



Learning Series

Massachusetts HealthCare Training Forum (MTF)

Learn How to Apply for Help Paying for Health and Dental Coverage in Massachusetts

MassHealth and the Health Connector

May 2023

MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.

Webinar Learning Objectives

- Explain how MassHealth and the Health Connector determine eligibility.
- Identify the difference between MassHealth programs and the Health Connector savings and plans.
- Describe best practices to successfully complete an Application for Health and Dental Coverage and Help Paying Costs – online or on paper.

Content

- Background:
 - The Affordable Care Act (ACA) and Chapter 58
- The Role of MassHealth and the Health Connector
- Eligibility for Help Paying for Coverage
- Application Completion Best Practices
- How to Get More Assistance



Background

Chapter 58

Passed in 2006, this Massachusetts law:

1. Increased Access to Coverage in Massachusetts
2. Established the state's individual mandate
3. Established the first state-based health insurance marketplace
4. Model for the Affordable Care Act

Affordable Care Act

Congress passed the Patient Protection and Affordable Care Act on March 23, 2010, and the Health Care and Education Reconciliation Act on March 31, 2010. Together these two laws are referred to as the Affordable Care Act (ACA). Key Features Include:

1. A national Individual Mandate
2. A state option to expand Medicaid to certain consumers
3. Insurance market reforms, including consumer protections
4. Affordable insurance coverage options for low- and middle-income families
5. Federal Tax credits for small businesses
6. Federal and state-based marketplaces

State Option to Expand Medicaid

- The Affordable Care Act (ACA) aims to increase the number of consumers who have health coverage. To do this, the law gives states the option to expand Medicaid, which Massachusetts has done through the MassHealth program
- Consumers between the ages of 19 and 64 who have incomes up to 133% of the federal poverty level (FPL) may qualify for MassHealth (if they did not already under different eligibility rules)

Insurance Market Reforms

- Gives young adults, up to age 26 coverage on parents' plan, if the plan covers dependents
- Gives people with pre-existing conditions or illnesses coverage
- Gives access to some free preventive services
- Offers a guaranteed set of benefits
- No lifetime limits on health insurance coverage

Affordable Coverage Options for Low and Middle-Income Families

- Those who qualify can get access to subsidies and federal tax credits

Federal and State Based Marketplaces

- A Marketplace, sometimes referred to as an Exchange, is where individuals and small businesses can apply for and buy qualified health plans online
- States can choose to run their own Marketplace or use the federal government's Marketplace known as [HealthCare.gov](https://www.healthcare.gov)
- The Health Connector is the Massachusetts health insurance marketplace and can be accessed through [MAhealthconnector.org](https://www.MAhealthconnector.org)
- Massachusetts has an integrated eligibility system which means that through MAhealthconnector.org, individuals and families can find out if they are eligible for health coverage – either through MassHealth or Health Connector plans

Massachusetts has ONE Integrated System for Any Individual or Family Who Needs Health Coverage

Get started at MAhealthconnector.org

One application for help paying, through MassHealth, the Health Connector, or Health Safety Net (HSN)

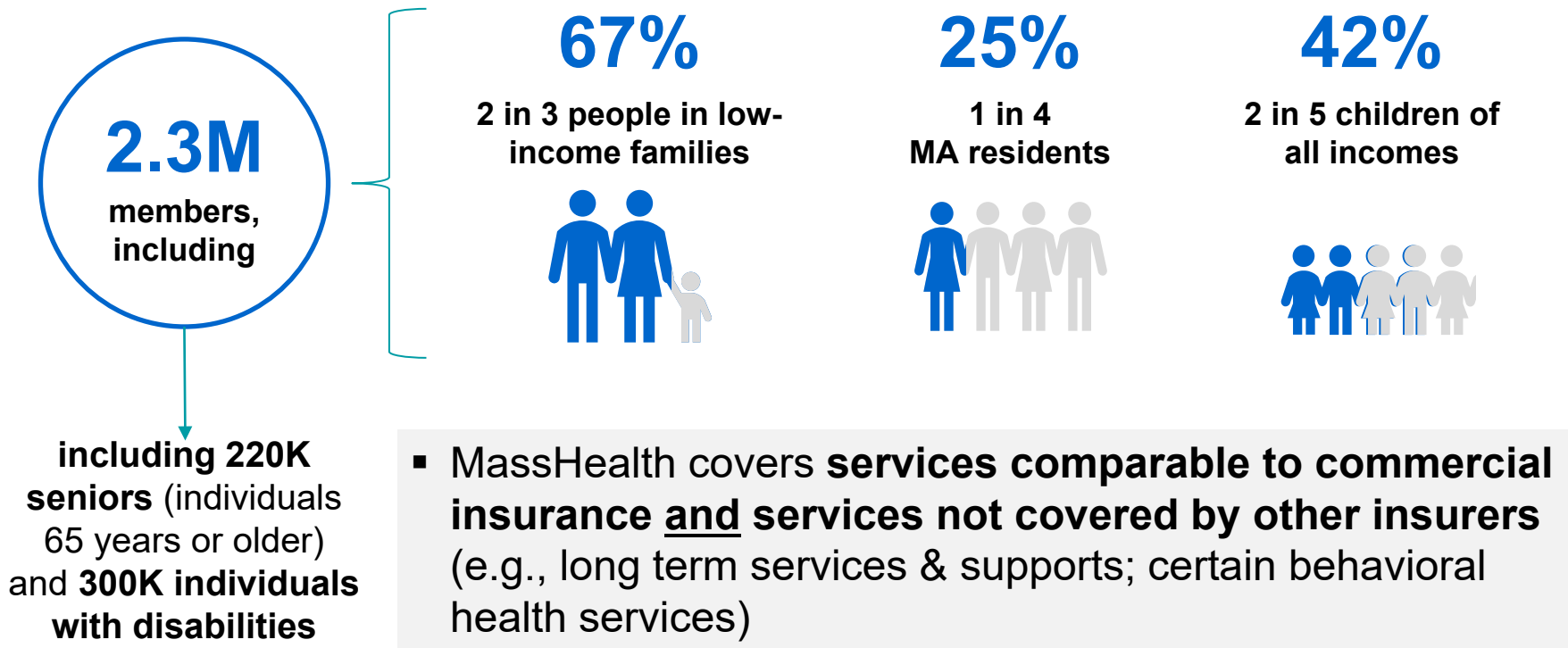
The screenshot displays the homepage of the Massachusetts Health Connector. At the top right, there is a language selection dropdown menu set to "English", which is circled in red. The main navigation includes links for "Learn More", "Get Assistance", and "Accessibility". The page features the "HEALTH CONNECTOR" logo and a "MassHealth" logo. A prominent blue button labeled "Apply Now" is visible. Below this, there is a "Sign In" section with a "Sign In" button circled in red. A "WARNING" section follows, detailing the system's security and monitoring policies. At the bottom of the sign-in section, there is a "Create an Account" button also circled in red. The right side of the page contains sections for "See What You May Qualify For" (with a "Start Now" button), "Preview Health and Dental Plans and Prices" (with a "Preview Plans" button), and "Important Dates" (listing "2023 Open Enrollment" from November 01, 2022 to January 23, 2023, and "Health Connector Payment Due Date" on June 23, 2023). A "Welcome to the Massachusetts Health Connector" message is also present.



