

HIV Drug Assistance Program (HDAP*) and the MA Health Connector: Open Enrollment 2026

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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 (IDDAAP)
- Benefits of the HDAP and CHII Program
- BRIDGE Team
- Overview of Open Enrollment & the MA Health Connector
- Health Connector Changes in 2026
- 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 Program

- 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!**

BRIDGE Team (Benefits Resources Infectious Disease Guidance & Engagement)



- Provides health insurance and benefits program enrollment, guidance, outreach, and training to individuals and organizations throughout Massachusetts.
- We develop trainings and provide individualized assistance for case managers, community resource specialists, and health care consumers and providers.

BRIDGE can help:

- Guide clients living with HIV through health insurance plan selection, particularly during Open Enrollment periods.
- Assist clients with accessing health insurance, especially if a client's insurance terminates or if a client is in a transitional period, such as a loss or change in job and/or income or becoming Medicare eligible.
- Provide support and advocacy when clients face barriers to getting their medications and medical care that they need.

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 payments• 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• Coordination of reimbursement for employer-sponsored insurance

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



Electronic HDAP Application

HDAP has a secure online portal for providers to submit electronic HDAP applications. Case managers with active HDAP clients have been assigned Provider Portal licenses.

Once logged into the portal, case managers can:

- ☐ access information on all HDAP clients receiving case management services at your site
- ☐ submit applications and supporting documents
- ☐ view clients HDAP enrollment dates (if “Enrollment Term” date is past, client is inactive and should recertify)

- ☐ sort clients by term date, enrollment dates, view clients who are due to recertify

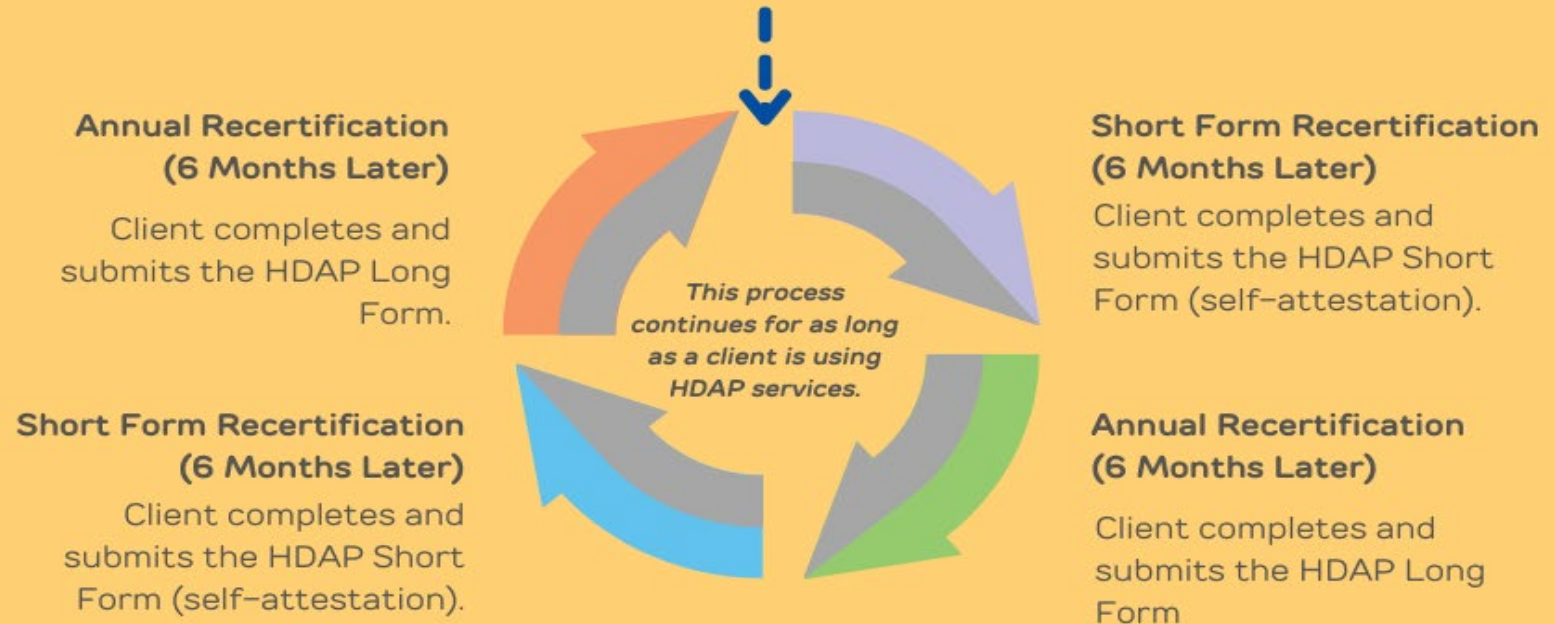
If you need portal access, contact hdap@crihealth.org

