

# AccessHealth MA's HIV Drug Assistance Program (HDAP) and the MA Health Connector: Open Enrollment 2024

October 25, 2023

from HDAP's BRIDGE Team:

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BRIDGE = Benefits, Resources, & Infectious  
Disease Guidance and Engagement

# Webinar Overview

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- Infectious Disease Drug Assistance Program (IDDAP)
- HDAP Program Updates and Reminders
- BRIDGE Team
- Overview of Open Enrollment & the MA Health Connector
- MassHealth & the Unwinding of the Federal Emergency Medicaid Protections
- Applying for Health Insurance through the MA Health Connector
- CHII & the MA Health Connector
- Special Considerations for Immigrants
- Annual Medicare Enrollment Periods



# Infectious Disease Drug Assistance Program (IDDAP)

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AccessHealth MA's IDDAP program includes:

- HIV Drug Assistance Program (HDAP)
  - Health insurance premium assistance through the Comprehensive Health Insurance Initiative (CHII); and
  - Training and technical assistance to consumers and providers on navigating the complex health insurance landscape through the BRIDGE Team (Benefits, Resources, Infectious Disease Guidance and Engagement)
- Houses of Correction Program (HOC)
- PrEP and PEP Drug Assistance Programs (PrEPDAP & nPEP)
  - Including Insurance Navigation
- Tuberculosis Drug Assistance Program (TBDAP)

# Benefits of the HDAP and CHII Programs and Reminders

- Keeping clients active in HDAP program is the best way to ensure that clients with a sudden change in circumstances (e.g., loss of or change in insurance coverage) can access the benefits of HDAP and CHII including:
  - Temporary 100% medication assistance for clients with a gap in insurance coverage
  - Health Insurance Premium Assistance through HDAP's CHII Program (Comprehensive Health Insurance Initiative)
  - Medication co-pay assistance
- **Please remember to notify HDAP and CHII about insurance changes, preferably before the changes take effect to keep their coverage active and avoid problems at the pharmacy!**

# HDAP BRIDGE Team

(Benefits Resources Infectious Disease Guidance & Engagement)

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## **Goal:**

Enroll and retain MA residents living with HIV and those at risk for HIV in comprehensive health insurance with access to affordable care and medications.

## **Main Objectives:**

1. Assist MA residents in our HDAP program to enroll and maintain health insurance
2. Assist case managers and other providers in helping their clients navigate and enroll in health insurance
3. Reduce turnaround time of HDAP applications by referring insurance-related requests for assistance to specialized staff

# HDAP BRIDGE Team

(Benefits Resources Infectious Disease Guidance & Engagement)

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## Training and Technical Assistance:

- Train case managers, financial benefits staff, other providers, peer advocates, & clients
- Provide individualized assistance to clients and case managers
- Group case consultations
- Webinars and Q&A sessions\* ([Presentations & Webinars | AccessHealth MA](#))
- Reviewing the most effective ways to communicate changes in health insurance and benefits programs to provider and consumer populations
- “Did you know...” information and tips email communications series

\* Please contact us if you would like training or technical assistance, [ghastie@accesshealthma.org](mailto:ghastie@accesshealthma.org).

# When to Contact

<b>HDAP</b> 617-502-1700	<b>BRIDGE</b> BRIDGEteam@accesshealthma.org press "1", then press "5"	<b>CHII</b> CHII@accesshealthma.org press "1", then press "3"
<ul style="list-style-type: none"><li>• Questions about how to apply to HDAP/CHII</li><li>• Questions about eligibility</li><li>• To check application status</li><li>• To request urgent screening or 100% coverage especially if doc was faxed</li><li>• Problems at Pharmacy</li><li>• Questions about using the Provide Client Portal or Provider Portal or to request a client Provide Portal Account</li></ul>	<ul style="list-style-type: none"><li>• Questions about how to enroll in health insurance coverage</li><li>• Assistance enrolling in and/or choosing a health insurance plan</li><li>• Difficulties with the Health Connector or other insurance coverage</li><li>• Questions regarding premium tax credits</li><li>• Help with MassHealth or Health Connector applications</li></ul>	<ul style="list-style-type: none"><li>• Inquiries on insurance premium payments</li><li>• Request for new or urgent insurance premium payment, especially if premium faxed</li><li>• Receiving health insurance premium refunds for clients who are or were active CHII</li><li>• Receiving health insurance rebate checks for clients who are or were active CHII</li></ul>

617-502-1700 to reach all teams. Follow prompts to reach individual teams.





# New Electronic HDAP Application – launched October 2

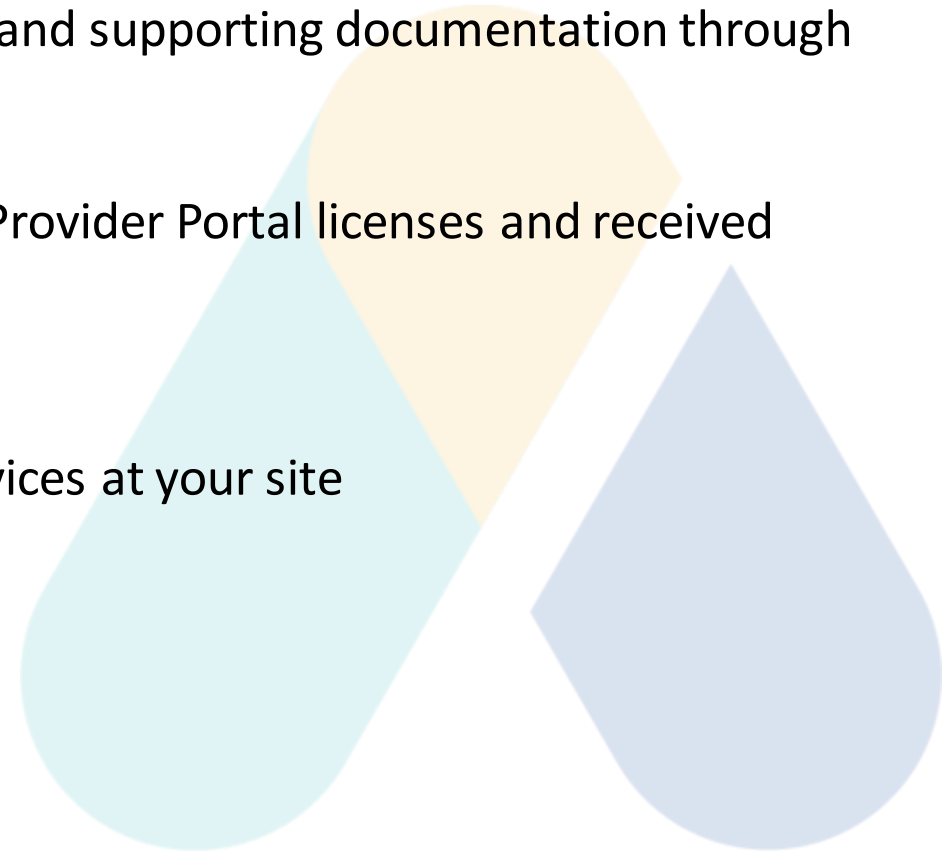
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HDAP is excited to have launched a new electronic application for the HDAP program on **OCTOBER 2!**

This new system allows electronic submission of HDAP applications and supporting documentation through secure online portals.

Case managers with active HDAP clients have been assigned HDAP Provider Portal licenses and received instructions on how to set up your account.

