

MassHealth

Health Safety Net (HSN) Updates July 2024

Health Safety Net Agenda

- Cybersecurity Attack
- Claims Reprocessing
 - MMIS System
 - HSN System
- Misc. Updates
 - Telehealth Policy
 - HPV Vaccine
 - Pharmacy Remits
- General Information
- Questions

Cyber Security Attack

- To ensure the safety and security for any HSN facility that has granted Change HealthCare access to perform INET functions, HSN has deactivated accessibility due to the potential cybersecurity attack at Change Healthcare—a subsidiary of United Health Group. Therefore, this contact permission is no longer active within INET.
- If your facility does not have the necessary access to perform the INET functions, please reach out to the HSN Help Desk at 1-800-609-7232. We apologize for any inconvenience this may cause.
- As a best business practice, HSN would like to remind facilities that any facility utilizing a billing company or billing intermediary to submit 837 files to MassHealth/HSN, your facility may want to consider submitting electronic 837 files/claims directly as an alternative method when issues arise.
- If your facility would like to implement direct claims submissions as an alternative method, please fill out the necessary document - [HSN User Agreement](#) and forward to the hsnhelpdesk@massmail.state.ma.us.
- In addition, your facility will need to reach out to MassHealth EDI at edi@mahealth.net to update/add your facility claims submission status.

MMIS Reprocessed/HSN Resweep (slide 1 of 2)



MMIS Claims Re-processing

The following codes were inappropriately denied in MMIS as a non-covered procedure code for the Health Safety Net benefit plan(s). The following codes have recently reprocessed in MMIS for adjudication and potential adjudication/payment through the Health Safety Net payment systems.

- 90671 (For Dates of Services through 1/1/2023)
- 90677 (For Dates of Services through 1/1/2023)
- 19325 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 49591 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 73522 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 95708 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- G2066 (For Dates of Services through 1/1/2023- Hospital Only Claims)

MMIS Reprocessed/HSN Resweep (slide 2 of 2)



HSN Claims Resweep

- Claims billed with Procedure code 99211 were inappropriately paid at a \$0.00 rate for Community Health Center providers in the Health Safety Net system. HSN has identified impacted claims and will reprocess these claims in the HSN system for payment at the PPS rate in the September remits.

TeleHealth Policy - HSN

HSN will reimburse telehealth services at parity with their in-person counterparts, including services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers. HSN's telehealth policy mirrors the policy set forth through MassHealth ALL Provider Bulletin 374 [MASSHEALTH ALL PROV 374](#)

HPV Vaccine Code 90651

HSN has aligned with MassHealth's policy to cover the HPV Vaccine for individuals aged 19-45. For children under 19, this vaccine is available free of charge through the Massachusetts Immunization Program.

Pharmacy Remits

An internal issue has been identified where certain POPS payments were not included within the HSN remits. While HSN is working on rectifying the issue the expectation is that the August remits will include such payments. For facilities who utilize Billing Intermediaries (BI), please notify your BI that the HSN POPS remit for August may be larger than normal.

General Information

- Health Safety Net eligible service regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>
- Health Safety Net eligible payment and funding regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61400-health-safety-net-payments-and-funding>
- Health Safety Net Reimbursable Services located at: <https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- Health Safety Net INET located at: <https://www.mass.gov/info-details/learn-about-hsn-inet>
- Billing updates are posted and can be found at: [Information about HSN Provider Guides and Billing Updates | Mass.gov](#)
- The Health Safety Net is working on internal claims editing, code, and payment rate updates. HSN will instruct providers through billing update of any necessary payment resweeps due to these updates.

HSN Help Desk

Health Safety Net Help Desk inquiries should be addressed to HSNHelpDesk@massmail.state.ma.us and not an individual member of the Help Desk team.

If you feel the matter remains unresolved, please contact the Help Desk Supervisor for assistance.



MassHealth Updates July 2024

MassHealth Agenda

- Update: CommonHealth Plus Medicare Savings Program (MSP)
- New Hardship Waiver for a Period of Ineligibility
- MAhealthconnector.org System Update

COMMONHEALTH AND MEDICARE SAVINGS PROGRAM (MSP)

Medicare Savings Programs (MSP)

[MassHealth offers Medicare Savings Programs \(MSP\)](#), formerly known as MassHealth Buy-In (MHBI) helps qualified residents on Medicare pay for their Medicare costs. **MSPs are not insurance plans.** They are programs that help lower the Medicare premiums and other health care costs, including prescriptions

Massachusetts offers three different MSP types:

- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLMB)
- Qualifying Individuals (QI)

MassHealth CommonHealth Plus MSP QI Eligibility

- Eligibility: Income at or below 135% of the Federal Poverty Level (FPL) are eligible for CommonHealth plus MSP QI, which in 2024 is equal to \$1,695 a month for an individual