Case Manager's Institute	Case Manager Name	HDAP ID	Last Name	First Name	DOB	Enrollment Effective	Enrollment Term	Status of Last Application	Date of Last Application	Action
AccessHealth MA	Arevalo, Melany	73240	Test8	Melany	1955/06/16	2025/03/18	2025/06/30	Submitted	2025/01/29	Open Application Check Status Submit Any Other Documents Email HDAP

HDAP Application Process

Step One-Initial Enrollment:

To enroll in HDAP for the first time, clients need to fill out a standard application (the “long form”).



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 individuals must meet **at least one** of the following criteria:

Newly diagnosed with HIV

Experiencing homelessness

Living with substance use disorder

At risk for “loss of care”

- RED forms are screened urgently. Please upload to the provider portal whenever possible. If faxed, **contact HDAP by phone for faster screening**. If submitted via secure email, write “URGENT RED” in subject line.
- Must be signed by the client and by a healthcare provider (MD, DO, PA, NP, or RN)
- Must be submitted by a case manager or clinician.
- Approved RED Forms give clients 1 month of temporary coverage
 - Clients must submit a Long Form with the required supporting documents before their term date to maintain HDAP coverage

Requesting 100% medication coverage

- HDAP may be able to provide 100% (or Full Pay coverage) for active clients who are lacking insurance or medication coverage
- 100% coverage is temporary and granted on a month-by-month basis for clients who need to access medications

100%/ Full-Pay Request Letter should include:

1. When/why client lost insurance
2. What is being done to regain insurance coverage
3. Confirm that the client needs access to medication

TIP – Please update HDAP monthly if 100% coverage needs to be extended and as soon as client obtains coverage again so 100% can be inactivated.

Health Connector Changes for 2026

Health Connector Changes for 2026

Due to federal policy changes:

- ConnectorCare Plan Type 1 plans will be eliminated on 1/1/2026
 - Impacts Individuals and Families with incomes under 100% FPL
 - Should be eligible for MassHealth Limited/HSN
 - May be eligible for unsubsidized Health Connector plans
- ConnectorCare Plan Type 3D will be eliminated for individuals and Families with income between 400.1-500% FPL
 - This change is related to the expiration of the federal enhanced PTCs that are set to expire at the end of 2025
 - If the enhanced APTCs do not continue, APTCs will only be available to individuals up to 400% FPL.
 - Those impacted by this change will still have eligibility for an unsubsidized plan (plan without APTCs) and should choose a Platinum level plan

ConnectorCare Plans Available for 2026

- ConnectorCare plans (include state subsidy & APTCs)
 - \$0 deductibles, \$0 or low premiums and low out-of-pocket maximum
 - \$0 copay for PCP visit, lower out of pocket costs for medical care
 - Insurance carrier options vary by member zip code
 - The ConnectorCare plan type is determined by the household income
 - Covered services & copays remain the same within each plan type

Income Range and Minimum Enrollee Contribution	Plan Type 2A	Plan Type 2B	Plan Type 3A	Plan Type 3B	Plan Type 3C
Income range (% FPL)	100-150%	150.01-200%	200.01-250%	250.01-300%	300.01-400%
2025 Minimum enrollee contribution	\$0	\$51	\$99	\$147	\$226
2026 Minimum enrollee contribution	\$0	\$53	\$103	\$152	\$235

Health Connector Changes for 2026

- The Health Connector (and many other insurance carriers including MassHealth, Medicare and direct pay plans like BCBS) will no longer provide coverage for GLP-1 drugs (Ozempic, Wegovy...) for the diagnosis of obesity.
- Members who are enrolled in a plan that may be impacted by this change should be receiving notices from their insurance carriers that while these drugs may be covered for some medical conditions, they will not be covered for obesity treatment alone as of 1/1/2026.