- Once logged into the portal, you will be able to:
  - access all HDAP clients receiving case management services at your site
  - submit applications on behalf of clients
  - check HDAP status
  - manage HDAP caseloads





# Sending Documents to HDAP and CHII Securely by Fax, Mail or our new secure Provider Portal for Case Managers



## Provider Portal

Welcome

This Provider Portal is a site for Case Managers serving Massachusetts HIV Drug Assistance Program (HDAP) clients. The Portal will allow you to submit applications for enrollment on behalf of clients, check the status of an application, or upload additional documents for an application in progress. Applications for existing clients are pre-populated with information from their last approved application and Short Forms (Self-Attestation) will automatically populate for eligible clients. You are also able to provide updates to existing client information in-between recertifications such as changes to your health insurance coverage or submit. You can see a list of all HDAP clients assigned to case managers at your agency and take actions to manage their enrollment.

### Account Information

Email Address

Password

Enter your Email and Password above and then click the Log In button to access the portal.

If you forgot your Password click the link [here](#) and you will receive an email with a temporary password.

Contact HDAP: 617.502.1700 or [hdap@accesshealthma.org](mailto:hdap@accesshealthma.org) Hours 9:00AM to 5:00PM Monday – Friday

- Please DO NOT send sensitive or confidential documents to HDAP staff via unencrypted email. You may send documents securely by using HDAP's Provider Portal.
  - Please contact HDAP directly to set up an account by phone at 617.502.1700 or email [HDAP@accesshealthma.org](mailto:HDAP@accesshealthma.org)
1. Email will be sent to case managers with a verification code to confirm email and set up your account.
  2. Second email will be sent confirming web account is activated.
  3. Third email will be sent once you have successfully set up an account with a link.
    - click on link, enter your username and the temporary password found in third email.

Link to Provider Portal: <https://mahdapprovider.providecm.net/Account/LogOn>

Link to Training video (284) HDAP Provider Portal Training (9/21) – YouTube

You can still send documents to HDAP securely using our secure email system, via fax at 617.502.1703 or by mail. These methods may have longer processing time.

AccessHealth MA

Attn: HDAP

529 Main Street St., Suite 301

Boston, MA 02129



# HDAP Rapid Eligibility Determination (RED form)

**AccessHealth MA HDAP** Massachusetts HIV Drug Assistance Program (HDAP) Six-Month Eligibility Self-Attestation Form (Short Form)

<b>Applicant Information</b>	
Full First Name:	Full Last Name:
Date of Birth:	Social Security Number: <input type="checkbox"/> None
<b>Contact Information</b>	
Has your Residential Address changed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, complete below and attach proof of MA residency.
Communication Preferences <input type="checkbox"/> Communicate with me <input type="checkbox"/> Communicate with Case Manager ONLY <input type="checkbox"/> Communicate with me and my case manager	
Do you consent to receiving HDAP-related mail? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please complete the following: Street Address/PO Box _____ City/State/ZIP _____
Cell Phone Number: _____ <input type="checkbox"/> OK to leave confidential cell message <input type="checkbox"/> OK to send text message	Home Phone Number: _____ <input type="checkbox"/> OK to leave confidential home message
Email Address: _____ <input type="checkbox"/> OK to send confidential email	
<b>Case Manager</b>	
Has your Case Manager changed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't have a case manager	If Yes, new case manager name: _____ Agency/Site/Institute: _____ Phone: _____ Email: _____
<b>Income Eligibility Information</b>	
Has your Income changed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, enter new annual gross income: _____ Income source(s): _____
<b>Insurance and Prescription Coverage</b>	
Has your Insurance coverage changed? <input type="checkbox"/> No <input type="checkbox"/> Yes, date effective: _____	If Yes, enter insurance information (please enter all prescription drug coverage plans): _____
I would like CHII to pay my health insurance premiums (if yes, please include a copy of a recent premium bill): <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Pharmacy Information</b>	
Has your Pharmacy changed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please complete the following: Pharmacy name _____ Phone _____ Street Address/City/State/ZIP: _____
<b>Attestation (must be signed by Client or Case Manager)</b>	
<small>I certify that the information on this application and any attachments is correct and complete. If I deliberately misrepresent information on this application, I may be required to repay benefits provided to me or disenrolled from the HDAP/CHII program and I may be subject to penalties under state and federal laws.</small>	
Client Signature: _____	Date: _____
<small>I attest that I have spoken with the client and that the information provided in this form is true and accurate.</small>	
Case Manager Signature: _____	Date: _____

VS

**AccessHealth MA HDAP** Massachusetts HIV Drug Assistance Program (HDAP) Rapid Eligibility Determination (RED) Application Form

**\*\*To qualify for HDAP rapid eligibility, individuals must be H first time.\*\***

<b>Applicant Information</b>	
Full First Name:	Full Last Name:
Preferred Name:	Pronoun(s):
Date of Birth:	Social Security Number:
<b>Contact Information</b>	
Client Residential Street Address _____	
<input type="checkbox"/> Client currently lacks stable housing but most frequently resides _____	
Communication Preferences: <input type="checkbox"/> Communicate with me <input type="checkbox"/> Communicate with Case Manager ONLY <input type="checkbox"/> Communicate with me and my case manager	
Client Mailing Street Address/PO Box _____	
<input type="checkbox"/> Send mail to client <input type="checkbox"/> Send mail to case manager (do NOT send to client)	
Client Cell Phone: _____ <input type="checkbox"/> OK to leave confidential cell message <input type="checkbox"/> OK to send text message	
Client Home Phone: _____ <input type="checkbox"/> OK to leave confidential home message	
Client Email Address: _____	
<b>Case Manager</b>	
Case Manager Name: _____	Agency/Site/Institute: _____ Address: _____ Phone: _____
<input type="checkbox"/> Client does not have a case manager	
<b>Income Eligibility Information</b>	
Estimated annual gross income: _____	Income source(s): _____
<b>Insurance and Prescription Coverage</b>	
<input type="checkbox"/> No health insurance or prescription coverage	Client has the following insurance (please specify): _____
<b>Pharmacy Information</b>	
Pharmacy name: _____	
Street Address/City/State/ZIP: _____	
<b>Medical/Clinical Status</b>	
Patient's most recent lab results: Please provide the most recent viral load or lowest CD4, and date of test. (NOTE: federal funding requires the blank, patient can still enroll, but provider will be contacted to complete lab work.)	
Viral Load: _____	Date: _____ Nadir CD4: _____
Date of HIV diagnosis (if known): _____	Date of lab results: _____
<b>Client Consent and Certification</b>	
<small>I certify that I am giving my permission for HDAP/CHII to contact all of the following: my employer (for employee contribution or COBRA), and my current or past health care payers/administrators, and any other person that I have specifically given you permission to contact.</small>	

also contact any of the people in the above list when I leave the HDAP/CHII program if necessary, for the purpose of obtaining information about my participation in the HDAP/CHII program. I certify that I am a Massachusetts resident and that the information on this application and any attachments is correct and complete. If I deliberately misrepresent information on this application, I may be required to repay benefits provided to me or disenrolled from the HDAP/CHII program and I may be subject to penalties under state and federal laws. I understand that this is temporary approval for HDAP coverage and that I am to submit a full HDAP application (long-form) within 30 days from initial approval date.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinician Attestation (This section must be completed by a licensed health care provider)**

By signing this form, I attest that the above individual has been diagnosed with HIV and is receiving care and/or services at my organization.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Medical License No. \_\_\_\_\_

Provider Name (print): \_\_\_\_\_ Provider Site: \_\_\_\_\_

\*The RED application is temporary approval for HDAP coverage and a full HDAP application (long-form) should be submitted within 30 days from the initial approval date.