MassHealth Requirement

- Federal regulations does not allow MassHealth to provide MSP to MassHealth CommonHealth members with income **above 135% of FPL**
 - During the Public Health Emergency, CommonHealth members with income above 135% FPL maintained coverage
 - **Starting July**, MassHealth will send information to members letting them know of the change. The letter will provide:
 - An FAQ
 - Options
 - Resources
- * Note: letter is non-appealable

Member Options (slide 1 of 4)

- Members may decide to:
 - 1. Apply for MSP only**
 - If countable income is over 135% of FPL but under the income limits listed in the table below, they may still qualify for MSP only
 - Action: Members may continue to have MassHealth pay their Medicare Part B premiums but would need to cancel their CommonHealth first

Income Limits:

If you are	And your monthly income	Your may qualify for
Single	Below \$2,385	Qualified Medicare Beneficiaries (QMB)
Single	Between \$2,386 and \$2,824	Specified Low Income Medicare Beneficiaries (SLMB); Qualify Individuals (QI)
Married Couple	Below \$3,237	Qualified Medicare Beneficiaries (QMB)
Married Couple	Between \$3,238 and \$3,833	Specified Low Income Medicare Beneficiaries (SLMB); Qualifying Individuals (QI)

Member Options (slide 2 of 4)

- Members may decide to:
 - 2. Keep MassHealth CommonHealth**
 - For members who may need long-term care services such as Personal care Attendant (PCA)
 - No action is required
 - 3. Apply for Frail Elder Waiver (FEW)**
 - The Frail Elder Waiver (FEW) is a Home and Community Based Service Waiver program that makes such supports available to Massachusetts residents aged 60 and older
 - Participants in FEW may reside in their own home (cannot reside in a nursing facility)

Member Options (slide 3 of 4)

- To qualify for FEW

<ul style="list-style-type: none"> Either be 60-64 years of age and have a disability 	<ul style="list-style-type: none"> 65 years of age or older
<ul style="list-style-type: none"> Meet clinical requirements 	<ul style="list-style-type: none"> Need FEW services
<ul style="list-style-type: none"> Be able to be safely served in the community 	<ul style="list-style-type: none"> Meet the financial requirements to qualify for MassHealth Standard in the community (special financial rules exist for waiver applicants and participants)

Member Options (slide 4 of 4)

- Members may decide to:
 - 4. Program for All-Inclusive Care for the Elderly**
 - The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes
 - To enroll:
 - Be 55 or older
 - Live in the service area of a PACE org
 - Be certified by the state as eligible for nursing home care
 - Live in the community
 - Be able to live safely in the community
 - Agree to receive health services through the PACE org
 - Meet the Social Security Act Title XVI disability standards, if 55 - 64

Notice and Resources

- **Starting September**, MassHealth will no longer pay the Medicare Part B premium for **members with incomes above 135% of FPL**
- MassHealth will begin notifying ineligible members in early fall
 - The notice is appealable and will be sent with a Fair Hearing request form
 - Notice sent in the top six languages, based on language preference

RESOURCES

- [Serving the Health Insurance Needs of Everyone \(SHINE\)](#) program provides free health insurance information to all Medicare beneficiaries
- To find a SHINE counselor:
 - Call MassOptions at (800)-243-4636; or visit [SHINE](#)'s website
- Call MassHealth at (800) 841-2900, TDD/TTY: 711

NEW HARDSHIP WAIVER FOR A PERIOD OF INELIGIBILITY

New Hardship Waiver for a Period of Ineligibility (slide 1 of 2)



- Effective 5/24/24, members or applicants seeking nursing facility services can request a hardship waiver of a disqualifying transfer penalty period
 - Disqualifying transfer penalty period: Any transfer of asset during the appropriate look-back period by the applicant or member or spouse of a resource, or interest in a resource, owned by or available to the applicant or member or the spouse (including the home or former home of the applicant or member or the spouse) for less than fair-market value
- MassHealth may waive a period of ineligibility due to a disqualifying transfer of resources if a period of ineligibility would cause the applicant or member undue hardship by putting them at risk of serious deprivation
- MassHealth regulations at 130 CMR 520.019

MassHealth
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/mashealth

MassHealth Request for a HARDSHIP WAIVER OF A PERIOD OF INELIGIBILITY

In accordance with federal Medicaid law and guidance, MassHealth may waive a period of ineligibility due to a disqualifying transfer of resources if it would cause the applicant or member undue hardship by putting them at risk of serious deprivation. The applicant or member needs to prove all circumstances of 130 CMR 520.019(L) are met. MassHealth may waive the entire imposed period of ineligibility, or a portion of the period of ineligibility.