Open Enrollment 2026: the MA Health Connector

What is the MA Health Connector's Open Enrollment?

Open Enrollment is the annual period when individuals and families can enroll in a new plan through the Health Connector or change their current plan, for the upcoming year.

Runs from **November 1st, 2025 – January 23rd, 2026.**

After Open Enrollment, members cannot change their plan until the next open enrollment, unless they experience a **qualifying life event** that makes them eligible for a **special enrollment period (SEP)**.

- 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>

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
- Unsubsidized 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.

Health Connector Open Enrollment

Payment deadlines

Enroll for coverage and pay
premium between
Nov 1, 2025 – Dec 23, 2025



Coverage begins
Jan 1, 2026

Enroll for coverage and pay
premium between
Dec 24, 2025 – Jan 23, 2026



Coverage begins
Feb 1, 2026

How to update your Health Connector application



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



Call the Health Connector Customer Service: 1-877-623-6765

- Say you want to update your income on your application

Updating income may change your plan type or the premium amount.
Inform HDAP/CHII of any changes to premium and submit a premium bill.

Application Screening Process for Insurance Eligibility

Subsidies/
discounts

If Congress extends the ACA subsidies, ConnectorCare eligibility will increase to up to 500% FPL

Application Submitted to Health Connector

via Phone

via Paper

Online

via Navigator/CAC

Screened for MassHealth

If eligible for MassHealth, applicant is enrolled.

If not eligible...

Screened for ConnectorCare (up to 400% FPL)

If eligible, enroll in a ConnectorCare plan.

If not eligible...

Screened for Premium Tax Credits (up to 400% FPL)

If eligible, elect premium tax credits and enroll in a platinum plan.

If not eligible...

Unsubsidized Health Connector Plan

Enroll in a platinum plan.

Annual Health Connector Annual Redeterminations & Renewals Process

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

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



Preliminary Eligibility Determination – Sample Notice

Update Health Connector insurance application if:

1. Income range looks incorrect for client's expected income in 2026.
2. Client's expected eligibility has changed, especially if it has gone from ConnectorCare to Health Connector Plan.
3. If household members are not correctly shown for 2026.

See eligibility change:
ConnectorCare Plan in 2025 to
Health Connector Plan in 2026

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 2026 Income Range and Federal Poverty Level (FPL) listed below.

Household Member	Date of Birth	Current Program Eligibility	Expected 2026 Program Eligibility	Current Income Range and FPL	Expected 2026 Income Range and FPL
Sample Member	April 8, 1972	ConnectorCare Plan Type 3D with Advance Premium Tax Credit	Health Connector Plan (No financial help)	Between \$60,240 and \$75,300 (479.42% of the FPL)	Between \$62,600 and \$78,250 (461.34% of the FPL)

- If the range shown doesn't look right based on your income, please update your information in your account as soon as possible.

Responding to Requests for Information (RFI)

MassHealth or the Health Connector may require verification of eligibility to determine final eligibility for coverage. Commonly requested information includes proof of:

- *Massachusetts Residency*
 - *Income*
 - *Social Security Number*
 - *Citizenship/Immigration status*
- Clients who are required to submit documents will receive written notice: Request for Information (RFI).
 - Documents must be submitted before the deadline on the notice (usually 90 days)
 - Failure to submit RFIs may result in a change to their current coverage (move to unsubsidized plans with high deductibles) or loss of coverage!

Uploading Documents to Health Connector

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.

