

HIV Drug Assistance Program (HDAP^{*}) and the MA Health Connector: Open Enrollment 2025

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from HDAP's BRIDGE Team:

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***HDAP is a program of the
Massachusetts Department of
Public Health**



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



Webinar Overview

- Infectious Disease Drug Assistance Program (IDDDAP)
- HDAP Program Updates and Reminders
- BRIDGE Team
- Overview of Open Enrollment & the MA Health Connector
- MassHealth Updates and Tips
- Applying for Health Insurance through the MA Health Connector
- CHII & the MA Health Connector
- Special Considerations for Immigrants
- Annual Medicare Enrollment Periods
- Resources

Infectious Disease Drug Assistance Program (IDDAP)

Community Resource Initiative'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 (TDAP)

Benefits of the HDAP and CHII Programs and Reminders

- Keeping clients active in HDAP 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:
 - Medication co-pay assistance
 - Health Insurance Premium Assistance through HDAP's CHII Program
 - Temporary 100% medication assistance for clients with a gap in insurance coverage
- **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)

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 the 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)

HDAP Screening and Enrollment Training Support:

- 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 | Community Resource Initiative](#))
- 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

Who to Contact

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

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



Electronic HDAP Application implemented October 2023

This 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 their account.

- Once logged into the portal, case managers can:
 - access all HDAP clients receiving case management services at your site
 - submit applications on behalf of clients
 - check HDAP application status
 - manage HDAP caseloads

Please submit all HDAP applications using the provider portal.

If you need portal access, contact hdap@crihealth.org

A screenshot of the Provider Portal interface. At the top, it says "Provider Portal" and "Welcome alyssa.harrington16@gmail.com!". Below this are three buttons: "Log Off", "Change Password", and "Change Security Question/Answer". The main content area is divided into three sections: "Look up one client" with input fields for Client HDAP ID, Client First Name, Client Last Name, Birth Date, and Social Security Number, and a "Find This Client" button; "New Clients" with buttons for "Long Form for New Clients" and "RED Application for New Clients"; and "View ALL clients" with a button for "Open Full List of All your Agency's Clients". At the bottom, there are four buttons: "I Need Help", "Printable Forms", "Medication Exclusions", and "HDAP FAQs".

Rapid Eligibility Determination (RED form)

The HDAP RED form should be used when there is a need for rapid access to HIV medication. To qualify for HDAP rapid eligibility, individuals must be HIV-positive and meet at least one of the following criteria:

Newly diagnosed clients

Clients experiencing homelessness

Clients living with substance use disorder

Clients at risk to loss of care

- RED forms are processed urgently. To ensure fastest access to coverage, please upload the RED Form in the provider portal and **contact HDAP via phone when you submit a RED form**. If you submit app via secure email, indicate that the application is a RED Form and “urgent” in email subject line.
- RED Forms *must be signed by the client and by a healthcare provider* (MD, DO, PA, NP, or RN)
- RED Forms must be *submitted by a case manager or clinician*.
- Clients are granted 1 month of temporary HDAP coverage when applying with a RED Form.
 - Clients must submit a complete Long Form within 1 month of the RED Form to maintain coverage for full 6 months.
 - Contact HDAP if additional time is required to submit Long Form.



Link to RED form off website:

https://crihealth.org/wp-content/uploads/2024/07/RED-Form_FINAL_20230927.pdf

Requesting 100% coverage

- 100% or Full Pay coverage is when HDAP covers clients' medication at 100% cost.
- For ARVs, this is typically around \$4,000 per month.
- This is temporary, granted on a month-by-month basis for clients who do not have any other access to insurance and need medications.

100%/ Full-Pay Request Letter – what to include:

1. When client lost insurance
2. Why was insurance lost
3. What is being done to fix insurance issue
4. State that this client needs medication

Overview - Open Enrollment 2025 & The MA Health Connector

Overview: Where folks can get health insurance in MA

Depending on someone's circumstances, HDAP clients may have access to one or more of the following insurance options:

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

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

Health Connector & MassHealth Applications



[Accessibility](#)

[English](#) ▾

[Create an Account](#)

[Sign In](#)

Welcome to the Massachusetts Health Connector



MA Health Connector: 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 AND agree to file taxes.
- 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

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 found here: <https://www.mass.gov/lists/applications-to-become-a-mashealth-member>

What is Open Enrollment?

