times vary. Check the Learning Management System (LMS) for the latest schedule and remember to add a session reminder to your calendar.		
Protecting PII When Working with Applicants and Members		
Date and Time	What to expect during this session	How you can prepare
9/22/23 11am-12pm  9/26/23 2-3pm  	Staff will: <ul style="list-style-type: none"> <li>Describe methods for securing and storing documents when working in person or <a href="#">remotely</a></li> <li>Discuss considerations when using the Assister Portal and uploading <a href="#">documents</a></li> <li>Explain processes to follow and potential consequences when incidents do occur</li> </ul>	Prepare any questions you'd like the team to respond to.  <b>Note: This is a new requirement for all Certified Assisters this year. Registration information and more information about these webinars (both webinars will contain the same information) will be shared separately.</b>
Overview of Health Connector Dental Plans		
Date and Time	What to expect during this session	How you can prepare
10/11/23 10-11am	Staff will: <ul style="list-style-type: none"> <li>Provide a high-level overview of the available Health Connector's Dental Plans and their <a href="#">carriers</a></li> <li>Respond to attendee questions regarding common customer questions about enrolling into or using their dental coverage</li> </ul>	In advance of this session, review the <a href="#">webinar recording</a> and <a href="#">LMS course</a> titled: <a href="#">Overview of Health Connector Dental Plans</a>  Prepare any questions you'd like the team to respond to.  <b>Click the link below to register for this session:</b> <a href="https://umassmed.zoom.us/webinar/register/WN_Wk0as5DqStmqwDP_UUIUPA">https://umassmed.zoom.us/webinar/register/WN_Wk0as5DqStmqwDP_UUIUPA</a>

# Questions