The Role of MassHealth

MassHealth: Massachusetts' state Medicaid and CHIP program

MassHealth provides health benefits and help paying for them to qualifying children, families, seniors, and people with disabilities living in Massachusetts.



Universal Eligibility Requirements

Every applicant must meet six Universal Requirements

- 1) MA Residency – applicant is resident or intends to reside in the state
- 2) Citizenship or Immigration Status:
 - Immigration statuses include:
 - Qualified Non-Citizen
 - Protected Non-Citizen
 - Qualified Non-Citizen Barred
 - Individual Lawfully Present
 - Person Residing Under the Color of Law (PRUCOL)
 - Other Non-Citizen
- 3) Social Security Number
- 4) Assignment of Rights to Medical Support and Third Party Payments
- 5) Third Party Payments
- 6) Potential Sources of Health Care and Utilization of Potential Benefits

MassHealth Eligibility

Categorical	Financial
<ul style="list-style-type: none">• Young adults 19-20• Children (through age 18)• Pregnant women• Individuals who are medically frail• Independent Foster Care Adolescents• Individuals with disabilities• Single adult 21-64• Individuals who are receiving treatment for Breast and Cervical Cancer• Individuals who are HIX +• Department of Mental Health members• Recipients of other public assistance benefits (i.e. TAFDC, EAEDC, SSI) may automatically qualify for coverage	<ul style="list-style-type: none">• How taxes are filed• Household composition• Modified Adjusted Gross Income (MAGI)• Income limits based on the Federal Poverty Level (FPL) <p>*FPL changes each year</p>

Individuals, Families and People with Disabilities

MassHealth

- Standard
- CommonHealth
- CarePlus
- Family Assistance
- Limited*
- Children's Medical Security Plan (CMSP)*

Health Safety Net*

* Coverage types not considered as insurance for tax purposes

MassHealth requires an individual to report any changes **within 10 days of the change**. This is to ensure that an individual receives the most comprehensive benefits available.



Notices and Forms

Request For Information (RFI): MassHealth may initiate information matches with other agencies and sources when an application is received, at annual renewal, and periodically, in order to update or verify eligibility. If MassHealth is unable to verify these factors, individuals are required to submit supporting documentation

MassHealth Renewals: MassHealth is required to renew households annually. Automatic and prepopulated renewals may be completed for eligible households. Households not auto renewed are sent letters to heads of households explaining that their family should submit the renewal prepopulated form or renew online at <http://www.MAhealthconnector.org> or renew by phone within 45 days of being notified

Job Update Form: Periodically MassHealth will match with data sources and identify a potentially new job or change in jobs. Job Update forms are sent to these members to update their eligibility

Disability Supplement: If an individual claims they have an injury, illness, or disability expected to last at least 12 months, MassHealth will send a disability supplement. Individuals that are deemed disabled through the Social Security Administration, or Massachusetts Commission for the Blind, do not have to submit these supplements

MassHealth Application Processing



MassHealth Decision Timeline

Eligibility Decision

MassHealth has **45 days** from the received date of the application to make an eligibility decision

Exception

60 days for an application if potentially eligible for Family Assistance

Exception

90 days for an application from an individual who is applying on the basis of a disability

Applicant will receive a Request for Information (RFI), approval, or denial notice.