The screenshot shows the 'Manage Documents' interface of the Health Connector. At the top, there are logos for 'MASSACHUSETTS HEALTH CONNECTOR' and 'MassHealth'. Navigation links include 'Accessibility', 'Get Assistance', 'English', 'Notifications (5)', and a user profile for 'Paul Revere'. A secondary navigation bar contains 'Dashboard', 'Applications', 'Plans', 'Documents' (highlighted), 'Assisters', and 'Appeals'. The main section is titled 'Manage Documents' and includes a 'Filters' button. A link for 'Health Connector Tax Documents' is visible. A red circle highlights the 'Upload Documents' button. Below this, it states '4 Documents found' with a link to 'Documents Required'. A table lists the documents:

Document Description	Uploaded By	Uploaded On	Status	Actions
Other	Paul Revere	Sep 18, 2024 15:02 PM UTC	Uploaded	
Other	Paul Revere	Sep 18, 2024 14:58 PM UTC	Uploaded	
Other	Paul Revere	Sep 18, 2024 14:51 PM UTC	Uploaded	
Proof of Residency	Paul Revere	Jul 25, 2024 13:30 PM UTC	Uploaded	

Recommendations when client is not eligible for ConnectorCare level Health Connector Plans:



	 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 client does not qualify for ConnectorCare level plans, please enroll client into **PLATINUM** level plan!

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

Open Enrollment Action Steps

If clients lose ConnectorCare eligibility in 2026, please take 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!

CHH and the MA Health Connector

Eligibility for CHII premium assistance for Health Connector plans

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

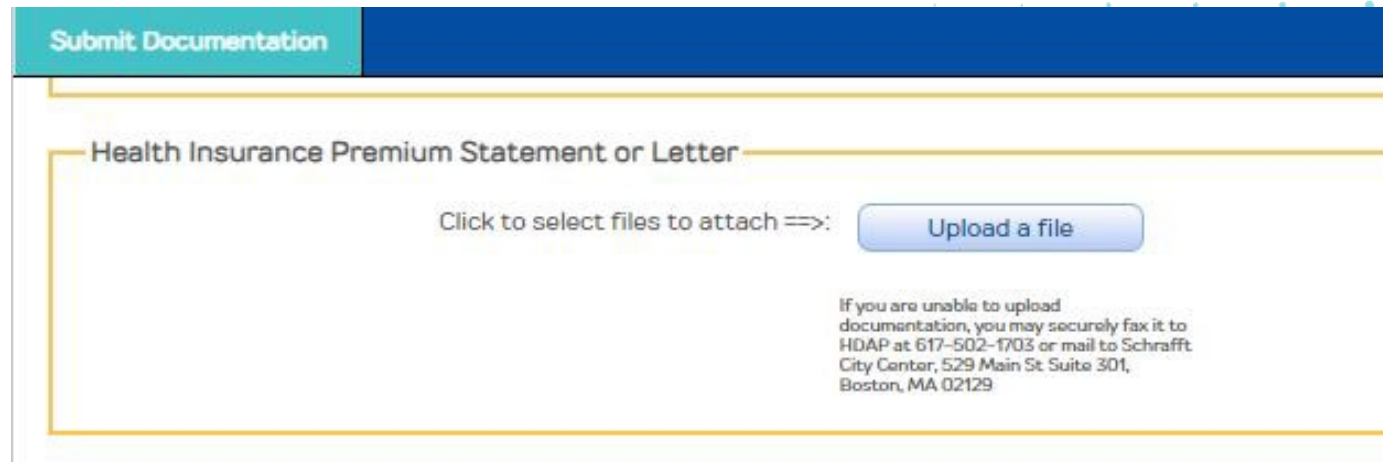
- The client does not have access to comprehensive employer-sponsored insurance.
- The client is offered comprehensive employer-sponsored insurance, but the plan has a deductible of \$500 or greater which the client would be responsible for OR the insurance doesn't cover ARVs.
- Client maintains active enrollment in HDAP.