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 2025 plan year runs from **November 1st, 2024 – January 23rd, 2025.**

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: People who meet the eligibility for MassHealth or Health Safety Net can apply 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 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
- Loss of Health Coverage – loss of coverage for a reason other than failure to pay premium.
- Other Qualifying Events – Change in citizenship status, release from incarceration, or income change affecting insurance program eligibility

- Clients who are denied eligibility for a SEP may complete an Open Enrollment Waiver Application from the Office of Patient Protection. If approved, OE waivers provide a 30-day SEP from the date of approval. Online Request Form: <https://www.mass.gov/how-to/how-to-request-an-open-enrollment-waiver>

MassHealth Update & Tips

MassHealth – Return to the New Normal

- MassHealth has returned to an annual review process to be screened for continued eligibility.
 - Clients who receive any benefits from MassHealth, including HSN, will be required to renew this coverage annually and will be notified by MassHealth when their renewal is due. Failure to renew this coverage may result in a members losing coverage!
 - Clients who are 65 and older are subject to a MassHealth income and asset test and will need to complete a SACA-2 (Seniors and People Needing Long-Term-Care Services).
- MassHealth has started collecting monthly premiums again.
 - If clients have premiums, CHII may be able to pay them.
 - If premium is not paid for up to 90 days, MassHealth terminates benefits until payment is made.
- For information on MassHealth Program and Eligibility, check out our insurance guide:

[Health Insurance Eligibility Guide Revised 3.15.24.pdf \(crihealth.org\)](#)

Applying for Health Insurance Through The MA Health Connector

Open Enrollment Timeline For Coverage

Enroll for coverage and pay premium between
Nov 1st 2024 - Dec 23rd 2024



Coverage begins
Jan 1st 2025

Enroll for coverage and pay premium between
Dec 24th 2024 – Jan 23rd 2025



Coverage begins
Feb 1st 2025

Health Connector premiums reset as of 1/1/2025. Please send January premium bills to CHII by 12/12/2024.

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-mashealth-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/mashealth-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.

Start Your Application

* Indicates a required field. ⓘ Provides definitions and more details.

Do you need help paying for health coverage?

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.

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. * ⓘ

-  Yes, I want to see if I can get MassHealth or help paying for health coverage from the Health Connector
- No, I do not want MassHealth or help paying for health coverage from the Health Connector ⓘ

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. ⓘ

- 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.

ConnectorCare Expansion – Continuing in 2025

- The ConnectorCare plans:
 - Highly discounted
 - Offered on Health Connector
 - Run by private insurers
 - Have different Plan Types based on income
 - Covered services & copays remain same within each plan type
 - Income cap up to 500% FPL – 2024 expansion continues (yay!)
 - All marketplace insurers still offering ConnectorCare plans in 2025.

Plan Type	FPL Range	2024 Lowest-cost Monthly Premium, per person
Plan Type 1	0–100%	\$0
Plan Type 2A	100.1–150%	\$0
Plan Type 2B	150.1–200%	\$49
Plan Type 3A	200.1–250%	\$96
Plan Type 3B	250.1–300%	\$142
Plan Type 3C*	300.1–400%	\$219
Plan Type 3D*	400.1–500%	\$255

*Plan Types 3C and 3D are new plan types for plan year 2024.

ConnectorCare Income Cap

2025 (1 person Household)

500% FPL = \$75,300



What's a ConnectorCare Plan?

ConnectorCare: Benefits and Copays 2025

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

New to 2025 – no copay for meds in Plan Type 1!