If the applicant or member feels the imposition of a period of ineligibility would result in undue hardship in accordance with 520.019(L), they should submit this form and all supporting documentation to MassHealth within 15 days of the date on the MassHealth notice that informed the applicant or member of the period of ineligibility.

Member or Applicant Information

Name

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

MassHealth ID or last 4 digits of SSN

Member's address

Name of duly appointed Authorized Representative filing on behalf of the applicant or member (if applicable)

Name of skilled nursing facility representative filing on nursing facility resident's behalf (if applicable)

New Hardship Waiver for a Period of Ineligibility (slide 2 of 2)



- The request should include:
 - [MassHealth Request for a Hardship Waiver of a Period of Ineligibility \(RHWPI-0424\)](#)
 - Include all documentation to be considered in support of the hardship waiver request
- A request for a hardship waiver must be made by the applicant or member or their [Authorized Representative](#)
- Submit the form and all supporting documentation **within 15 days** of the date on the MassHealth notice
- If criteria are met, MassHealth may waive the entire imposed period of ineligibility, or a portion of the period of ineligibility

MAHEALTHCONNECTOR.ORG SYSTEM UPDATES

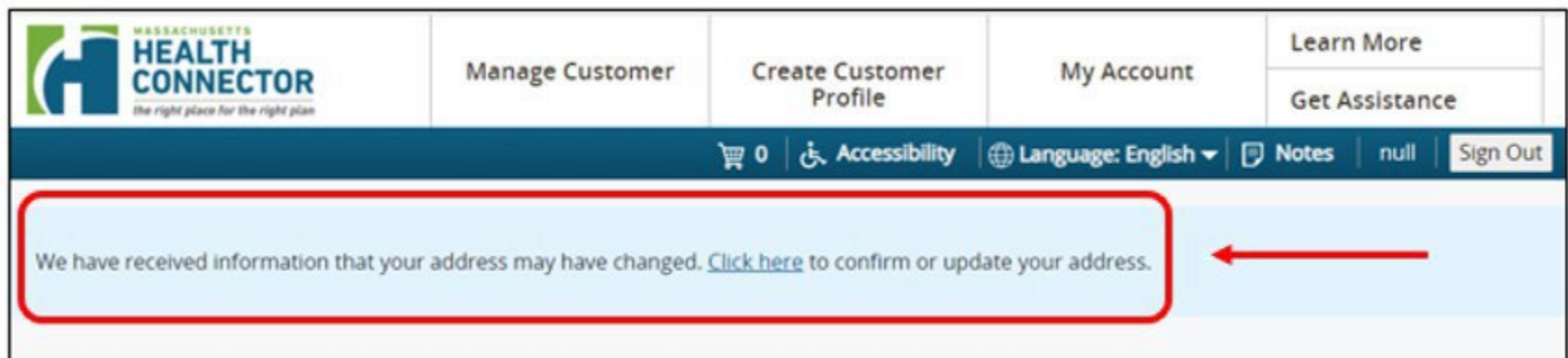
MAHealthconnector.org System Updates



- MAhealthconnector.org, or HIX, is the single, integrated process to determine eligibility for the full range of health insurance programs including MassHealth, the Health Connector, HSN, and CMSP for applicants and members younger than 65
- EOHHS, MassHealth and the Health Connector are moving forward to Modernize the HIX System by streamlining and simplifying the member experience with the first significant system update **on July 25, 2024**
- Following any systems release or update, members with an account and Assisters should clear their cache or internet history before accessing the online application or the Assister Portal for a better web experience (if you need assistance, please check with your PC support team)
- For more technical information, visit the [Getting Started Guide](#): scroll down to choose the subsection: How to clear your browser's cache (history/memory)
- **Updates includes:**
 - Address Update
 - Interface Updates