**Instructions to Complete the HDAP Rapid Eligibility Determination (RED)**

The HDAP RED form can be used when there is a need for rapid enrollment in HDAP for clients who are:

- Individuals that have been newly diagnosed, especially with "acute" HIV infection
- Individuals experiencing homelessness
- Individuals with substance use disorder, especially those using needles to inject drugs
- Individuals at a high risk of loss to care

Eligible clients will be granted temporary HDAP coverage for **one month** pending receipt of a full long form application, including documentation. Case managers can individually reach out to HDAP if there are any significant barriers to submitting the long form application within this timeframe.

**This form must be completed by the client's healthcare provider and/or case manager.** Please complete all sections clearly and as completely as possible. It is very important that both the client and health care provider signatures are completed in order for HDAP to process this form. Please contact HDAP at 617-502-1700 with any questions and to alert HDAP staff to any urgent client cases.

**To submit your completed and signed RED HDAP application:**

- Fax to 617-502-1703
- Email to the HDAP team through our [secure email system](#)
- Mail to:  
ATTN: HIV Drug Assistance Program  
The Schrafft's City Center  
529 Main Street, Suite 301  
Boston, MA 02129

# Overview - Open Enrollment 2024 & The MA Health Connector

# Overview: Where folks can get health insurance in MA

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Clients can potentially get insurance through one or more of these sources, depending on their eligibility:

- Employment (client's job, spouse's job, or parent/guardian's job if under 26 yo)
- MassHealth (Medicaid)
- Medicare
- The VA system
- **MA Health Connector**
- Insurance Carriers (direct enrollment)

The webinar is focused on open enrollment for clients getting insurance through the MA Health Connector.

# MA Health Connector

“One-stop-shopping experience”—An online marketplace where households can apply for health insurance

## Streamlined application process for:

- MassHealth
- Health Safety Net (HSN)
- Eligibility for subsidies (“help paying for insurance costs”)
  - Connector Care plans
  - Premium Tax Credits
- Non-subsidized Health Connector plans

Clients are required to apply for and accept all subsidies available to them.

- Must say “yes” when asked if they want help paying for insurance to apply for subsidies
- If eligible for MassHealth or ConnectorCare, must enroll in a MassHealth or ConnectorCare plan
- If eligible for Advance Premium Tax Credits, must accept and receive them

# MA Health Connector Plan Eligibility

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To purchase health insurance through the Health Connector, individuals must meet the following criteria:

- Resident of Massachusetts
- Not currently incarcerated
- U.S. citizen, national, or a non-citizen who is lawfully present

\*Undocumented individuals are NOT eligible to purchase insurance through the Health Connector but may submit a paper application to be screened for MassHealth Limited and HSN.

Paper applications can be found: <https://www.mass.gov/lists/applications-to-become-a-masshealth-member>

# What is Open Enrollment?

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**Open Enrollment is a window of time when individuals and families can enroll into health insurance coverage, or change their current plan, for the upcoming plan year.**

The **MA Health Connector's** Open Enrollment period for the 2024 plan year runs from **November 1<sup>st</sup>, 2023 – January 23<sup>rd</sup>, 2024**

After Open Enrollment has ended, members cannot change their plan until the following year, unless they experience a **qualifying life event** that makes them eligible for a **special enrollment period**.

Note: Coverage through MassHealth or Health Safety Net does not have an Open Enrollment period. Folks can apply for and, if eligible, can enroll in these coverage options at any time.



# What are Special Enrollment Periods?

A special enrollment period (SEP) is typically a 60-day window granted to individuals/families when they experience and report a qualifying life event. A SEP allows them to change or enroll into new health insurance coverage outside of Open Enrollment.

## Some Examples of Qualifying Life Events:

- Change in Household – Change in family size or marital status
- Change in Residency – Move to MA
- Other Qualifying Events – Change in citizenship status, release from incarceration, or income change affecting insurance program eligibility
- Loss of Health Coverage – loss of coverage for reason other than failure to pay premium.
- Approved OPP Open Enrollment Waiver - <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>

# MassHealth & the Unwinding of the Federal Emergency Medicaid Protections

# MassHealth and Redeterminations - Background

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## March 2020

The federal government declared a public health emergency (PHE) due to the COVID-19 pandemic.



In response to the PHE, MassHealth put protections in place that prevented members' MassHealth coverage from ending during the COVID-19 emergency.



## April 1, 2023:

The federal government ended the continuous coverage requirements. MassHealth returned to their normal renewal processes.

# MassHealth and Redeterminations - Process

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- All current MassHealth members will need to renew their health coverage to ensure they still qualify for their current benefit. These renewals will take place over a 12 months period that began on April 1, 2023.
- If MassHealth has enough information to confirm someone's eligibility, their coverage will be renewed automatically.
- If MassHealth is not able to confirm eligibility automatically, MassHealth will send a renewal form in a **blue envelope** to the mailing address they have on file.
- Please respond to any renewals you receive before the renewal deadline and submit all required information to MassHealth.

# MassHealth and Redeterminations – Action Steps

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## What HDAP enrollees with MassHealth need to do now:

- Make sure MassHealth has your most up-to-date address and phone number to ensure you receive important notices from MassHealth.
- Read your mail and look out for MassHealth renewals in a blue envelope.
- Additional notices from MassHealth including "requests for information" may arrive in plain white envelopes so open all your mail.
- Respond to any MassHealth renewals or requests promptly!

Individuals who are no longer eligible for MassHealth coverage due to income and/or assets will be able to enroll into other insurance (such as coverage through their employer, the MA Health Connector, or Medicare) during a Special Enrollment Period.

# MassHealth Eligibility and Programs - Overview

**MassHealth (Massachusetts's Medicaid) may be available to low-income residents.** Programs include:

- MassHealth Standard-if under age 65 (income at or below 133% of the FPL\*)
- MassHealth Standard-age 65+ (income at or below 100% of the FPL\* plus asset test, \$2K ind/\$3K couple)
- MassHealth Family Assistance-up to age 65 (income at or below 200% of the FPL\* if living with HIV)
- MassHealth CommonHealth (no income or asset test, but must meet a disability requirement and may need to meet a 40-hour per month work requirement if 65+)
- Health Safety Net (income at or below 300% of the FPL\*)
- MassHealth Buy-In's (income at or below 225% of the FPL\* plus asset test, \$18,180 ind./\$27,260 couple)
  - The Buy-in programs (aka Medicare Savings Programs) are programs for individuals with Medicare. These programs pay the Medicare Part B premium and reduce Medicare drug costs and premiums through the Extra Help Program. The Senior Buy-in can pay out-of-pocket Part A & B deductibles and co-insurance if income is at or below 190%\* of the FPL.

