



# ConnectorCare Eligibility & Enrollment

MLRI Basic Benefit Training

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# What is ConnectorCare?



- Insurance through private HMO plans with the government helping pay for much of the costs of coverage
- You can only get it from the Massachusetts Health Connector



# Health Connector



**The Massachusetts Health insurance marketplace determines eligibility for state subsidized and unsubsidized insurance for the under 65 population living in the community.**

- Qualified health plans offered through the Health Connector go through an annual seal of approval process after Division of Insurance rate review.
- Overseen by a board



# Role of Health Connector



- Health insurance “marketplace” for private Qualified Health Plans
- Determines who qualifies for state subsidized and unsubsidized insurance for the under 65 population living in the community.
- Sets rules for state individual mandate that requires Massachusetts residents over 18 to health credible health insurance

# Individual Mandate



- Massachusetts residents over 18 years old can be penalized on their state taxes if uninsured/underinsured.
- Coverage must meet Minimum Creditable Coverage standards.
- Some insurance automatically meets MCC criteria.
- Health Connector sets an affordability schedule each year.



If the insured health plan **meets MCC** standards:

This health plan meets **Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. Please see page # for additional information.



If the plan **does not meet MCC** standards:

This health plan, alone, **does not meet Minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance. Please see page # for additional information.

# Health Connector Locations



- **Boston Walk-in Center** located at 133 Portland Street, Boston
- **Springfield Walk-in Center** is located at 88 Industrial Avenue, Suite D, Springfield
- **Worcester Walk-in Center** is located at 146 Main Street, Worcester

Customer Service Phone Number:  
1-877-MA-ENROLL (1-877-623-6765)

Website: [www.mahealthconnector.org](http://www.mahealthconnector.org)



# Health Connector Offerings



## Individual Coverage

- Subsidized health coverage
  - ConnectorCare for those with income of 500% FPL or less
  - Authorized through 2025: additional tax credits for eligible Health Connector members where coverage would cost over 8.5% of income
- Unsubsidized health plans
- Stand-alone dental plans

## Health Connector for Business

- Health & dental plans for small employers who want to offer insurance to their employees

# Health Connector Eligibility Factors



## Criteria for shopping on the Health Connector:

- Immigration status – must be "lawfully present"
- MA residency
- Not be in jail or prison

## Factors used for qualifying for subsidized coverage:

- Tax filing status
  - If married must file jointly
- Tax household
- Annual income
- No affordable health insurance access:
  - Work insurance must be unaffordable, or not meet minimum value.
  - Not be enrolled in Medicare or VA
  - Not eligible for MassHealth other than MassHealth Limited





# Why tax filing matters



- The cost assistance for premiums comes from Advance Premium Tax Credit (APTC) based on income eligibility
- Based on estimated annual tax income for the year
- Paid in advance by US Treasury directly to insurance company each month
- Must file taxes for year in which APTC received
  - Must “reconcile” advanced credit based on estimated income with actual credit due based on actual income on tax return

# Financial eligibility for APTC



- Health Connector coverage would cost over 8.5% for a benchmark plan
- Income 500% FPL or less for ConnectorCare (affordable coverage)
- Income at least 100% FPL unless
  - Lawfully present non-citizen is not eligible for MassHealth due to immigration status
  - Even though income under filing threshold, APTC creates tax filing obligation

# Modified Adjusted Gross Income



- Household includes tax filers & tax dependents
- Income is expected annual “adjusted gross income” on federal tax return plus
  - Nontaxable Social Security Income
  - Nontaxable Interest Income
  - Nontaxable Foreign Income
- Tax dependents’ income doesn’t count unless high enough to require filing a return
  - Earnings over \$12,000 for the year requires a return
  - Nontaxable Social Security & child support not counted



# No other coverage



- Not eligible for Medicaid/MassHealth (except MassHealth Limited) or enrolled in Medicare Part A
  - Eligible if an applicant would need to pay for Medicare Part A
- Not eligible for affordable Employer-Sponsored insurance
  - “*Affordable*” ESI means that your plan:
    - Costs less than 8.39% (2024) of family income for the employee contribution for either individual or family plan

# ConnectorCare Expansion



- Pilot program passed through the state budget for two years
- Starting in 2024, eligibility increased from 300% to 500% FPL
- For an individual, that means going from a \$43,000 cutoff to a \$72,000 cutoff.