NOTE: Included in every approval or denial notice is information on How to Ask for a Fair Hearing and a Fair Hearing Request Form to appeal MassHealth's eligibility decision. The applicant or member has **60 days** from the receipt of the notice to request a fair hearing.



The Role of the Health Connector

What is the Health Connector?

The Massachusetts Health Connector is the State's health insurance Marketplace. It offers individuals, families, and small employers access to affordable health insurance coverage.

- People who don't get health insurance through their job or other sources may apply
- Many people who apply qualify for help paying
- People can also buy dental insurance through the Health Connector
- Small employers with less than 50 full-time employees can offer health and dental plans through Health Connector for Business



Health Connector Plans

All the plans sold through the Health Connector meet state and federal standards for coverage

Qualified health and dental plans

Choose from a variety of plans in your area from the leading insurance companies in Massachusetts

Catastrophic plans

Available to those under 30 or with a hardship exemption

Health plans with Advance Premium Tax Credits (APTC)

People can qualify for tax credits to reduce their cost of monthly premiums

Dental plans

For individuals, children, families, and small employers; including pediatric-only plans and plans with lower and higher deductibles

ConnectorCare plans

People in lower income ranges who meet other eligibility requirements may qualify for low- or no-cost health insurance coverage

Health Connector for Business

Offers the same qualified health & dental plans to small employers; employers may qualify for tax credits and a rebate through our ConnectWell program

Open and Closed Enrollment*



*There is no open or closed enrollment for MassHealth

Special Enrollment Periods

If you have a Qualifying Life Event, you can enroll in or change health insurance plans outside the annual Open Enrollment period.

- **Life events that let you qualify may include:**
 - Changes in household make-up, income, immigration status, or address
 - Certain other life changes, like getting married, having a baby, **or losing job-based health insurance**
- Report any Qualifying Event within 30 days of it occurring
 - You have 60 days from the date of the qualifying event to select a new plan
 - Payment and enrollment deadlines still apply during a Special Enrollment Period

There are Two Kinds of Help Paying You Can Get through the Health Connector

Advance Premium Tax Credits (APTC)

- Lowers the premium amount you pay each month
- The IRS sends your tax credit directly to your insurance company, so you'll pay less each month
- You can apply some or all your tax credit to your monthly premium payment

ConnectorCare Program

- Uses federal Advance Premium Tax Credits (APTC) + MA state funds that help reduce the premium amount you pay each month
- Has low monthly premiums, low out-of-pockets costs, and no deductibles
- Depending on the plan type you qualify for, you could choose a plan for as low as \$0 up to \$134 per month (see slides at end of presentation)

What are the Income Guidelines to Get Help Paying for Coverage from the Health Connector?

Household size	ConnectorCare (State + Federal help) 300% FPL	APTC (Federal help) 400% FPL
1	\$38,280	\$51,040
2	\$51,720	\$68,960
3	\$65,160	\$86,880
4	\$78,600	\$104,800
	<i>For each additional person add \$13,440</i>	<i>For each additional person add \$17,920</i>

- The American Rescue Plan/Inflation Reduction Act removed income limits for APTC help with premiums
- People with income greater than 400% FPL qualify for APTC
- Instead of an income limit, people qualify for APTC based on affordability
- APTC lower the monthly cost of health plans so they are not more than 8.5% of people's income



How Does Someone Apply for Coverage?

What Should You Know About Applying?

- There are 4 ways to apply:
 1. Online: Get Started at MAhealthconnector.org (Arabic, Chinese, English, Haitian Creole, Khmer, Portuguese, Spanish, and Vietnamese)
 2. By phone
 3. Mail or fax (1-857-323-8300) the Massachusetts Application for Health and Dental Coverage and Help Paying Costs [ACA-3 (03/23)] paper application
 4. With the help of a partner community organization or health center
- There is **one** application to find out if you qualify for coverage through Health Connector, including help paying for coverage or for coverage through MassHealth (Medicaid)
- You will get letters from Health Connector and MassHealth that tell you your next steps

Massachusetts has ONE Integrated System for Any Individual or Family Who Needs Health Coverage

Get started by learning about the different programs at MAhealthconnector.org

Start the Application at [Health Coverage - Massachusetts State Health Connector-Individual & Families \(mahix.org\)](https://MAhealthconnector.org)

One application for help paying, through MassHealth or the Health Connector

The screenshot displays the Massachusetts Health Connector website interface. At the top right, there are links for [Learn More](#), [Get Assistance](#), and [Accessibility](#). The main header features the Massachusetts Health Connector logo and the MassHealth logo. Below the header, the text reads "Start your Application for Health Coverage" with a prominent blue "Apply Now" button. To the left, there is a "Sign In" section with a "Please sign in" label and a redacted input field. Below this is a "WARNING" section with a paragraph of text regarding system security and monitoring, followed by another redacted input field. The main content area is divided into two columns. The left column is titled "See What You May Qualify For" and includes a "Your Zip Code" input field, a "Coverage Start Date" dropdown menu set to "July 01, 2023", and a question "Do you want to check to see if you are eligible for help paying for costs?" with radio buttons for "Yes" (selected) and "No". A "Start Now" button is located below this section. The right column is titled "Preview Health and Dental Plans and Prices" and contains a paragraph of text about plan previewing, a "Preview Plans" button, and an "Important Dates" section. The "Important Dates" section lists "2023 Open Enrollment" from November 01, 2022, to January 23, 2023, and "Health Connector Payment Due Date" as June 23, 2023. A photograph of a smiling family is visible in the background of the right column.