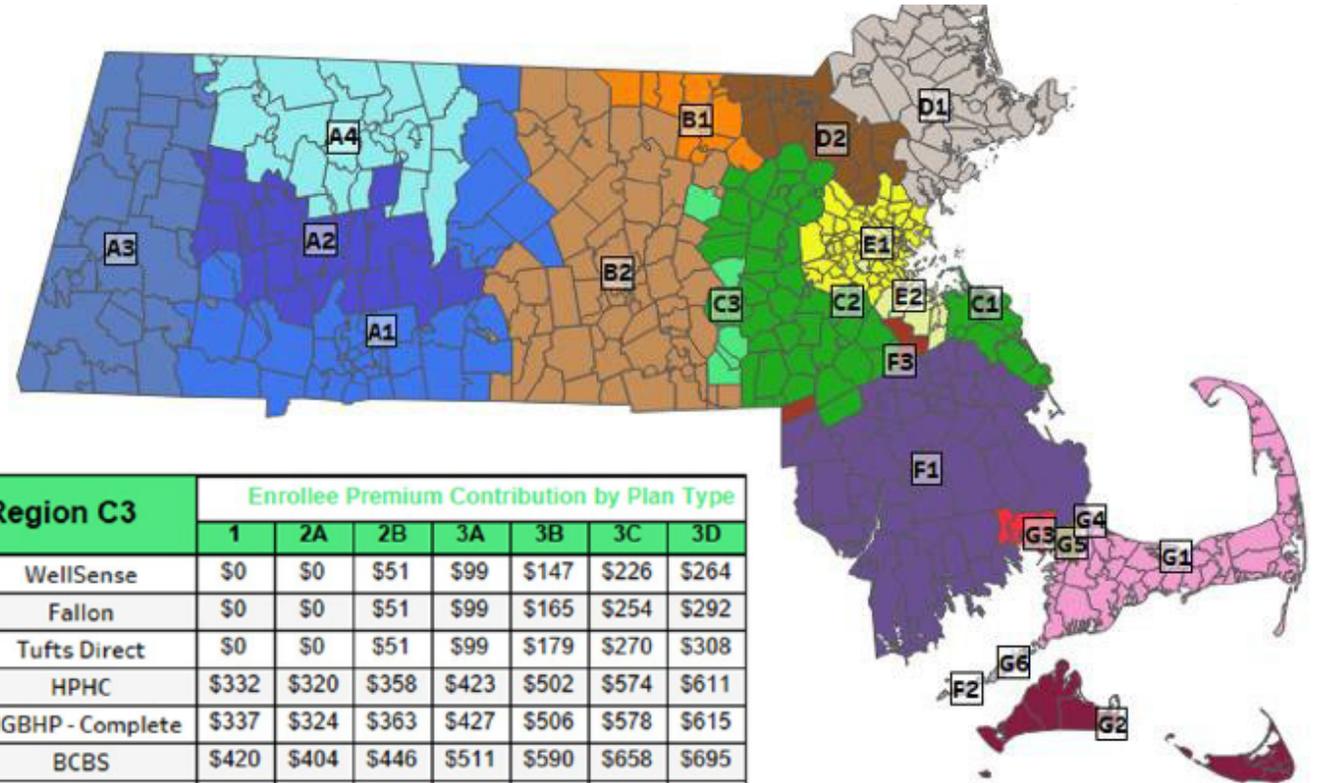
Plan Type	Plan Type 1	Plan Types 2A & 2B	Plan Types 3A, 3B, 3C, & 3D
Medical Maximum Out-of-Pocket (Individual/ Family)	\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)	\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization	\$0	\$0	\$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	\$0	\$10	\$12.50
Preferred Brand Drugs	\$0	\$20	\$25
Non-Preferred Brand Drugs	\$0	\$40	\$50
Specialty High-Cost Drugs	\$0	\$40	\$50

ConnectorCare – minimum premium by zip code

Region B1		Enrollee Premium Contribution by Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$51	\$99	\$147	\$226	\$264
2	Fallon	\$0	\$0	\$51	\$99	\$153	\$233	\$271
3	Tufts Direct	\$29	\$28	\$65	\$141	\$208	\$289	\$328
4	MGBHP - Select	\$79	\$75	\$132	\$231	\$302	\$385	\$428
5	HPHC	\$264	\$252	\$291	\$353	\$422	\$488	\$533
6	MGBHP - Complete	\$318	\$303	\$344	\$407	\$476	\$540	\$586
7	BCBS	\$351	\$334	\$377	\$440	\$510	\$572	\$619
8	United	\$536	\$510	\$562	\$626	\$698	\$752	\$804

Region B2		Enrollee Premium Contribution by Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$51	\$99	\$147	\$226	\$264
2	Fallon	\$0	\$0	\$51	\$99	\$153	\$233	\$271
3	Tufts Direct	\$29	\$28	\$65	\$141	\$208	\$289	\$328
4	HPHC	\$264	\$252	\$291	\$353	\$422	\$488	\$533
5	MGBHP - Complete	\$318	\$303	\$344	\$407	\$476	\$540	\$586
6	BCBS	\$351	\$334	\$377	\$440	\$510	\$572	\$619
7	United	\$536	\$510	\$562	\$626	\$698	\$752	\$804