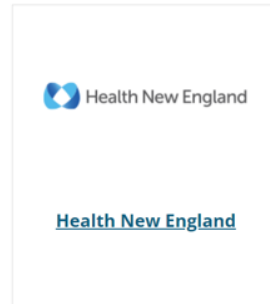
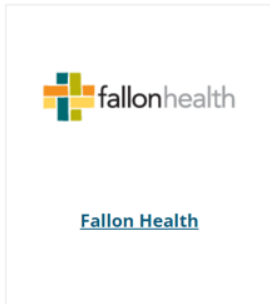
This is the largest expansion of coverage in Massachusetts since the 2006 Massachusetts health reform law!



# ConnectorCare



- APTCs & added state-funded subsidies to keep costs low
  - No deductibles
  - Plans with no premium options if income 150% FPL or less
  - Copays vary by income level with 3 income tiers
- Family income  $\leq$  500% FPL
- As of 2024, all carriers offering insurance through the Health Connector are participating in ConnectorCare



# Federal Poverty Level Guide for ConnectorCare



Population/ Program	Plan Type 1	Plan Type 2A	Plan Type 2B	Plan Type 3A	Plan Type 3B	Plan Type 3C	Plan Type 3D
Percent of federal poverty	100%	150%	200%	250%	300%	400%	500%
	Annual	Annual	Annual	Annual	Annual	Annual	Annual
Family Size							
1	\$14,580	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320	\$72,900
2	\$19,720	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880	\$98,600
3	\$24,860	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440	\$124,300
4	\$30,000	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000	\$150,000
5	\$35,140	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560	\$175,700
6	\$40,280	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120	\$201,400
7	\$45,420	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680	\$227,100
8	\$50,560	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240	\$252,800
Each addtl.	\$5,140	\$7,710	\$10,280	\$12,850	\$15,420	\$20,560	\$25,700



# ConnectorCare Cost Sharing



Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A, 3B, 3C, & 3D
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	\$0	\$0
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$0	\$0
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 benchmark lowest premiums for 2024:**

- Type 1: \$0
- Type 2: \$0
- Type 2B: \$49
- Type 3A: \$96
- Type 3B: \$142
- Type 3C: \$219
- Type 3D: \$255



# Plan Selection and Premium Payments



- Must affirmatively select a plan to enroll
  - Unless eligible for a zero dollar plan and opt to be auto-enrolled via application
- Higher premium for some ConnectorCare HMO choices based on provider networks, but benefits the same
- Deadlines to enroll & pay first month's premium (if there is a premium)
  - by the **23<sup>rd</sup> of the month** for coverage effective the 1<sup>st</sup> of the next month
  - after the 23<sup>rd</sup>, coverage not until the 1<sup>st</sup> of the following month

# Open Enrollment



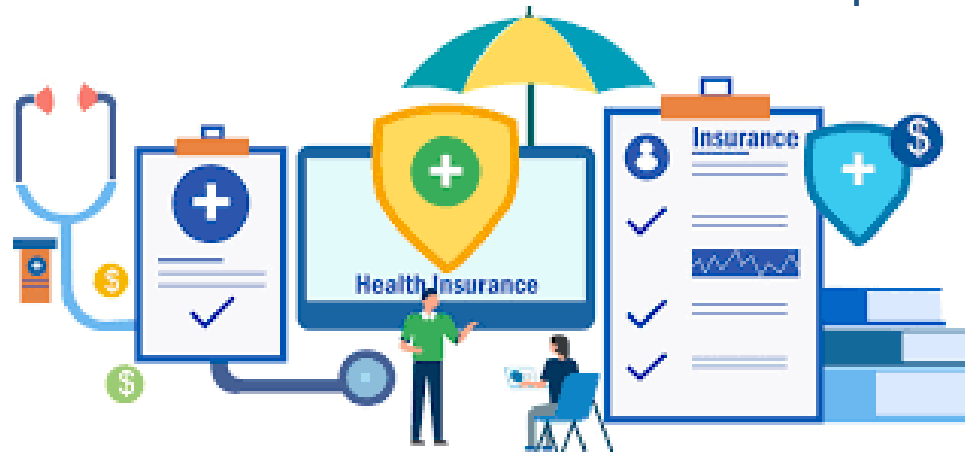
- Only time individuals & families can enroll in Health Connector plan or change plans without a “qualifying event”
  - Open Enrollment for 2024 coverage ran from November 1, 2023 - January 23, 2024
- After Open Enrollment has ended people cannot enroll for 2024 without a “qualifying event”
  - Qualifying event (QE) allows for “special enrollment period” (SEP)