Paper Application: ACA-3

Application for Health and Dental Coverage and Help Paying Costs (ACA-3)

Who should use this application:

- Applicants **64 years and younger**
- Applicants 65 or older, that are a parent or caretaker of a child(ren) under the age of 19

Additional resource: [MassHealth Member Guides and Handbooks](#)

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

Supplemental Nutrition Assistance Program (SNAP)
The Supplemental Nutrition Assistance Program (SNAP) provides food and nutrition assistance to eligible low-income households.
 Check this box if you want this application to be processed for SNAP benefits. You must read the rights and responsibilities of SNAP benefits before completing this application.

STEP 1 Person 1. Tell us about you
We need one adult in the household to be the contact person for this application, not a third party who is not a household member. If you are a Representative Designation (ARD) Form at the end of this application.

1. First name, middle name, last name, and suffix

2. Date of birth (MM/DD/YYYY)

3. What is your email address?

 No home address. Note: if you check this box, we will mail you the application.
4. Street address

5. City

6. State (use two-letter abbreviation)

7. Zip code

10. Mailing address Check if same as home address

11. City

12. State (use two-letter abbreviation)

13. Zip code

16. Phone number

17. Other phone number

19. What is your preferred language, if not English?

20. Is anyone on this application in prison or jail?
Please select **No** if this person will be released within 60 days of the date of application.
If **Yes**, who? Enter the name here: _____
If **Yes**, is this person awaiting trial? Yes No

FOR ENROLLMENT ASSISTERS ONLY
Complete this section if you are an enrollment assister or a Navigator Designation Form if they have not done so already. Certified Application Counselors must fill out a Certified Application Counselor Designation Form if they have not done so already.

Check one Navigator Certified Application Counselor

First name, middle name, last name, and suffix _____ Email address _____

Organization name _____ Organization identification number _____ Organization phone number _____

Page 1 | ACA-3-0323



Where Can You Get Help Enrolling into Health Connector Insurance Coverage?

Free enrollment assistance is available through the Health Connector customer service and across Massachusetts through community partner organizations. Remember, you're able to choose and enroll in both Health and Dental plans.

Customer Service

- 1-877-MA-ENROLL ([1-877-623-6765](tel:1-877-623-6765)), or TTY 1-877-623-7773 for people who are deaf, hard of hearing, or speech disabled
- For information about hours, days of operation, and more go to the [Health Connector Customer Service Call Center](#)

Community Partners

- Trained and certified Navigators and Certified Application Counselors, who speak many languages, can help you from application through enrollment into health insurance plans
- They can answer questions about eligibility, the application, payments, plan details, and health care reform rules and requirements
- It is recommended that you call ahead to schedule an appointment for help
- To find help in your language go to [Get Free Help Near You](#)



What Type of Coverage Can Someone Get?

Coverage Types Available under ACA in MA

MassHealth

• Standard	• CommonHealth
• CarePlus	• Family Assistance
• Limited*	• Children's Medical Security Plan (CMSP)*

Health Connector

- Qualified Health Plan (QHP)
- QHP with Advanced Premium Tax Credit (PTC)
- ConnectorCare plans (QHPs which include additional premium and cost sharing subsidies)

Health Safety Net*

* Coverage types not considered as insurance for tax purposes



How is Someone Found Eligible for MassHealth or Health Connector Coverage?

Eligibility Criteria Explained

MassHealth and the Health Connector require verification of the following eligibility factors to make a final eligibility determination:

• Immigration Status	• Citizenship	• Incarceration
• Residency	• American Indian/Alaska Native (Health Connector only)	• Non-custodial Parent Info (MassHealth only)
• Income	• Social Security Number	

- 1. Citizenship and Immigration Status:** This verifies that the applicant is a citizen, national, or noncitizen who is lawfully present. To verify this, Health and Human Services will act as a facilitator between the Massachusetts Health Connector and the Social Security Administration and the Department of Homeland Security through the Federal Data Hub
- 2. Incarceration:** This notifies the system if the applicant is incarcerated
- 3. Residency:** This verifies that the applicant is a resident of Massachusetts

Eligibility Criteria Explained

Additional eligibility factors to make a final eligibility determination:

- 4. Income and Household Size:** Must determine countable income and household size based on Modified Adjusted Gross Income (MAGI), that factors in IRS income tax rules. For additional information on countable income, please refer to the MAGI lesson in the policy training
- 5. Eligible for or enrolled in Government Sponsored Insurance (GSI):** MassHealth, Medicare, Veterans benefits, etc.
- 6. Eligible for or enrolled in affordable Employer Sponsored Insurance (ESI):** Must meet minimum value requirements and premium must be less than or equal to 9.56% of income

The system will attempt to verify these factors using electronic data sources:

- If data is reasonably compatible with attested information, the eligibility factor is considered verified
- If data is **not** reasonably compatible or not available, the individual will be required to send proof within 90 days and a Request for Information (RFI) notice will be sent