*\*FPL = Federal Poverty Level – used by the Federal government to determine program eligibility. Updated annually.*

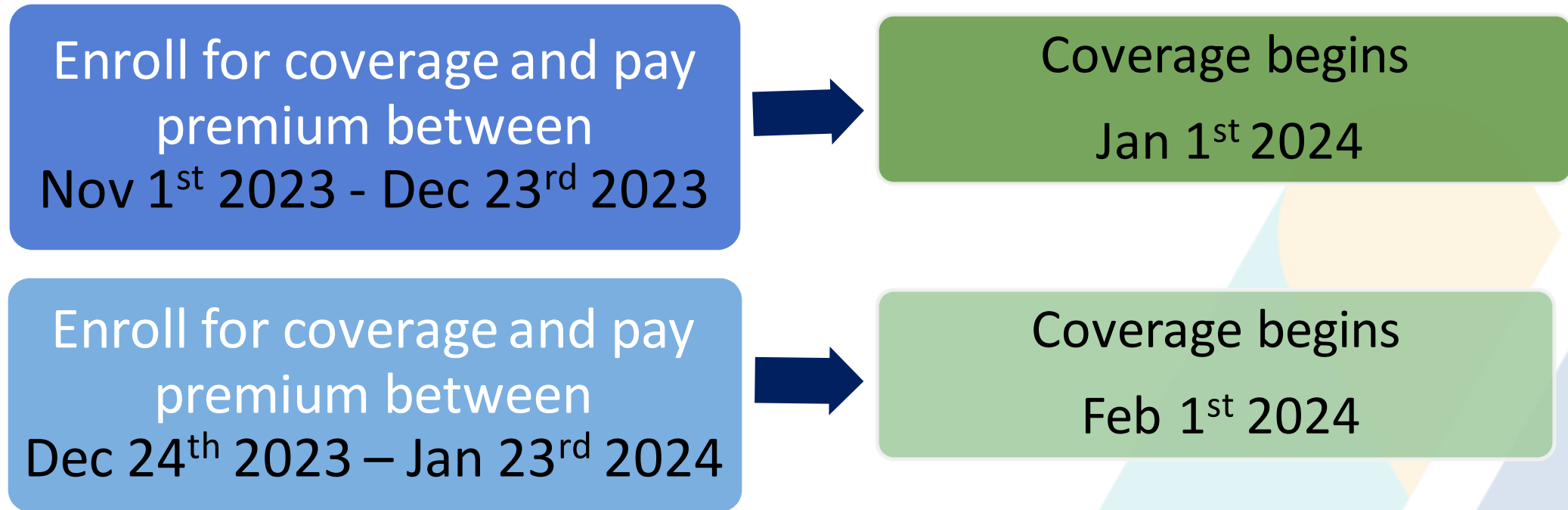


HDAP requires clients to submit an annual MassHealth determination. At age 65, the application for MassHealth changes to the SACA-2, which requires both income and assets information. The BRIDGE Team may be able to waive the SACA-2 on a case-by-case basis for clients who provide proof that they are over-income or over-assets for MassHealth and the Buy-in Programs.

# Applying for Health Insurance Through The MA Health Connector



# Open Enrollment Timeline For Coverage



\*\*CHII must receive a client's premium bill at least 7 business days before the Health Connector's deadline (23rd of the month), in order to pay for coverage to start on the 1st of the following month.

# Ways to Submit an Application



**Apply Online at <https://www.mahix.org/individual/>** (easiest and fastest way to apply)

- Clients who have previously applied online can update their information by signing into their account
- \*\*Clients 65 and older, or under 65 and eligible for Medicare, can apply for MassHealth online at: <https://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services>



**Call the Health Connector Customer Service and apply by phone:  
1-877-623-6765**



**Download the paper application at Mass.gov**

- Under 65: select the “[Application for Health and Dental coverage and Help Paying Costs](#)”
- 65 or older: select the “[Application for Health Coverage for Seniors and People Needing Long-Term Care Services](#)”



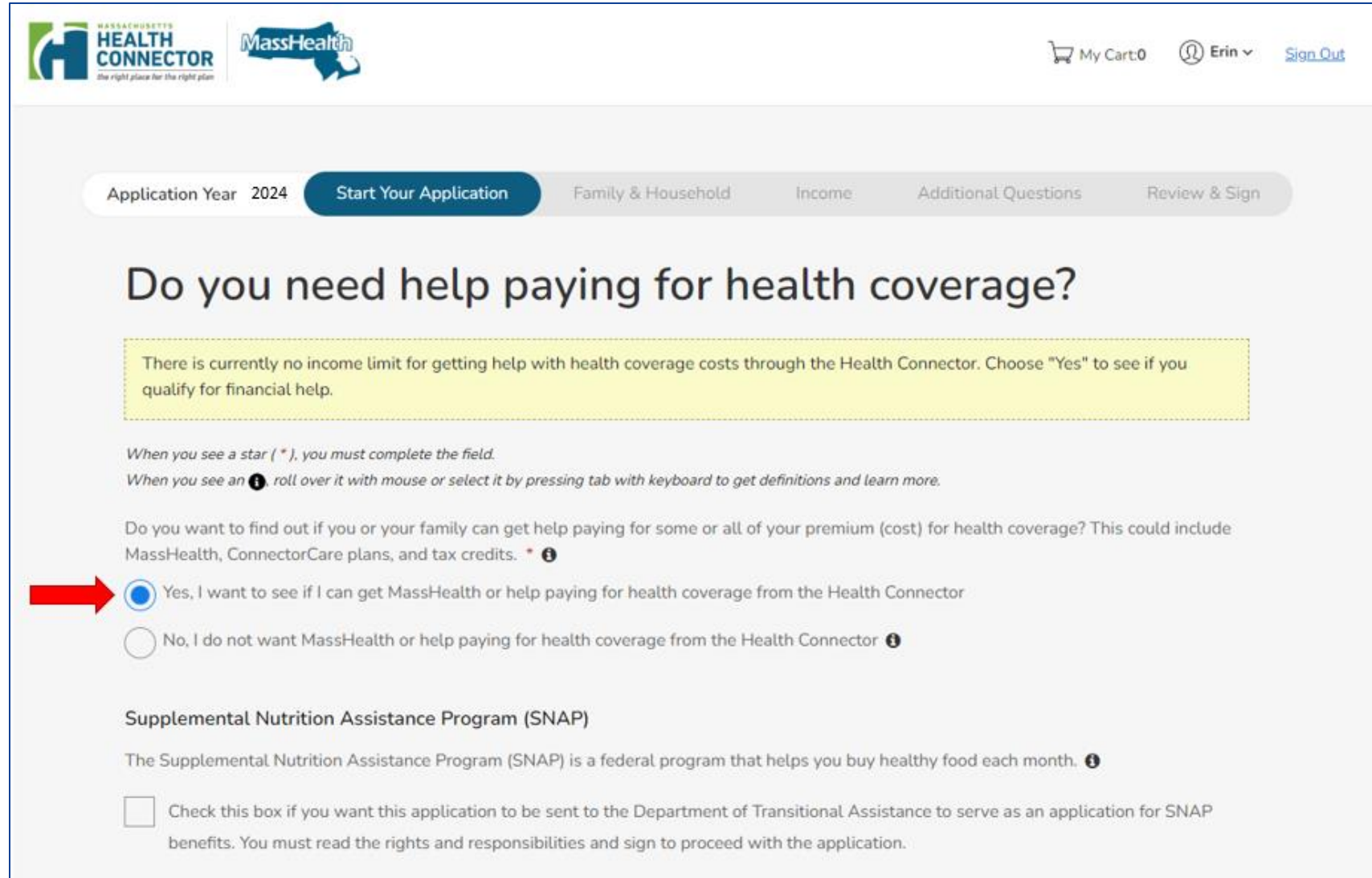
**The MA Health Connector/MassHealth Enrollment Centers are open for scheduled appointments and limited walk-in appointments.**

<https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs>

# Required - Screening for Assistance

HDAP clients requesting CHII coverage are required to opt into “help paying for health care” costs!