# ConnectorCare Qualifying Event



## Being newly eligible for ConnectorCare is a Qualifying Event

- Applies automatically if this is first time you have qualified for ConnectorCare
- If previously eligible for ConnectorCare & failed to enroll, unable to enroll until next open enrollment unless some other Qualifying Event occurs
  - Qualifying at a different income level can create a Special Enrollment Period



# Health Connector Special Enrollment Period



- A person has **60 days** from the date of a qualifying life event to enroll in a new health plan.
- **Examples:**
  - Marriage/birth/adoption
  - Loss of job
  - Moving to Massachusetts

*\*If the applicant does not have a qualifying event they can try to obtain a waiver from the Office of Patient Protection to purchase insurance outside of Open Enrollment*



# Eligible but Unable to Enroll



- Can apply at any time, but if it is outside of Open Enrollment and...
  - You are *not* newly eligible for ConnectorCare &
  - You don't claim any other Qualifying Event

Decision will say you are eligible but not able to enroll

- Need to claim Qualifying Event or ask for waiver through Office of Patient and Protection to enroll



# Helping Eligible not able to Enroll



- Must identify Qualifying Event
- Examples of QE for those eligible for ConnectorCare who did not enroll by deadline:
  - Mistakenly enrolled or did not enroll in a Health Connector health or dental plan due to an error, misrepresentation, or inaction on the part of the Health Connector or an enrollment assister
  - Good cause waiver available from Office for Patient Protection (OPP)
- See materials online for more on Qualifying Events & Special Enrollment Periods

# Health Safety Net & ConnectorCare



- People who are eligible for ConnectorCare under 300% FPL are also eligible for time-limited Health Safety Net (HSN)
  - HSN eligibility ends 90 days from date of eligibility notice
  - After 90 days, people qualify for HSN dental only
- People eligible for ConnectorCare that do not enroll in a health plan still lose HSN after 90 days
- Watch out for erroneous approval of ConnectorCare for immigrants that do not meet lawfully present guidelines

# Newborn to Parent on ConnectorCare



- Having a newborn is a qualifying event BUT
- If family income is  $\leq 300\%$  FPL & newborn is eligible for MassHealth, baby will not be eligible for ConnectorCare
  - Newborn will not automatically get MassHealth unless mother had MassHealth Limited + ConnectorCare
  - Otherwise, newborn's MassHealth coverage goes back 10 days prior to report of birth automatically but can request up to 3 months retroactive coverage
- Report Birth ASAP!





# Non-Payment of Premiums



- 90-day grace period, but:
  - If all premiums owed are not paid within 90 days, coverage is terminated retroactively to the first unpaid month
- Health Connector has process to apply for premium hardship waivers for ConnectorCare members only
  - Request form through Customer Service
  - Grounds include:
    - Homeless
    - Shut-off notice
    - Significant, unexpected increase in essential expenses (e.g. due to domestic violence, death of spouse; new caretaking responsibilities; household/personal damage cause by fire, flood, natural disaster)
    - Filed for bankruptcy

# Key Differences from MassHealth



- Differences in MAGI income calculation & household rules
- Higher upper income limit with premiums & copays varying by income level
- Different immigrant eligibility rules for adults
  - E.g. No 5 year bar for adult green card holders, must be lawfully present
- Tax filing requirement
- Requirement of no other coverage
- Most members must take action to enroll
- May be eligible but unable to enroll in some situations
- No dental, no non-emergency medical transportation, no coverage for eyeglasses

# Troubleshooting



- Refer clients to enrollment assisters - they are trained to help
- Call Connector Customer Service
  - Escalate to [Health Connector Ombudsman](#)
- Appeal Connector decisions to Connector Appeals Unit
  - Information included with notice of decision
  - Have 60 days to file
- Appeal health plan decisions:
  - 1st to plan itself
  - If unresolved, then to Office of Patient Protection (same process as commercially insured)



Thank you!  
Any questions?