Residency Requirements

- As a condition of eligibility, an applicant or member must be a resident of the Commonwealth of Massachusetts
- Individuals 21 years of age or older who live in the Commonwealth, with or without a fixed address, are considered residents if either of the following is the case:
 - they intend to reside in the Commonwealth, or
 - they have entered the Commonwealth with a job commitment or
 - they are seeking employment
- Individuals younger than 21 years of age who live in the Commonwealth with or without a fixed address are considered residents if either of the following applies:
 - They are capable of indicating intent, and they are either married or emancipated from their parents, and or they intend to reside in the Commonwealth, or They have entered the Commonwealth with a job commitment, or they are seeking employment; or
 - They are not capable of indicating intent and or they live in the Commonwealth with or without a fixed address, or
 - they are living with their parent or caretaker who meets the residency rules for individuals over 21 years of age

Residency and Visitor Requirements

Applicants must attest to Massachusetts residency

- The following individuals who are visiting Massachusetts, **DO NOT** meet the residency requirement for MassHealth. Those:
 - who are visiting for personal pleasure or
 - for the purposes of receiving medical care in a setting other than a nursing facility
- Applicants who do not meet the residency requirements will not be approved for coverage
- When completing an application via paper or online, “no” to the residency question must be checked if an applicant does not meet the residency requirements listed above

* See MassHealth residency regulations 130 CMR:503.002 and 517.002 for full details

Income: Modified Adjusted Gross Income (MAGI)

- MAGI is a methodology that uses federal income tax rules and concepts to:
 - count income and
 - determine household composition and family size
- Federal income tax rules and concepts of adjusted gross income (with some modifications) are used, but it is not simply a number off a tax return

Federal rules exclude the below population groups from using MAGI:

- Individuals aged 65+
- People who need Long-Term Care
- SSI recipients
- Title IV-E recipients
- People eligible via an Express Lane Agency income findings
- People eligible for Medicare cost sharing assistance
- People with disabilities

MAGI Tax Household

Generally, MAGI follows tax household rules to determine household composition

- For tax subsidies, the tax household rules always apply
- For MassHealth, tax household rules are used, but some exceptions apply based on family relationships and who lives together

What happens if someone doesn't file taxes or cannot get a data match of their income?

- MassHealth: For those people who do not file taxes, who we cannot get a data match for income, or who are not considered Reasonably Compatible, income verification can be submitted
- APTC: Paper verifications can be submitted
 - Note: In order to receive APTC a person must file taxes for the year that APTCs are received

MassHealth Provisional Eligibility

MassHealth may provide provisional benefits during the 90-day RFI period to eligible applicants who are:

- Under age 21;
 - Pregnant with self-attested MassHealth MAGI income less than or equal to 200% FPL;
 - An individual with HIV positive status with self-attested MassHealth MAGI income less than or equal to 200% FPL;
 - An individual in active treatment for breast or cervical cancer with self-attested MassHealth MAGI income less than or equal to 250% FPL; or
 - An adult age 21 or older whose MassHealth MAGI income is verified but has other outstanding verifications
- Individuals age 21 and older with unverified MassHealth MAGI household income will not be eligible for provisional benefits during the 90-day RFI period unless they meet one of the conditions listed above

Verifications Not Received Within RFI Period

- If **required** verifications are not received and MassHealth is able to make determination based on electronic data match, the coverage start date is **10 days** before date of application
- If required verifications are not received and MassHealth is not able to make a determination based on electronic data sources, the individual will be denied MassHealth and HSN benefits
 - If the individual later submits required verifications outside of the 90-day time frame, the coverage start date is 10 days before the date of receipt of all requested verifications
- Important if the consumer is determined eligible for a Health Connector plan, Health Connector enrollment is prospective only and begins the first day of each month

How Does Someone Enter Income?

When you complete an application, you'll be asked about someone's current income and estimated income for the year.

- Enter current income as it is right now (job, including unemployment income)
- Then enter their expected yearly income based on what they think they'll make over the course of the year
- When entering yearly income:
 - Consider how much has been earned so far this year
 - Add any unemployment income (monetary determination)
 - If they think they will be returning to work later this year, include what might be earned
- If income changes later, update their income information so it is as correct as possible

Keep Income and Application Up to Date

- Remember to update income if employment situation changes
- Keeping income information as accurate as possible helps make sure someone:
 - Gets the right amount of help paying for health and dental insurance
 - Has a lower risk of owing money to the IRS when they file taxes next year
 - If they get Advance Premium Tax Credit (APTC), they can always adjust the amount they take by clicking on the Change Tax Credit link from the Find a Health Plan page of their application
- Be sure to send in any documents that are owed, in the required 90-day timeframe to help avoid issues

Citizenship, Status as a National, Lawful Presence

In order to be eligible for enrollment in a QHP through the state-based Marketplace, he/she must have:

U.S. Citizenship

Status as a National - (Noncitizen) is a native of an American territorial possession. Nationals are entitled to all of the legal protection a U.S. Citizen would have but do not have the same political rights of a U.S. Citizen

Lawful Presence - In general, certain Noncitizens who have been admitted to the United States and who have not overstayed the period for which they were admitted OR who have permission from the US Citizens and Immigration Services or from other US authorities to stay or live in the United States

(45 C.F.R. § 155.305)

Public and Private Health Coverage

- Generally, if consumers have access to insurance through a job or a public program they can't get Health Connector subsidies, unless the coverage offered by the employer is not affordable or doesn't meet minimum value standards link to [Affordability Calculator Worksheet](#)
- Individuals with access to other coverage may still be eligible for MassHealth, but they may have to keep their other coverage, too
- If consumers aren't offered job-based health coverage, they may be eligible to get coverage through:
 - **The Massachusetts Health Connector**, which allows consumers to buy private health coverage for themselves and/or their families (with/without subsidies)
 - **Public programs** (federal and state programs), including Medicare, **MassHealth**, or the Children's Health Insurance Program (CHIP). Consumers must meet certain eligibility requirements to qualify for these health coverage options

What is Needed to Apply?