Region C3		Enrollee Premium Contribution by Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$51	\$99	\$147	\$226	\$264
2	Fallon	\$0	\$0	\$51	\$99	\$165	\$254	\$292
3	Tufts Direct	\$0	\$0	\$51	\$99	\$179	\$270	\$308
4	HPHC	\$332	\$320	\$358	\$423	\$502	\$574	\$611
5	MGBHP - Complete	\$337	\$324	\$363	\$427	\$506	\$578	\$615
6	BCBS	\$420	\$404	\$446	\$511	\$590	\$658	\$695
7	United	\$597	\$576	\$623	\$691	\$768	\$830	\$867

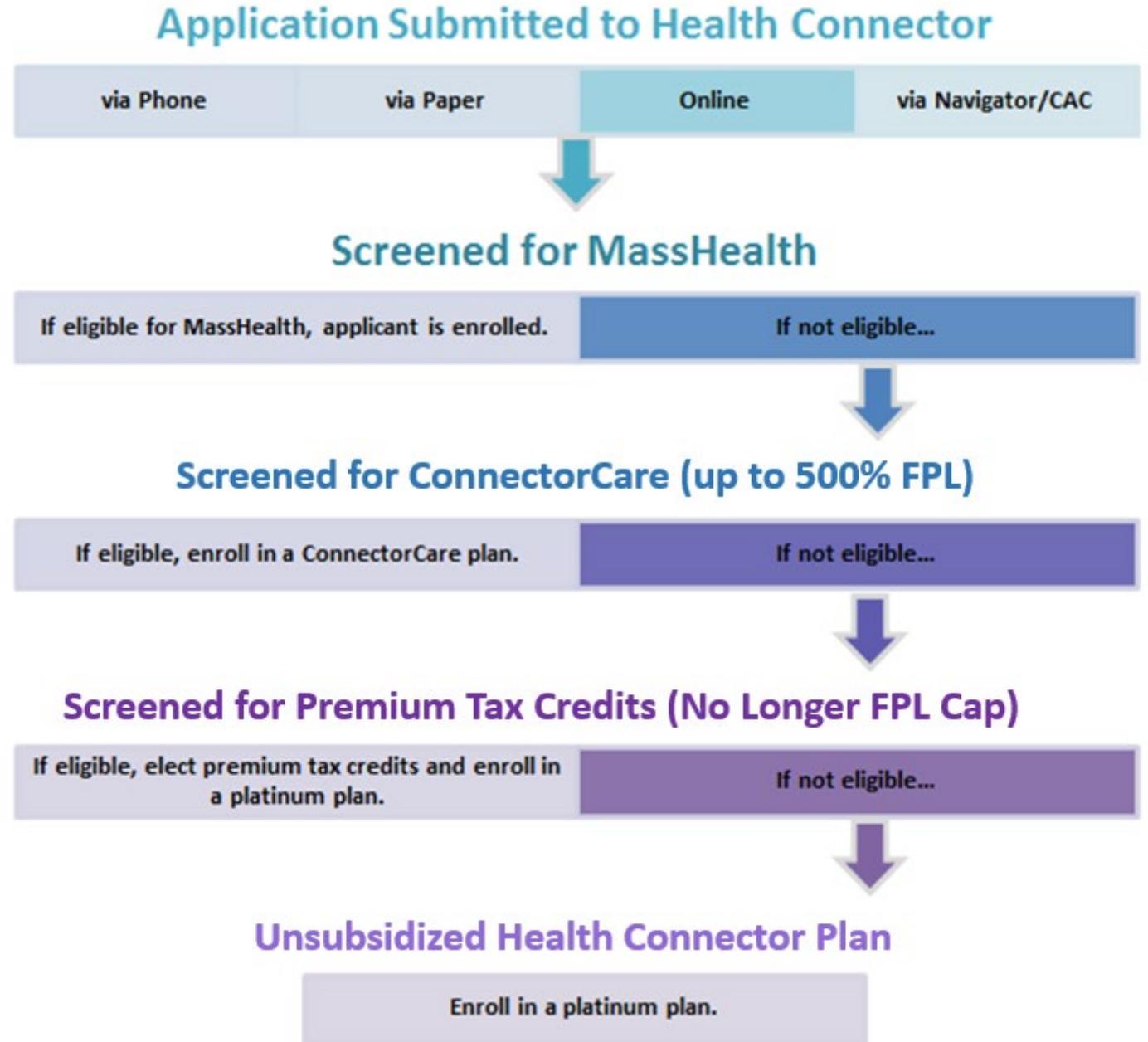


ConnectorCare plan offerings varies by zip code:

- Insurance companies' offerings vary by zip codes
- Providers accept certain ConnectorCare plans – check with your doctors!
- Monthly premium varies by insurance company AND zip code

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, please enroll clients into **PLATINUM** level plans!