Opting into “help paying for health coverage” ensures clients are screened for MassHealth, Health Safety Net, ConnectorCare, and Premium Tax Credits.



The screenshot shows the MassHealth application interface. At the top, there are logos for the Massachusetts Health Connector and MassHealth. On the right, there are links for 'My Cart:0', 'Erin', and 'Sign Out'. Below the logos is a progress bar with steps: 'Application Year 2024', 'Start Your Application' (highlighted), 'Family & Household', 'Income', 'Additional Questions', and 'Review & Sign'. The main heading is 'Do you need help paying for health coverage?'. A yellow callout box states: 'There is currently no income limit for getting help with health coverage costs through the Health Connector. Choose "Yes" to see if you qualify for financial help.' Below this, there are instructions: 'When you see a star (\*), you must complete the field.' and 'When you see an i, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.' The question is: 'Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. \* i'. There are two radio button options: 'Yes, I want to see if I can get MassHealth or help paying for health coverage from the Health Connector' (selected, indicated by a red arrow) and 'No, I do not want MassHealth or help paying for health coverage from the Health Connector i'. Below this is the 'Supplemental Nutrition Assistance Program (SNAP)' section, which includes a definition: 'The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. i'. At the bottom, there is a checkbox: 'Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities and sign to proceed with the application.'

# New ConnectorCare Expansion in 2024

- On August 14, 2023, the Massachusetts 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 program is **currently available** for people who make up to 300% of the Federal Poverty Level (FPL) and do not have access to health coverage, such as through an employer.
- In 2024, the income limits of ConnectorCare will increase from 300% FPL to 500% FPL and all Marketplace carriers will participate in offering ConnectorCare plans based on a person’s location.
- Newly qualified and current Health Connector members will be automatically enrolled in ConnectorCare and retain their current carrier. **Changes go into effect for 2024 plans, and Open Enrollment for next year starts on Nov. 1.**

ConnectorCare Income Cap for Single Individual	
2023	2024
300% FPL = \$43,740	500% FPL = \$72,900

	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

# Benefits Breakdown

All ConnectorCare plans maintain the following benefits:

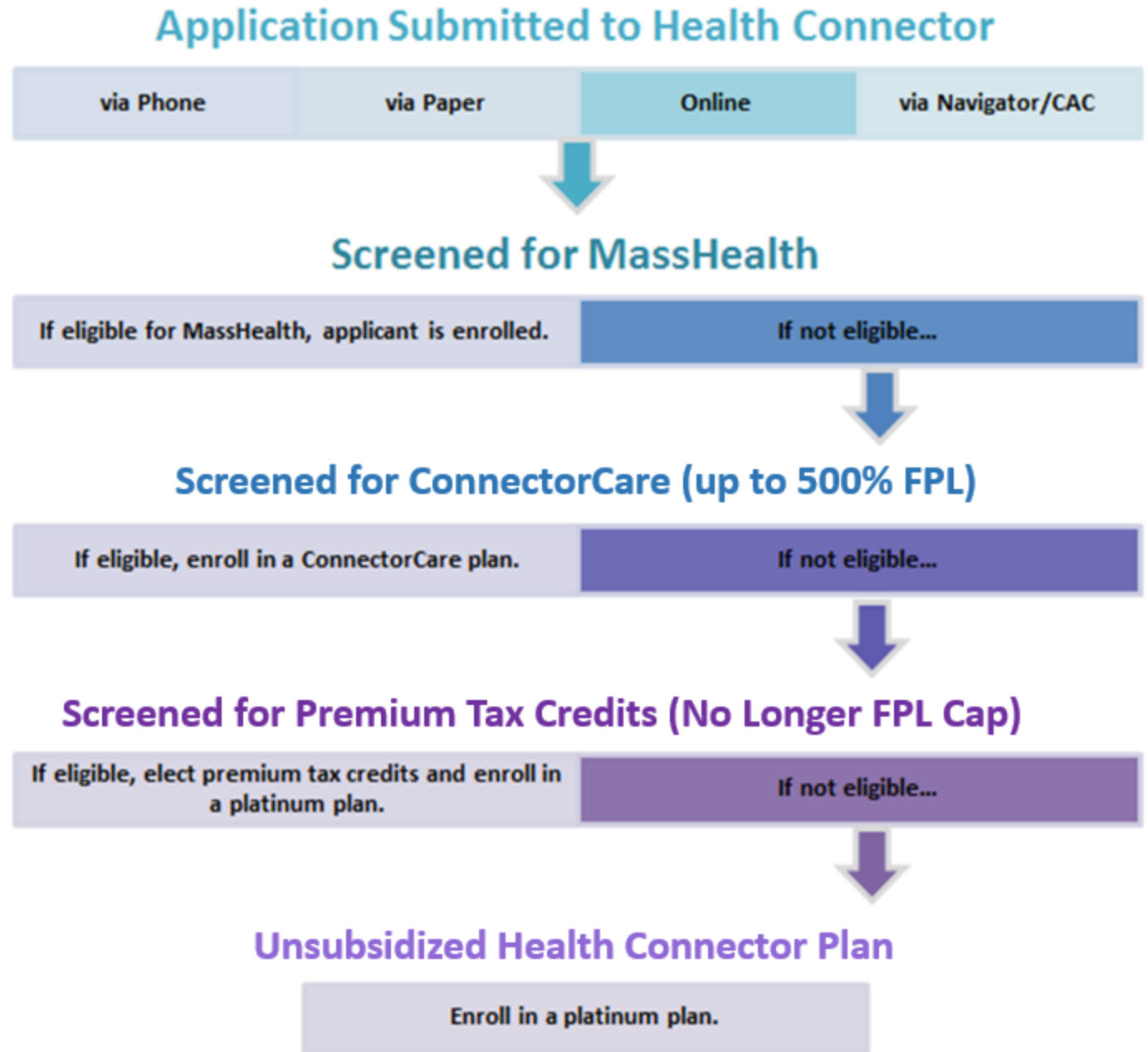
- \$0 deductible
- Low Out-of-Pocket Maximum
- \$0 copay for PCP visit, labs, scans, and BH visits
- ER visit – max \$100

## ConnectorCare: 2024 Plan Designs Benefits and Copays

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
Rehabilitative Speech Therapy	\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$0	\$10	\$20
Emergency Room Services	\$0	\$50	\$100
Urgent Care	\$0	\$18	\$22
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

# Application Screening Process for Insurance Eligibility

Subsidies/  
discounts









# Recommended Health Connector Plans

CHII Pays

You Pay

	 Platinum	 Gold	 Silver	 Bronze
Monthly Cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost When You Get Care	\$	\$\$	\$\$\$	\$\$\$\$
Good Option If You...	plan to use a lot of health care services	want to save on monthly premiums while keeping your out-of-pocket costs low	need to balance your monthly premium with your out-of-pocket costs	don't plan to need a lot of health care services

If clients do not qualify for MassHealth or ConnectorCare level plans (remember, that means household FPL>500%), please enroll clients into **PLATINUM** level plans!