- Social Security numbers for everyone applying, if they have one
- Immigration documents for all non-U.S. citizens who are applying, if they have one. Learn more about [immigration documents](#)
- Recent pay information, if you have it, such as:
 - Copies of your last two pay stubs
 - Your unemployment amount (monetary determination) if you are collecting unemployment
 - Any other Information about your current income
- If you don't have all the information above give us what you have, and we'll send you a letter asking for more information if we need it

Redetermination and Renewals: Health Connector Program

- Annually, the Health Connector reassesses an individual's eligibility for financial assistance or a QHP/QDP. During this process, the Health Connector reviews data sources and members have an opportunity to review and update their information and application, so coverage can be renewed for the upcoming year
- Open Enrollment (OE)
 - The Health Connector's open enrollment is the time of year when individuals and families may enroll in or switch existing Health Connector coverage for any reason without meeting a qualifying life event
- OE begins November of each year

Redetermination and Renewals: MassHealth



- MassHealth is required to renew households annually
- Automatic and prepopulated renewals will be completed for eligible households
- Households not auto renewed are sent letters to heads of households explaining that their family should submit the renewal prepopulated form or renew online at <http://www.MAhealthconnector.org> **within 45 days**
 - If the household responds, the system will determine their eligibility based on the application data and generate appropriate request for information (RFI), if applicable
 - If the household fails to respond, the system will determine their eligibility based on available data
- Members do not need to do anything until they receive renewal notices from MassHealth
- Households can renew online, by paper, or over the phone



Application Completion Best Practice

ACA-3 Application Completion Best Practice

Ensure complete information

- Follow paper application instructions carefully and completely to ensure a prompt eligibility determination for the applicant
- All paper applications are entered into the online system at MAhealthconnector.org by MassHealth or the Health Connector (in the case of applications submitted for individuals seeking unsubsidized coverage). Most online application questions are required, so a paper application cannot be processed until we collect missing information
- Faxing or mailing copies of documents that are too small or too dark or light to read, rendering them unreadable

Social Security Number

- If an applicant attests and answers “no” to the social security number question, they must check one of the following reasons why:
 - Just applied
 - Noncitizen Exception
 - Religious Exception

ACA-3 Application Completion Best Practice

Income

- All countable income should be reported on the application. Some of these include but are not limited to:
 - Money drawn from a (self-employed) business
 - Taxable interest and dividends
 - Capital gains
 - Income from tips
 - Commissions and Bonuses
- A detailed list of all countable, non-countable income, and allowable deductions can be found in the MassHealth Regulations at 130 CMR 506.003 and 506.004
- Learn more about [How do I answer questions about income? – Massachusetts Health Connector \(mahealthconnector.org\)](https://www.mahealthconnector.org/faq/aca-3-income)

ACA-3 Application Completion Best Practice

Health Insurance

- When adding health insurance information on an application, the date the health insurance coverage started must be put on the application form
- When adding Medicare information, the Medicare claim number must be added. The claim number is often the applicants Social Security number with an “A” at the end
 - The Medicare claim number may be different than the applicants Social Security number if they are drawing a benefit from a spouse or parent



MassHealth 2023-2024 Redetermination

MassHealth Redetermination Update

MassHealth is returning to standard eligibility rules. If members update their account with information affecting their eligibility, their coverage may stay the same, increase, decrease, or end.

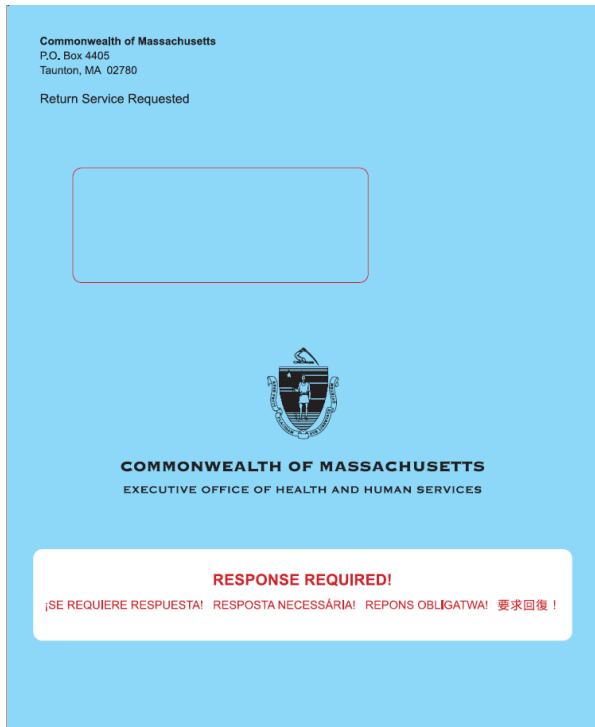
- MassHealth eligibility redeterminations began on April 1, 2023
- All members will be renewed in the next 12 months
- Members must take action to maintain the best health benefit they qualify for
 - Call MassHealth at 800-841-2900 (TDD/TTY: 711) to update contact information
 - Read all mail from MassHealth, and look for a blue renewal envelope
 - Respond to MassHealth before the deadline. Even if members don't think they are eligible, providing more information can help MassHealth identify other affordable coverage (e.g., Connector subsidy)