Tax Implications & Premium Tax Credits

Family & Household

① Provides definitions and more details.

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:

1. You have received an APTC or ConnectorCare in the past, and
2. 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 each year in the past two years that I received an Advance Premium Tax Credit (APTC) to lower my monthly premium payments, including if I was enrolled in ConnectorCare. I included the forms showing the tax credits I received when I filed my tax return so the IRS could calculate how much Advance Premium Tax Credit I was actually eligible to receive based on my final income for the year. ①

Household 1  **If Reconciled**

- Failure to reconcile tax credits is coming back as a reason the Health Connector can deny someone subsidies through APTCs or Connector Care plans.
- HDAP clients requesting CHII coverage are required to file their taxes – jointly if married - and reconcile their Premium Tax Credits for the coming year.

Tips for Reporting Income for 2025

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 2025.
- 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

2025 Eligibility Results



Can I Shop?

Household 1 ▾

Eligibility Details

Date your application was submitted

May 02, 2024

Federal Poverty Level (FPL) based on your self-reported income ⓘ

405.68% [What is this?](#)

Program Eligibility

Eligibility Determination ↓

Name

You qualify for these programs

We need proofs from these categories

Client 1

ConnectorCare plans

Proof of Residency

Spouse

Not Eligible ⓘ

-

You can only enroll at this time if you've had a qualifying event

To find out if you can enroll in a new health insurance plan at this time, click on the "Can I Shop?" button.

You'll be asked some questions that will help to determine if you've had any of the qualifying life events that would allow you to enroll now. If you haven't had a qualifying event, you may need to wait until the next Open Enrollment period to enroll in a new plan.

Tip: The Health Eligibility summary page often counts as a MassHealth eligibility determination, which is one of the hardest documents for case managers to track down for the HDAP application.

Eligibility result must include:

- Application date (within the last year)
- FPL%
- Client's Name

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)

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. Clients might need to pursue an OPP waiver to re-enroll into insurance coverage.

Proof of Residency Self Attestation: <https://www.mahealthconnector.org/wp-content/uploads/Verify-Massachusetts-Residency-Status-Affidavit.pdf>

Proof of Income Self Attestation: <https://www.mahealthconnector.org/wp-content/uploads/Attestation-Form-to-Verify-Income-ENG.pdf>

Uploading Documents to Health Connector

The screenshot shows the Health Connector website interface. At the top left, there are logos for 'MASSACHUSETTS HEALTH CONNECTOR' and 'MassHealth'. To the right, there are links for 'Accessibility', 'Get Assistance', 'English', 'Notifications', and a 'Client' dropdown menu. Below this is a navigation bar with icons and labels for 'Dashboard', 'Applications', 'Plans', 'Documents', 'Assisters', and 'Appeals'. The 'Documents' link is highlighted with a red box. Below the navigation bar is the 'Manage Documents' section. On the left, there is a 'Filters' button. In the center, it says '0 Documents found' and 'Documents Required'. On the right, there is a link for 'Health Connector Tax Documents' and a button labeled 'Upload Documents', which is also highlighted with a red box. Below the 'Upload Documents' button is an 'Actions' column.

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 2024:

- **Preliminary Notices were sent through early October. Clients should have already received their 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**, clients 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 2024:

- 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 2025.
- If client's plan changes for 2025, please verify it is appropriate for client and double check to see if any RFIs.

December 2024:

- Clients will receive their **January 2025 Premium Bill**
- Clients must **send this bill or the plan information** (if bill is not available) **to CHII by or before Dec 12, 2024**, so that CHII can send the premium payment in time for the plan to become effective on Jan 1, 2025.



Please help clients scan these notices for any outstanding Request for Information (RFI).
If any information is requested, please submit info to Health Connector by given due date.