# Tax Implications & Premium Tax Credits

HDAP clients requesting CHII coverage are required to file their taxes – jointly if married - and reconcile their Premium Tax Credits for the coming year.

MASSACHUSETTS HEALTH CONNECTOR the right place for the right plan | MassHealth

My Cart: 0 | Sign Out

Application Year 2024 | Start Your Application | **Family & Household** | Income | Additional Questions | Review & Sign

## Past Tax Credits (Optional)

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

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. ⓘ

Household 1 **← If Reconciled**

**Save and Continue**

# Tips for Reporting Income for 2024

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Clients must report their income when they first apply for insurance. Clients must also update/confirm their income with the Health Connector at least once per year.

- Encourage clients to prepare their income information before they apply. Clients will need to report all current income and an estimate of income they expect to receive in 2024.
- Clients should report unemployment income in both their current income and their estimated annual income, as applicable.
- Clients with unstable income may provide their best estimate in terms of their pay rate, hours worked, frequency of pay, etc.
- Keep in mind, clients may be required to submit proof of income if requested by the Health Connector.
- Clients with \$0 income can send in the Affidavit to Verify Zero Income:

<https://www.mahealthconnector.org/wp-content/uploads/Zero-Dollar-Income-Affidavit-ENG.pdf>



# Eligibility Results from Online Application

## Notes:

- ConnectorCare plans are not the same as “Health Connector Plans”. ConnectorCare plans are more subsidized (cost less).
- Clients should select a *Platinum* level Health Connector plan if they are not eligible for ConnectorCare.

**Warning:** Requested information (e.g. proof of income, residency) **must** be submitted if listed here.

Failing to submit by deadline may result in termination of coverage and client may need to pursue an OPP waiver to re-enroll into a plan.

## 2024 Eligibility Results

When you see an **i**, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us.

### Household 1\*

#### Eligibility Details

Date your application was submitted	Nov 1, 2023
Preliminary Determination Date	Oct 13, 2023
Federal Poverty Level (FPL) based on your self-reported income <b>i</b>	390.04% <a href="#">What is this?</a>

#### You qualify for tax credit **i**

This household qualifies for an Advance Premium Tax Credit to help lower monthly health coverage costs.

The maximum monthly tax credit amount: \$137.00

#### Program Eligibility

Name	You qualify for these programs	We need proofs from these categories
Client	ConnectorCare plans	Proof of Residency

Eligibility  
Determination ↓

[Upload/Manage Documents](#)

Requested Info will be listed here. If blank, no info requested.

Requested info must be submitted, or client may lose eligibility for subsidies.

# Responding to Requests for Information (RFI)

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MassHealth or the Health Connector may require verification of eligibility factors to make a final eligibility determination. Information commonly requested includes:

- *Massachusetts Residency*
  - *Income*
  - *Social Security Number*
  - *Citizenship/Immigration status*
  - *Incarceration status*
  - *American Indian/Alaskan Native status*
- If verifications are required, clients will receive a detailed Request for Information (RFI) notice.
  - Clients must submit all requested proofs to MassHealth or the Health Connector within 90 days.
  - MassHealth may not grant clients coverage until documents are received, and clients could lose their MassHealth eligibility if they do not respond to an RFI within 90 days.
  - Clients can also lose Health Connector subsidies/discounts that lower the cost of coverage. If this occurs, clients may be automatically enrolled into a different insurance plan that may not be affordable or appropriate for their needs.

# Uploading Documents to Health Connector

Learn More | Get Assistance | Accessibility | Language: English

My Account | My Profile | My Eligibility | My Appeals | My Enrollments | My Assistors | **My Documents**

## Manage Documents

[Upload Documents](#)

Filter By: Document Description | Uploaded By | Uploaded On | Status

1 Document Found | Show: 10 | [Documents Required](#)

Document Description	Uploaded By	Uploaded On	Status
Proof of Income		October 06, 2020 06:04 PM EDT	Uploaded

Documents can be submitted by:

1. **Uploading** to online Health Connector Account (recommended)
2. **Faxing** to Health Insurance Processing 857.323.8300
3. **Mailing** to:  
Health Connector Processing Center  
PO Box 4404  
Taunton, MA 02780

These methods can also be used to submit documents in response to an RFI.

# Health Connector Notices Sent to Clients via Mail

## August – October 2023:

- **Preliminary Notices are being sent through early October. You may have already received your notice.**
- Clients must review their information on this notice, verify it is correct, and see if any information is requested.
- If the notice asks to submit information, e.g., **proof of income**, client must submit the info by the given due date.
- If any information on the notice is incorrect, clients must update their information with the health connector.

## October 2023:

- Clients will receive a **Final Eligibility Determination and Renewal Notice.**
- Clients must review their eligibility, enrollment information and verify it is correct to properly rollover for 2024.
- If the notice asks to submit information, e.g., **proof of income**, they must submit the info by the given due date
  - If client's new plan for 2024 is different from their current plan in 2023, verify it is appropriate for them and double check to see if any information is being requested.

## December 2023:

- Clients will receive their **January 2024 Premium Bill**
- Clients must **send this bill or the plan information** (if bill is not available) **to CHII by or before Dec 13, 2023**, so that CHII can send the premium payment in time for the plan to become effective on Jan 1, 2024.



# Preliminary Eligibility Determination – Sample Notice

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.

**Shows eligibility change:  
 Health Connector plans in 2023 to ConnectorCare in 2024**



## Update Health Connector insurance application if:

1. Income range looks incorrect for clients expected income in 2024.
2. Your expected eligibility has changed, especially if it has gone from ConnectorCare to Health Connector Plan with Advance Premium Tax Credit.
3. If household members are not correctly shown for 2024.

Household Member	Date of Birth	Current Program Eligibility	Expected 2024 Program Eligibility	Current Income Range and FPL	Expected 2024 Income Range and FPL
Sample Member 1	Month XX, Year	Health Connector Plan with Advance Premium Tax Credit	ConnectorCare Plan Type 3C with Advance Premium Tax Credit	Between \$69,090 and \$80,605  (301.88% of the FPL)	Between \$74,580 and \$87,010  (336.97% of the FPL)



# Final Eligibility & Renewal Notice

The Final Eligibility and Renewal Notices can alert clients to plan changes.

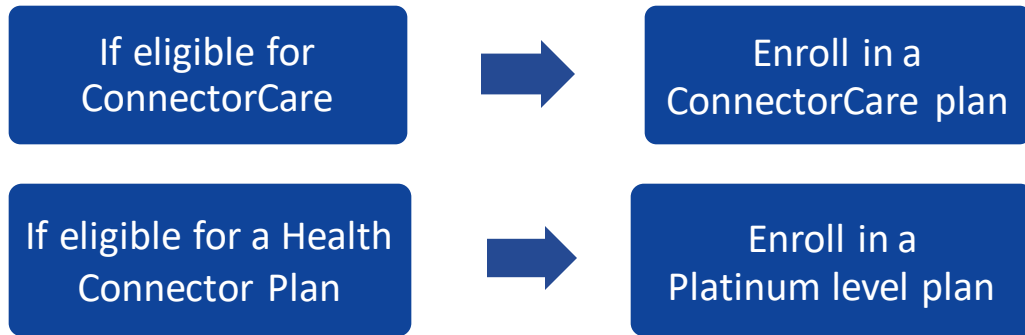
Keep an eye out for plan changes from ConnectorCare plans in 2023 to Standard Silver plans in 2024.