MassHealth Redetermination Update (continued)

MassHealth is returning to standard eligibility rules. If members update their account with information affecting their eligibility, their coverage may stay the same, increase, decrease, or end.

- Please note that MassHealth kept continuous coverage for members during the COVID-19 emergency. As of April 1, 2023, MassHealth returned to normal eligibility rules
- When members update their account with new information that may affect their eligibility (e.g., change in income), the benefits for the household may stay the same, increase, decrease, or end
- All members can call MassHealth at 800-841-2900 (TDD/TTY: 711) to update their contact information without impacting their eligibility

Renewal Blue Envelope



Content of the blue envelope:

- Renewal form
- Cover letter
- Babel sheet (translation information)
- Informational insert about losing coverage if you do not respond
- Voter registration
- Declination form



Also tell members to watch for an **auto-renewal notice** (which they may get instead of a blue envelope if they are automatically renewed) and **any other mail that could be from MassHealth**, such as Requests for Information (arrive in white envelopes)

MassHealth Member Renewal Timeline

Selected for Renewal & Auto-renewal attempted

- Whenever possible, MassHealth will **automatically process a member's renewal** by matching their information against state and federal data sets.

Renewal Notices in Blue Envelope (45 days to respond)

- If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth.
- Typically, members have **45 days to respond to renewal notices** (members in a **Long-term Care facility have 30 days to respond**)

Request for Information (RFI) (90 days to respond)

- If members respond to renewal notices but MassHealth still needs more information from the member, members have an **additional 90 days to respond** to that request for information

Termination Notice

- Typically, members have **at least 14 days after receiving a termination notice before their benefits stop**

Renewal Reconsideration Period (90-days)

- During the reconsideration period a **member who has been closed for failure to respond** can contact MassHealth to complete their renewal and will be **reinstated to the day that they were closed**, as long as they **contact MassHealth within 90-day of their MassHealth coverage terminating**

*The 90-day renewal reconsideration period only applies for failure to respond to a renewal notice but DOES NOT apply for failure to respond to RFI, verifications, or other types of notices.

2023-2024 Redetermination Process (slide 1 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end.

- When it is time for a member to be redetermined by MassHealth, many members will be auto-renewed. Others will receive a blue envelope in the mail; this means that they need to provide MassHealth information in order to maintain their coverage

Any member can elect to be redetermined at any time (e.g., before they receive their blue envelope) by providing MassHealth with updated eligibility information

- Choosing to be redetermined before they receive a blue envelope will reset a member's renewal 'clock', meaning that their next renewal will be due 12 months from the date they choose to be redetermined

2023-2024 Redetermination Process

(slide 2 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end.

Allowing members to complete their redetermination without waiting for their blue envelope has important benefits:

- **Reduces the number of members losing coverage due to non-response**
- **Improves the income information used to determine subsidy eligibility on the Connector**, for members no longer eligible for MassHealth

To report updated eligibility information and initiate a redetermination before they receive the blue envelope, members can:

- Update their income or other eligibility information in their MA Login Account by completing a full review of their application
- Call MassHealth customer service
- Make an appointment at a MassHealth Enrollment Center
- Make an appointment with a Certified Assister

2023-2024 Redetermination Process (slide 3 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end.

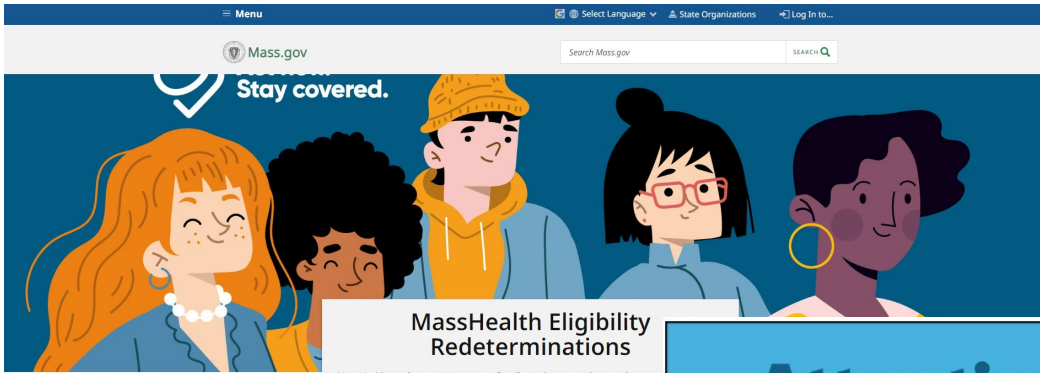
Any MassHealth member can update their contact information without going through a full redetermination.

