

ATTENTION:

This form preview is provided for informational purposes only and is designed to help people completing the *2025 Reporting Form - Health Arrangements Provided by an Established Religious Organization*. This preview is to help preparers know what information is required and draft their responses. Only submissions through the online form will be accepted.

2025 Reporting Form - Health Arrangements Provided by an Established Religious Organization

For Organizations Seeking Minimum Creditable Coverage Status in Calendar Year 2025

The purpose of this form is for health arrangements provided by an established religious organization to provide the Massachusetts Health Connector with certain information related to membership, operations, and finances. A complete and timely response to this form satisfies one of the criteria for a health arrangement provided by an established religious organization to be deemed to provide minimum creditable coverage (“MCC”, 956 CMR 5.03(3)(d)6). The Health Connector may—after review of this form and any attendant submissions—require additional information or clarifications regarding a health arrangement’s membership, operations, and finances.

This version of the form is specific to calendar year 2025 (the “MCC Reporting Year”). Established religious entities seeking to meet the MCC reporting requirement for this MCC Reporting Year should complete this form no later than April 30, 2025. Unless otherwise noted, responses should include aggregate data from 2024, the calendar year prior to the MCC Reporting Year. Questions about this form may be directed to MCC.Certification@mass.gov.

- After submission, you will receive an email from MCC.Certification@mass.gov with instructions to verify and sign the submitted form.
- Please provide the following information for January 2024–December 2024 unless otherwise noted:

An asterisk (*) indicates that a response is required.

* 1. Legal name of established religious organization (if applicable, list any other “doing business as” names)

* 2. Legal name of health arrangement (if applicable, list any other “doing business as” names)

Organization Information

* 3. Executive leader of organization

* 4. Contact information for executive leader

- Name
- Company
- Email Address
- Phone Number

* 5. Organization Mailing Address

- Address
- Address 2
- City/Town
- State/Province
- ZIP/Postal Code
- Country

6. Organization's Primary Site of Operation (skip if same as mailing address)

- Address
- Address 2
- City/Town
- State/Province
- ZIP/Postal Code
- Country

* 7. Organization Phone Number

* 8. Organization Website

* 9. Contact name, phone number, and email for this form

- Name
- Email Address
- Phone Number

Operational Information

* 10. Were there circumstances in which members/participants were subject to fees, additional sharing requirements, or termination?

- Yes
- No

* 11. Please describe the circumstances in which members/participants were subject to fees, additional sharing requirements, or termination below.

* 12. Did any third-party vendors or administrative partners act on behalf of your health arrangement to assist with the marketing, sales, and administration of the health arrangement?

- Yes
- No

* 13. Please describe the third-party vendors or administrative partners acting on behalf of your health arrangement below.

* 14. Please list other states in which the health arrangements operated or advertised.

* 15. Did your organization directly contract with health care providers for services received by member/participants?

- Yes
- No

* 16. Please describe the nature of the direct contracts with health care providers below.

Membership/Participation Information

Please provide Massachusetts and National data for each question for January through December 2024. If you cannot provide National data, please explain why.

- * 17. Total number of members/participants (please provide individual member level data)
- * 18. Did any small businesses offer your health arrangement to their employees or facilitate the arrangement for their employees?
 - Yes
 - No
- * 19. Please list the total number of small businesses and the total number of their employees below.
- * 20. You noted that one or more small businesses offer your health arrangement to their employees. Did any employers contribute toward the cost of the arrangement?"
 - Yes
 - No
- * 21. If you had different sharing arrangement types, please provide membership breakdown by sharing arrangement type.

Financial Information for the previous calendar year (2024)

Please provide Massachusetts and National data for each question. If you cannot provide National data, please explain why.

- * 22. What were the total share amounts contributed by members/participants?
- * 23. Did total share amounts contributed by members/participants increase from the previous reporting year?
- * 24. What was the total amount submitted to the health arrangement by members/participants for sharing? (This should include all submissions by members/participants, not just qualifying submissions).

* 25. What was the total qualifying sharable amount submitted by members/participants?

* 26. Does the health arrangement negotiate rates with health care providers?

- Yes
- No

* 27. Please describe who negotiates rates (your members, your organization, or other entities) below.

* 28. What was the total amount paid through the health arrangement for members'/participants' submitted health care costs?

* 29. What were the health arrangement's administrative fees per member? (If the administrative fee amount per member/participant changed, e.g., based on type of membership or length of membership, please detail all fees and the circumstances under which they occurred).

* 30. Does the health arrangement use actuaries, including to set shares or determine sharing policy?

- Yes
- No

* 31. Please describe how actuaries are used below.

* 32. Do members have the opportunity to appeal amounts paid or not paid through the health arrangement for members'/participants' submitted health care costs?

- Yes
- No

* 33. Please describe the appeal process below.

Document Upload

* 34. Please upload the following documents.

Include documents used during the previous calendar (2024) and if different, MCC Reporting Year (2025) and upload them in the section below.

- Written disclosures that the organization make available in conformance with 956 CMR 5.03(3)(d)5
- All marketing materials or brochures
- Guidelines or other member-participant or public-facing materials that explain sharing terms & conditions
- The organization's audited financial statements (if your organization has no audited financial statements, please provide any available unaudited financial statements). These answers have logic applied

Upload File

35–38. (Upload additional files) Please upload any additional requested documents. If you are uploading more than 5 documents, please email any additional materials to mcc.certification@mass.gov.

Attestation

* 39. A health arrangement provided by an established religious organization is deemed to provide minimum creditable coverage under 956 CMR 5.00 provided that the organization meets the following standards. Please attest to the standards your health arrangement meets during the MCC Reporting Year (2025):

- Is not a for-profit organization;
- Does not make any direct or indirect representation that the organization has sufficient financing to meet members' anticipated financial or medical needs or that it has had a successful history of meeting members' financial or medical needs, provided that this requirement shall not apply to any financial statement that the organization is otherwise required to disclose by law;
- Does not use compensated sales agents, sales tactics, or deceptive marketing practices to solicit or enroll members, including that it does not use common insurance terms, such as

“health plan,” “coverage,” “copay,” “copayment,” “deductible,” “premium,” and “open enrollment,” or refer to itself as “licensed” in advertisements, marketing material, brochures, or other materials related to the arrangement;

- Does not use funds paid by members for medical needs to cover administrative costs;
- Provides disclosure that the organization is not an insurance company and does not guarantee that medical bills will be paid by the organization or any other individuals; such disclosure must be made at initial contact with a prospective member, at the time of any material modification to the terms of the sharing arrangement, and in all advertising, brochures, and marketing materials; and
- Reports annually to the Health Connector any information about membership, operations, and finances as the Health Connector may require.

PREVIEW