If clients lose ConnectorCare eligibility in 2024, please follow the following steps:

## 1. Update Health Connector Insurance application:

1. Make sure Proofs of Income are submitted

## 2. Enroll into a ConnectorCare or Platinum plan:



## 3. Send new plan info to CHII!

Health Insurance Renewal Information						
Household Member	Date of Birth	2024 Program Eligibility	Current Health Plan Name	2024 Renewal Health Plan Name	Same plan as 2023?	Date Coverage Renews
Member Name 1	██████	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2024
Member Name 2	██████	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2024

**Plan changed to Silver!**

### Monthly health plan details for 2024

Problem: New plan changed to **Silver!** It needs to be ConnectorCare or Platinum.

> This is the amount of tax credit that you chose to apply towards your monthly premium in 2024 by the same amount change to your account.

**Eligibility Changed!**

**Your program eligibility will change for 2024**  
 As of January 1, your program eligibility will change and you will no longer be able to get help paying for your health coverage through a ConnectorCare plan or monthly tax credit.

Please make sure your information is up to date, or get help with checking your information as soon as possible if you think that your eligibility for 2024 is not right. Your eligibility for 2024 may have changed because of any of the following reasons:

- **Your income changed.** If your income has gone up or down, your eligibility may have changed. If you think that the information we have about your income is not right, please review your account right away and either update or confirm your current income information.
- **You didn't file taxes.** If you didn't file federal income taxes in the right way for each year that you received a monthly tax credit or ConnectorCare plan, you won't be able to get financial help again until you've filed all necessary tax returns. If this applies to you, you should file a federal income tax return or an amended return as soon as possible, then update your account to let us know that you've filed taxes.
- **You have access to health insurance through another source** that meets minimum essential coverage standards. For example, your eligibility could have changed if you now have access to coverage through Medicare or through an employer. If your access to other health insurance has changed, please update your account with this information.
- **We couldn't get any recent information about your income.** If you haven't updated your income in your account recently and we couldn't get information about your income from electronic data sources, you won't be able to get help with lowering the cost of your health insurance. If this applies to you, you will need to review your application for 2024 and either change or confirm your information. If you update or confirm your information for 2024, you may still be able to get help paying for insurance.

Please update your information right away if you think that your eligibility for 2024 is not right. You can review and update your information through your online account at [MAhealthconnector.org](http://MAhealthconnector.org).

# Finding a Plan – Use the Filter Feature

If clients do not qualify for MassHealth or ConnectorCare level plans (remember, that means household FPL>500%), please enroll clients into **PLATINUM** level plans!

2023 Plan Comparison Tool Home Start Tool Again

**MASSACHUSETTS HEALTH CONNECTOR**  
the right place for the right plan

[Back](#) 5 plans available. Sort By Count of Providers + Facilities + Drugs Covered

Coverage Type	Plan	Your Drugs	Your Providers	Your Facilities
<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental	<a href="#">Standard Platinum - Flex</a> <input type="checkbox"/> Harvard Pilgrim Health Care - HMO - <input checked="" type="radio"/> Platinum Coverage Includes: Medical Dental (Child-only)			<a href="#">Cambridge Health Alliance - Cambridge Hospital</a>
	<a href="#">Standard Platinum: Complete HMO 20/40</a> <input type="checkbox"/> Mass General Brigham Health Plan - HMO - <input checked="" type="radio"/> Platinum Coverage Includes: Medical Dental (Child-only)			<a href="#">Cambridge Health Alliance - Cambridge Hospital</a>
	<a href="#">Standard Platinum: HMO Blue Premium</a> <input type="checkbox"/> Blue Cross Blue Shield - HMO - <input checked="" type="radio"/> Platinum Coverage Includes: Medical Dental (Child-only)			<a href="#">Cambridge Health Alliance - Cambridge Hospital</a>
	<a href="#">Standard Platinum: Tufts Health Direct Platinum</a> <input type="checkbox"/> Tufts Health Plan - Direct - HMO - <input checked="" type="radio"/> Platinum Coverage Includes: Medical Dental (Child-only)			<a href="#">Cambridge Health Alliance - Cambridge Hospital</a>

**Filter Results**

**Metal Level**

- Bronze
- Silver
- Gold
- Platinum

**Insurance Company**

- Blue Cross Blue Shield
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Mass General Brigham Health Plan
- Tufts Health Plan - Direct
- UnitedHealthcare
- WellSense Health Plan

# Selecting an Appropriate Plan

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## No Deductible

- Choose a plan with \$0 deductible
- **ConnectorCare** and **Platinum** Level Health Connector plans have \$0 deductible

## Accepted by Current Providers

- Check provider network on <https://www.mahix.org/individual/>
- **Call insurer to confirm your provider's participation or verify on insurer's website**
- **Call your provider's office or billing dept to confirm which insurances they accept**

## Covers All Prescriptions

- Check the insurer's drug formulary (list of covered drugs) to make sure it includes all your client's prescriptions
  - Call insurer to confirm your drugs are covered and ask if mail-order is required
-

# CHII and the MA Health Connector



# Is my client eligible for CHII premium assistance for a plan through MA Health Connector?

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## **In general, CHII can pay the premium for a plan through the Health Connector if:**

- The client does not have access to employer-sponsored insurance.
- The client is offered employer-sponsored insurance, but the plan has a deductible of at least \$500 which the client would be responsible to pay.
- Client maintains active enrollment in HDAP.

## **Remember: HDAP/CHII must be payor of last resort**

- Must say “yes” when asked if they want assistance paying for insurance while applying.
- If eligible for ConnectorCare or APTCs, must accept those to receive CHII premium assistance.
- If eligible for MassHealth coverage, must enroll in MassHealth. CHII can pay a MassHealth premium when applicable.

# First Premium Payments for Starting New Plans through the MA Health Connector

★ We request that case managers send in CHII premiums at least seven business days before the Health Connector payment deadline (the 23<sup>rd</sup> of each month), keeping in mind holidays and weekends, so that CHII can make sure the correct amount is being paid on time, and that clients' insurance coverage activates and stays active.

Please mark first premium bill as **urgent** when sending to CHII & contact CHII by phone or email when submitting first premium bill on or just before 7 business days before the 23<sup>rd</sup> (for example, November 13 or December 13, 2023).

- If a first premium *bill* is not available, because client didn't receive it in the mail in time or for other reasons, CHII will accept the following to initiate first premium payments:
  - Copy/screenshot of "My Enrollment" page showing plan information (name, cost, and effective date);
  - Case manager letter/email outlining plan information (name, cost, and effective date).



# Note about Retaining CHII coverage

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- ★ Clients are required to send their monthly premium bills to HDAP/CHII every month, even if there is no change in the rate.
  - Premiums can be submitted to CHII using AccessHealth MA's secure electronic portals. **Note: January premium bill amounts typically change for 2024.**
  - Health Connector premium bills are double-sided. CHII requires that both pages are sent to them on a monthly basis to ensure that payments for the client's premiums get paid accurately and on time.
  - Insurance policies are at risk of cancellation if CHII does not receive monthly premium statements.
  - **For new enrollments or past due or termination notices, please mark as urgent and call or email CHII to notify of a submission close to CHII payment deadline.**



# The best way submit HDAP applications, send premium bills and other docs to HDAP/CHII is with our electronic portals.

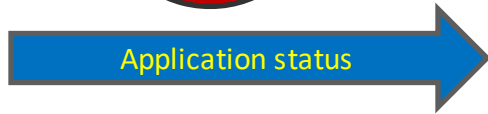
Case Managers and clients should not send documents with sensitive/confidential information to HDAP staff via regular unencrypted email. Regular email is not secure and puts clients' HIPAA-protected information at risk.