Preliminary Eligibility Determination – Sample Notice

Important 2025 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 2025 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 2025.

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 2025

Update Health Connector insurance application if:

1. Income range looks incorrect for client's expected income in 2025.
2. Client's 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 2025.

Shows eligibility change:
ConnectorCare Plan Type 3B in
2024 to ConnectorCare Plan Type
3D in 2025

Household Member	Date of Birth	Current Program Eligibility	Expected 2025 Program Eligibility	Current Income Range and FPL	Expected 2025 Income Range and FPL
Sample Member 1	October 18, 2000	ConnectorCare Plan Type 3B with Advance Premium Tax Credit	ConnectorCare Plan Type 3D with Advance Premium Tax Credit	Between \$49,300 and \$59,160 (294.12% of the FPL)	Between \$81,760 and \$102,200 (469.67% of the FPL)
Sample Member 2	February 12, 2002	Connector Care Plan Type 3B with Advance Premium Tax Credit	ConnectorCare Plan Type 3D with Advance Premium Tax Credit	Between \$49,300 and \$59,160 (294.12% of the FPL)	Between \$81,760 and \$102,200 (469.67% 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 2024 to Standard Silver plans in 2025.

Health Insurance Renewal Information						
Household Member	Date of Birth	2025 Program Eligibility	Current Health Plan Name	2025 Renewal Health Plan Name	Same plan as 2024?	Date Coverage Renews
Member Name 1	[REDACTED]	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2025
Member Name 2	[REDACTED]	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2025

Problem: Health Connector Final Eligibility Notice shows that this household is having a plan change AND eligibility change in 2025! Members are being moved from Tufts ConnectorCare in 2024 to Tufts **Standard Silver** in 2025!

Solution: Update clients' Health Connector insurance application. Based on NEW 2025 eligibility, enroll household into a ConnectorCare plan or Platinum Health Connector Plan.

Monthly health plan details for 2025

2025 Monthly Health Plan Cost: \$800.87 (amount you will pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2025 health insurance renewal plan listed above.

Action Steps – Plan Changes in 2025

If clients lose ConnectorCare eligibility in 2025, please follow the following steps:

1. Update the Health Connector Insurance application:

- Make sure Proofs of Income are submitted

2. Enroll into a ConnectorCare or Platinum plan:

If eligible for ConnectorCare



Enroll in a
ConnectorCare plan

If eligible for a Health Connector
Plan



Enroll in a
Platinum level plan

3. Send new plan info to CHII!

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!

The screenshot displays the 'Health Plan Shopping' interface. At the top, there is a 'Health Plan Shopping' header and a 'Cart' icon. Below this is a notice about plan quality ratings. The main section is titled 'Pick a plan for Client' with a 'Change' link. Below that is a field for 'Estimated Coverage Start Date' set to '11/01/2024' with a 'Change' link and a 'Print' icon. A 'Quick filters' section contains several dropdown menus: 'Monthly Premium', 'Annual Deductible', 'Annual Out-Of-Pocket', 'Carriers', 'Coverage Level', and 'Drugs'. The 'Coverage Level' and 'Drugs' filters are highlighted with a yellow box. Below this, the 'Applied filters' section shows 'Coverage Level: Platinum' and 'Drugs: BIKTARVY (Oral Pill)', also highlighted with a yellow box, along with a 'Clear All' link. The interface indicates '7 Plans available' and a 'Sort By: Best Match' dropdown. Three plan cards are visible: 'Standard Platinum: WellSense Clarity Platinum 0 Deductible', 'Standard Platinum: Tufts Health Direct Platinum', and 'Standard Platinum: Community Care Connector Platinum'.

Selecting an Appropriate Plan

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?

In general, CHII can pay the premium for a Health Connector plan 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.