- Updating their contact information is critical to ensure that MassHealth can reach members when it is their time to renew
- All members can call MassHealth at 800-841-2900 (TDD/TTY: 711) to update their contact information without impacting their eligibility

MassHealth Redetermination Toolkit



MassHealth Eligibility Redeterminations



MassHealth Eligibility Redeterminations

MassHealth needs to renew coverage for all members to make sure they are receiving the best benefit they qualify for.

Attention MassHealth members 65 or older



You will need to renew your coverage this year.

Take three steps to renew your coverage:

- 1. Update your info**
The easiest way to update your information is to call Customer Service at (800) 841-2900 TDD / TTY: 711
- 2. Check your mail**
- 3. Respond to MassHealth**

If you are no longer eligible for MassHealth, there are other programs available to meet your healthcare needs.

Loss of MassHealth is a Special Enrollment Period (SEP) that allows you to enroll in Medicare outside of standard enrollment periods.

Individuals who do not qualify for Medicare may be eligible for Connector coverage.

Other programs include: The Medicare Savings Program (MSP), The Frail Elder Waiver (FEW), Prescription Advantage, and PACE.

Note: If you turned 65 since March 2020, this year's renewal form will look a little different. We will now review your assets along with your income.

If you need help from a family member or friend to fill out your renewal, you can fill out and sign the Permission to Share Information (PSI) or Authorized Representative Designation (ARD) Form.

- This form lets you share your eligibility information with the persons listed on the form (the "designee").
- If you filled out a PSI more than 12 months ago, you will need to fill out a new one.

Act now. Stay covered. masshealthrenew.org
800-841-2900 (TTY: 711)





Attention MassHealth Members



You need to renew your coverage this year.

Take three steps to renew your coverage:

1. Update your info
2. Check your mail
3. Respond to MassHealth

If you have MassHealth, you need to take steps now to keep your health coverage this year. MassHealth wants to help you and your family stay covered.

Call 800-841-2900, visit www.masshealthrenew.org or scan the code to learn more about what steps you need to take.

Act now. Stay covered.





Attention MassHealth Members



You need to renew your coverage this year.

MassHealth wants to help you stay covered.

Take three steps to renew your coverage:

1. Update your info
2. Check your mail
3. Respond to MassHealth

If you live in a Long-Term Care Facility:

Make sure you have an up-to-date Permission to Share Information (PSI) form on file with MassHealth.

Naming your facility on a PSI or ARD form lets MassHealth share information about your eligibility with facility staff.

You can also fill out these forms to have a family member or friend help you with your renewal.

If you filled out a PSI more than 12 months ago, you need to fill out a new one.

Make sure the address you have on file with MassHealth is where you would like us to mail your renewal.

Call MassHealth Customer Service to make any edits to your information.

Act now. Stay covered. masshealthrenew.org
800-841-2900 (TTY: 711)







Additional Resources

Resources Exist to Help Members with their Renewal



RESOURCE	DESCRIPTION
<p>MassHealth Enrollment Centers (MECs)</p>	<ul style="list-style-type: none"> MassHealth Enrollment Centers (MECs) provide members with phone, virtual, or in-person assistance with their applications from MassHealth staff We recommend that members schedule an appointment ahead of time at www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative. Appointments can be via phone, virtual, or in-person There are 6 MECs across the State – find the nearest one online at https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs
<p>Certified Application Counselors or Navigators</p>	<ul style="list-style-type: none"> Certified Application Counselors (CACs) and Navigators are a community-based resource to help members apply for and renew health insurance benefits. They are trained by MassHealth but are not MassHealth staff People who need help to keep their MassHealth coverage and people who are no longer eligible for MassHealth can get help from CACs and Navigators Help from CACs and Navigators is free but may require an appointment. You can also go online to find their nearest organization at https://my.mahealthconnector.org/enrollment-assisters
<p>MassHealth Customer Service Center</p>	<ul style="list-style-type: none"> If you have questions about your MassHealth renewal, you can call the MassHealth Customer Service center. Phone number: (800) 841-2900; TDD/TTY: 711 Hours: Monday-Friday 8am-5pm. Assistance is available in English, Spanish, Portuguese, Mandarin, Vietnamese, Arabic, Haitian Creole, and members may request a translator for any other language.
<p>SHINE (Serving the Health Insurance Needs of Everyone)</p>	<ul style="list-style-type: none"> SHINE Counselors assists elders and individuals with disabilities in understanding their Medicare and MassHealth benefits and other health insurance options For more information visit http://www.mass.gov/elders/ To schedule an appointment call: 1-800-AGE-INFO (1-800-243-4636)

Health Connector Resources

Individuals and families

- Health Connector website: MAhealthconnector.org
(mahealthconnector.org/es/)
- Full list of qualifying events for a special enrollment period:
MAhealthconnector.org/get-started/special-enrollment-period
- Information about immigration documents:
MAhealthconnector.org/immigration-document-types
- Health Connector shopping and resource guides:
MAhealthconnector.org/help-center/resource-download-center
- Compare plans based on provider and medication preferences using the
[Plan Comparison Tool](#)
- Find pricing from leading Massachusetts insurance companies with the
“Preview Plans” button on the [application home page](#)