We encourage you to send using AccessHealth MA's new electronic case manager portal.

- To use the case manager portal, you must register an account with your email address and choose a password.



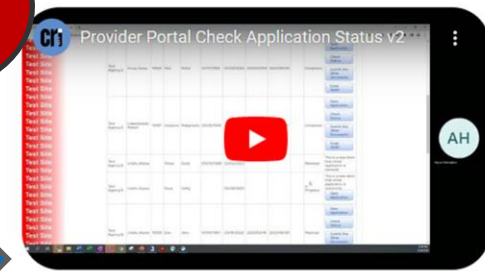
To register please contact HDAP  
Email:  
**hdapenrollment@accesshealthma.org**  
or phone: 617.502.1700



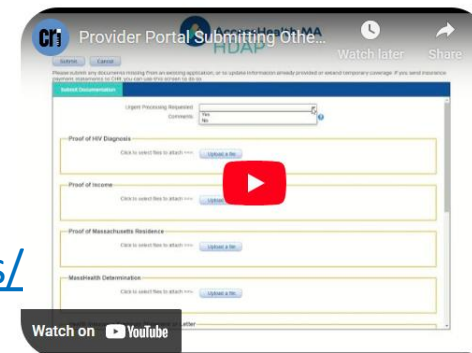
Provider Portal: Setting up an Account  
This explains how to set up a portal account to create a login



Provider Portal: Checking the Status of an Application  
This explains how to check the status of an application you submitted



Provider Portal: Submitting Supporting Documents  
This explains how to upload supporting documents to the portal



# Special Considerations for Immigrants



# Health Safety Net & MassHealth Limited

- Health Safety Net (HSN) is an assistance program that pays for some health care services provided by acute care hospitals or community health centers for certain low income, uninsured, and underinsured Massachusetts residents.
  - It is not insurance and cannot be used at tax time to show that someone was covered by health insurance
  - HSN covers routine HIV care and medications when received at HSN sites and filled at HSN pharmacies.
  - List of locations that accept HSN can be found here: <https://www.mass.gov/service-details/information-for-patients>
- MassHealth Limited provides emergency health services to people who have an immigration status that keeps them from getting more services. Covered services include:
  - Inpatient hospital emergency services, including labor and delivery
  - Outpatient hospital emergency services and emergency visits to emergency rooms
  - Pharmacy services for treating an emergency medical condition
  - Ambulance transportation for an emergency medical condition only

# Insurance for Undocumented Individuals

Undocumented clients may be able to access these types of coverage:

## MassHealth Limited

## Health Safety Net

- “Full” HSN (no deductible)  
Eligible if household income is  $\leq$  150% FPL
- “Partial” HSN (annual deductible)  
Eligible if household income is between 150% FPL - 300% FPL

## Non-group/ individual policy

- Purchased directly through insurer during open enrollment or during a SEP following a qualifying life event

# Important info about HSN coverage limitations



While HSN coverage is adequate for many clients, for some clients with multiple or complex medical conditions HSN may not cover all of the medical services they need.



If HSN doesn't cover all of your client's healthcare needs, please consult with the BRIDGE team to explore other coverage options.



Private insurance plans that are purchased directly from an insurance carrier have out of pocket costs for medical services (co-pays). These costs are not present under HSN and are not reimbursable by HDAP/CHII.

# Medicare Annual Enrollment Periods

# Annual Medicare Enrollment Periods

## **Medicare Open Enrollment (October 15-December 7):**

Beneficiaries with Medicare A and/or B can enroll in or change their Medicare Part D (prescription drug) plan. Those with both Parts A & B can enroll in or change their Medicare Advantage (Part C) plan.

- *Coverage begins on January 1<sup>st</sup>, 2024*

## **Medicare Advantage Open Enrollment Period (January 1-March 31):**

Beneficiaries enrolled in a Medicare Advantage plan can switch to another Medicare Advantage/Part C plan one time during this period or return to Original Medicare and enroll in a Medicare Part D prescription drug plan

- *Coverage begins on 1<sup>st</sup> of the month after the plan's carrier receives your enrollment request*

## **Medicare General Enrollment Period (January 1-March 31):**

Beneficiaries who did not enroll in Medicare Part B during their Initial Enrollment Period, or who missed a SEP (Special Enrollment Period) can enroll in this coverage now.

This enrollment period can also be used for Voluntary Medicare Part A enrollment (enrollment for those who do not qualify for “Premium Free Medicare Part A”).

- *Coverage begins on 1<sup>st</sup> of the month after you submit your enrollment request*

Beneficiaries can enroll in a Medicare Supplement plan (aka Medigap) anytime throughout the year



## Future Resource: Health Insurance Eligibility Guide & Training

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- Please join us for a presentation on a new Health Insurance Eligibility guide our BRIDGE Team created.
- This tool provides detailed information on the various insurance options available to HDAP clients including MassHealth, Medicare, MA Health Connector plans, and the Health Safety Net. It also provides eligibility, application details and benefits info for these programs.
- Save the Date and join: November 15, 1pm-2:30pm
- Click to register: [Registration Health Insurance Eligibility Guide Webinar](#)

# Open Enrollment Resources

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MA Health Connector Help Center:

<http://www.mahealthconnector.org/help-center>

MA Health Connector Login:

<https://www.mahix.org/individual/>

MassHealth Enrollment Centers:

<https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs>

MassHealth Operation Memos:

<https://www.mass.gov/lists/eligibility-operations-memos-by-year#2022-eligibility-operations-memos->

MA Health Care Training Forum (MTF):

<http://www.masshealthmtf.org/>

IRS:

<https://www.irs.gov/affordable-care-act/individuals-and-families/the-health-insurance-marketplace>

HRSA ACE TA Center – Coverage Basics:

<https://targethiv.org/ace/health-coverage-basics>

Protecting Immigrant Families:

<https://protectingimmigrantfamilies.org/>

Massachusetts Law Reform Institute

<https://www.mlri.org/>

# Other News



- AccessHealth is reclaiming our name CRI
- After renaming last year, we have decided to reclaim our history and better reflect what we do today
- We will be changing the 'R' to "Resource"
- We look forward to continuing to work with you as "Community Resource Initiative" (CRI)
- Stay turned for a new website and new email addresses later this fall

# Contact Info

## **Erin Ford**

BRIDGE Health Insurance Enrollment Specialist and Certified Medicare SHINE Counselor  
eford@accesshealthma.org  
617.502.1764

## **David Huckle**

BRIDGE Health Insurance Enrollment Specialist and Certified Medicare SHINE Counselor  
dhuckle@accesshealthma.org  
617.502.1744

## **Gerald Martinez**

BRIDGE Health Insurance Enrollment Specialist  
gmartinez@accesshealthma.org  
617.502.1717

## **Massachusetts HIV Drug Assistance Program (HDAP)**

c/o AccessHealth MA  
529 Main Street, Suite 301  
Boston, MA 02129

<https://www.AccessHealthMA.org>

**617.502.1700 (Phone)**

**617.502.1703 (HDAP fax)**