Uploading premium bills/payment requests for CHII to the portal is most efficient way

- In provider portal, click on “Submit Other Documents” for the client
- Upload as “Health Insurance Premium Statement or Letter”

The screenshot displays the 'Submit Documentation' interface in the CHII provider portal. The top navigation bar includes 'Submit Documentation' and a dark blue header. Below this, the section is titled 'Health Insurance Premium Statement or Letter'. A central instruction reads 'Click to select files to attach ==>:' followed by a blue 'Upload a file' button. A note below states: 'If you are unable to upload documentation, you may securely fax it to HDAP at 617-502-1703 or mail to Schrafft City Center, 529 Main St Suite 301, Boston, MA 02129'. A horizontal menu below the main content area contains tabs for 'Applicant', 'Contact Info', 'Income', 'Insurance', 'CHII' (highlighted), 'Pharmacy', 'Medical', and 'Attestation'. The 'CHII Information' section contains three dropdown menus, each with 'Yes' selected and a help icon: 'I would like CHII to pay my monthly insurance premiums:', 'I am currently working and my employer offers me health insurance:', and 'I am enrolled in my employer plan:'. Below these is a text input field for 'Employer Plan Name:'. Two additional 'Upload a file' buttons are present: one for 'Click to attach Premium Bill ==>:' and another for 'Click to attach letter from Employer or HR to allow CHII to pay employee contributions ==>:'.

CHII Monthly deadlines for 1st premium “Binder” Payment requests

CHII’s Deadline for receiving 1 st premium Binder payment requests:	For coverage to begin on
11/13/24	12/1/24
12/12/24	1/1/25
1/14/25	2/1/25
2/12/25	3/1/25
3/12/25	4/1/25
4/14/25	5/1/25
5/14/25	6/1/25
6/12/25	7/1/25
7/14/25	8/1/25
8/13/25	9/1/25
9/12/25	10/1/25
10/14/25	11/1/25

Binder Payment = premium payment for the 1st month of coverage for a new insurance plan. For ConnectorCare and Health Connector plans, binder payments must be paid by the 23rd of month for coverage to begin on the 1st of the following month. If the Binder Payment is not paid on time, coverage will not take effect.

- Always mark binder payment requests as urgent.
- Binder payment requests for new plans must be processed by CHII by their monthly deadline (see table), so that the payment can get to the Health Connector by the 23rd of month and the plan can activate and client gets coverage.
- If you submit a binder payment request within a week of CHII’s deadline, you must call the CHII team to let them you sent it and ask for urgent processing. Call CHII at 617-502-1700 and press option #1 and then option #3.

January Premium Payment functions like a Binder Payment for all Health Connector plans! Please gather January 2025 plan information and submit to CHII before December 12, 2024!

Keeping CHII coverage: Sending Premium bills/payment requests to CHII

Premium bills function as payment requests.

- CHII reviews plan info on premium bill & adjusts the monthly premium payments if it has changed.
- **Binder payment requests** can be sent in writing, via letter uploaded to portal, rather than waiting for CT to receive a bill. They must include: **The name of plan, the monthly premium amount, the effective date of the plan (usually 1st of following month), and HC member ID (if known).**
- Clients need to send their monthly premium bills to HDAP/CHII every month, even if there is no change in the rate. **If rates change, policies are at risk of delinquency and termination.**
 - Health Connector premium bills are double-sided and CHII needs both sides of the bill
 - Send the back side of bill as 2nd page when uploading to portal.

Health Connector Payment Portal

Me
ID: Member's Name
Health Connector ID

S Payments

- Make a Payment
- AutoPay
- Scheduled Payments
- Payment History
- Payment Methods

Client's name and Health Connector ID are identified here

Make a Payment

Make a payment for any of the plans below. You can select more than one plan if you'd like to pay for multiple plans at one time.

Billing status indicates whether a client's payments are up to date or behind. If a billing status shows "delinquent" they should contact CHII Immediately.

Billing Status: Good Standing
Effective: 01/01/2021

AllWays Health Partners
Select ConnectorCare 2



Current Payment Due
(\$662.00)

Due by
January 23, 2021

Effective date shows the date that the coverage began.

Name of the current plan the client is enrolled in.

The amount that needs to be paid to the Health Connector

Date the payment must be made by.



You or your client can view their current coverage or submit a payment by visiting the Health Connector's payment portal at: <https://member.mahealthconnector.org/account/payments/locate-account>

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

Coverage options for Undocumented Individuals

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

MassHealth Limited

- Emergency services at certain Acute Hospitals

Health Safety Net (HSN)

- Most non-emergency services at certain Community Health Centers & Acute Hospitals
- “Full” HSN (no deductible): if household income is $\leq 150\%$ FPL
- “Partial” HSN (with deductible): if household income is between $150\% \text{ FPL} \leq 300\% \text{ FPL}$

Direct Pay Non-group/Individual policy

- Enroll in coverage directly through a private insurance carrier during open enrollment or during a SEP following a qualifying life event.
- Please contact BRIDGE team if you need assistance or have questions about this option.