Remember: HDAP/CHII must be "payor of last resort" so clients must:

- Say "yes" on their application to questions about "help paying for costs," say "yes" to agree to file a tax return (jointly if married) if eligible for APTCs, and say "yes" that they have filed a federal income tax return and reconciled any tax credits they have received in the past.
- Enroll in ConnectorCare level plans if eligible and only choose QHP plans like Platinum plans if they are denied ConnectorCare eligibility.
- Accept MassHealth coverage if eligible (CHII can pay a MassHealth premium when applicable).

How to upload premium bills or payment requests for CHII*

- Log in to HDAP provider portal
- Click on “Submit Any Other Documents”
- Scroll down to: “Health Insurance Premium Statement or Letter” and upload



The screenshot shows the 'Submit Documentation' section of the HDAP provider portal. It features a teal header with the text 'Submit Documentation'. Below this, there is a section titled 'Health Insurance Premium Statement or Letter'. Inside this section, there is a text prompt 'Click to select files to attach ==>:' followed by a blue button labeled 'Upload a file'. Below the button, there is a small text block providing alternative submission methods: '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'.

*HDAP clients can submit premiums and other documents through the client portal, with or without an account,

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
11/7/25	12/1/25
12/9/25	1/1/26
1/8/26	2/1/26
2/6/26	3/1/26
3/9/26	4/1/26
4/9/26	5/1/26
5/11/26	6/1/26
6/8/26	7/1/26

Binder Payment = premium payment for the 1st month of coverage for a new insurance plan. If the "Binder Payment" is not paid by the 23rd of the month, coverage will not become active and client will need to re-enroll for the following month.

- Always mark binder payment requests as urgent.
- This includes new premiums for insurance carrier change.
- New payment requests must be received and processed by CHII as noted on the table on the left to ensure payment is received and processed by the Health Connector by the 23rd of month.
- Contact CHII at 617.502.1700, press option 1 followed by option 3, whenever you submit a “binder payment” request within a week of the CHII payment deadline to make sure CHII urgently reviews this request.

Please remember to submit your clients’ January 2026 plan information (including their December 2025 premium bill) to CHII on or before December 9, 2025!

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

- Remember, clients must be active in HDAP for CHII to pay a premium.
- Premium bills sent to CHII serve as payment requests. Failure to submit premium bills as a client receives them can put their coverage at risk.
- CHII reviews premium bills, and payment requests, and adjusts the payments they are making if the bill reflects a change
- In lieu of a premium bill, CHII can accept:
 - A case manager letter that includes the name of plan, the monthly premium amount, the effective date of the plan, and Health Connector member ID (if known).
 - CHII can also accept an online Health Connector payment portal image that shows the total payment due along with the monthly premium amount owed
- Health Connector premium bills are double-sided and CHII needs both sides of the bill

Special Considerations for Immigrants

Health Safety Net & MassHealth Limited

- Health Safety Net (HSN) is an assistance program that pays for some emergency 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, 2026*

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 2026, and ask them the following:

- Did you receive notice stating your Medicare Advantage or Part D is no longer being offered in 2026?
- Has your coverage automatically been changed or do you need to enroll in a new plan?
- Is the premium for your plan changing?
- Are the following still accepting/covered by your plan?
 - ☐ Your providers/clinics?
 - ☐ Your medications?
 - ☐ Your pharmacy?

Medicare Updates & Reminders

1. Medicare beneficiaries should open notices they receive that indicate that something about their plan is changing in 2026.
2. Blue Cross Blue Shield Medicare Advantage plans will have several changes:
 - \$0 PPO plan is being eliminated
 - Beth Israel Lahey providers will no longer be in network with the other BCBS PPO plans
3. MGH Brigham (MGB) patients with BCBS Medicare Advantage or United HealthCare may need to change their plan if they want to continue to see their existing MGB PCP. Patients should check with their PCP about in-network plans.

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.

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/>
- 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 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/>

2025 Federal FPL Guidelines Chart
[Poverty Guidelines | ASPE \(hhs.gov\)](#)

Contact Info

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Massachusetts HIV Drug Assistance Program (HDAP)

c/o Community Resource Initiative (CRI)

529 Main Street, Suite 301

Boston, MA 02129

<https://www.crihealth.org>

617.502.1700 (Phone)

617.502.1703 (HDAP fax)



Questions?