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 or specialists 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.



Unlike HSN, plans purchased directly from an insurance carrier will have co-pays that clients will have to pay for out of pocket. Not reimbursable by HDAP/CHII.

Medicare Annual Enrollment Periods

Annual Medicare Enrollment Periods

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

Medicare Open Enrollment (October 15-December 7):

Beneficiaries with Medicare A and/or B can enroll in or change their Medicare Drug (Part D) plan. Those with A & B can enroll in or change their Medicare Advantage (Part C) or return to Original Medicare (Part A, B + Part D)

- *Coverage begins on January 1st, 2025*

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

Beneficiaries **currently enrolled** in a Medicare Advantage plan can leave their plan by enrolling in a different Medicare Advantage plan or enrolling in a Part D prescription drug plan and return to Original Medicare

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



Medicare Open Enrollment Q & A:
[Link to registration for Medicare Q & A](#)

General Tips for Medicare Open Enrollment Period (October 15-December 7)

Clients covered by Medicare need to take action during Open Enrollment too.

- Tell your clients to look out for notices about changes to their Medicare Advantage or Part D plan in 2025.
 - Did you receive notice stating your Medicare Advantage or Part D is no longer being offered in 2025?
 - Has your coverage automatically been changed or do you need to enroll in a new plan?
 - Is the premium for your plan changing?
 - Are your providers/clinics still accepting your Medicare Advantage plan?
 - Are your medications still covered by your plan?
 - Is your Pharmacy still in-network with your plan?

2025 Medicare Changes – Drug Benefits for Medicare Part D and Medicare Advantage Plans

1. \$2,000 cap for annual out-of-pocket drug costs! Yay!
2. **Medicare Prescription Payment Plan (MPPP): HDAP Clients should NOT enroll in a MPPP**
 - Beneficiaries with high out-of-pocket drug costs (now capped at \$2,000/yr) will be given the option to enroll in this new program at the pharmacy or by their insurance company by mail.
 - Those who do enroll in a MPPP will not be charged a co-pay at the pharmacy but will instead receive a monthly bill in the mail from their Medicare prescription drug insurance carrier that "smooths" their medication co-pays over the year. MPPPs do not reduce total costs, only spread them out over the year.

Active HDAP clients should not enroll in a Medicare Prescription Payment Plan.

- **But if they do, they can disenroll. Clients may contact BRIDGE Team for assistance.**

- **HDAP covers out-of-pocket drug costs directly at the pharmacy for active enrollees and will continue to do so.**
- **HDAP cannot pay monthly MPPP (smoothed) costs billed directly to clients nor reimburse these payments.**

Helpful links on our CRI website

- Main page: <https://crihealth.org/>
- BRIDGE Team: <https://crihealth.org/insurance-support/bridge/>
- Client Retention and Training: <https://crihealth.org/insurance-support/bridge/outreach-and-training/>
- Health Insurance Eligibility Guide: <https://crihealth.org/wp-content/uploads/2024/03/Health-Insurance-Eligibility-Guide-Revised-Final-3.15.24-1.pdf>
- HDAP: <https://crihealth.org/drug-assistance/hdap>
 - Scroll down for:
 - HDAP eligibility information, including income
 - Links to client and provider portal information
- Printable Forms: <https://crihealth.org/printable-forms/>
 - HDAP Client Consent and Certification Statement
 - HDAP Clinician Form

Open Enrollment and Other Resources

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#2024-eligibility-operations-memos>

MassHealth Application (Under age 65)

<https://www.mass.gov/doc/massachusetts-application-for-health-and-dental-coverage-and-help-paying-costs-0/download>

SACA-2 Application (Age 65 and older)

<https://www.mass.gov/doc/application-for-health-coverage-for-seniors-and-people-needing-long-term-care-services-0/download>

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://pifcoalition.org/>

Massachusetts Law Reform Institute

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

2024 Federal FPL Guidelines Chart

[Poverty Guidelines | ASPE \(hhs.gov\)](#)

Questions?

Contact Info

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

Massachusetts HIV Drug Assistance Program (HDAP)

c/o Community Resource Initiative
529 Main Street, Suite 301
Boston, MA 02129

<https://www.crihealth.org>

617.502.1700 (Phone)

617.502.1703 (HDAP fax)