Updating Mailing Address

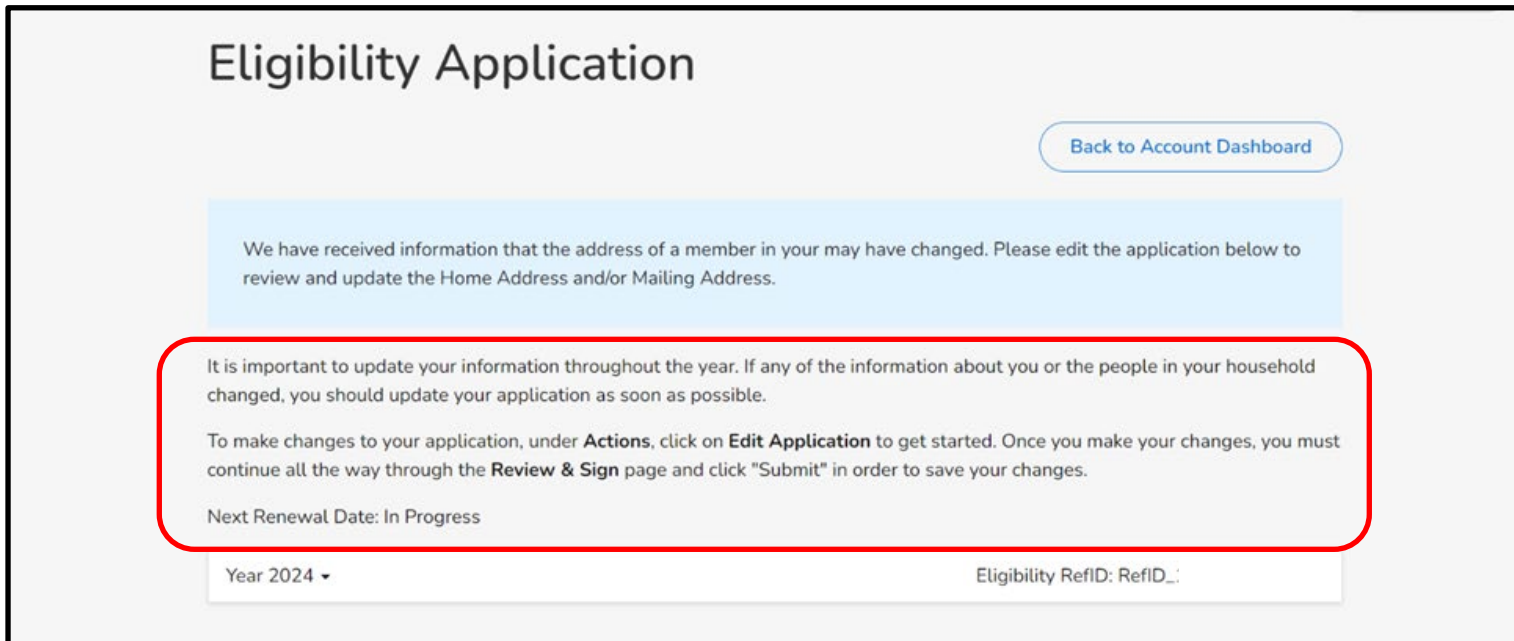
- In R28, a banner message alerted the member or account holder they need to confirm or update their mailing address within 15 days. In R29, members will now have **30 days** to update or confirm their mailing address information



- The *Click here* hyperlink will navigate users to the **Eligibility Application** screen with further instructions to review/update/confirm the address information. If they need to make a change, there are instructions for the user to Report a Change

Address Change

- New banner message on the **Eligibility Application** screen, if member/account holder does not respond within the timeframe provided, a termination notice will be sent for one of the following reasons:
 - “Whereabouts unknown”
 - “Moved out of state”

A screenshot of the "Eligibility Application" web page. The page has a light gray background. At the top center is the title "Eligibility Application" in a dark gray font. To the right of the title is a blue button with white text that says "Back to Account Dashboard". Below the title is a light blue banner with white text: "We have received information that the address of a member in your may have changed. Please edit the application below to review and update the Home Address and/or Mailing Address." Below the banner is a red-bordered box containing two paragraphs of text. The first paragraph says: "It is important to update your information throughout the year. If any of the information about you or the people in your household changed, you should update your application as soon as possible." The second paragraph says: "To make changes to your application, under **Actions**, click on **Edit Application** to get started. Once you make your changes, you must continue all the way through the **Review & Sign** page and click 'Submit' in order to save your changes." Below the red box is the text "Next Renewal Date: In Progress". At the bottom of the page, there is a white bar with a dropdown menu showing "Year 2024" and a label "Eligibility RefID: RefID_:".

Returned MassHealth Renewal Notice Due to Incorrect Mailing Address



Renewal notices returned to MassHealth

- MassHealth receives a lot of return mail, such as for RFI notices, address updates, renewal, etc. due to incorrect mailing address
- MassHealth will attempt to alert members of the need to update mailing address by: email, text, or notice (using the new address)
- When a renewal notice is returned to MassHealth, R29 will display the new banner message alerting the member/account holder they need to update/confirm the mailing address
 - Members have 30-days to update/confirm the information
 - Members need to contact MassHealth (phone, letter, or in-person) to update the address and request reinstatement of their benefits
 - If they qualify for reinstatement, a new renewal packet will be sent to the member using the confirmed/updated mailing address, and they will have 45 days to submit the renewal online, by paper, or call MassHealth

User Interface Update

- Interface updates, will include:
 - Plain language and accessibility improvements
 - Less text on main screens
 - Improved user interface – more streamlined, intuitive to use
 - New tool tip area for complex topics and other opportunities for users to learn more, if needed
 - Modern user interface for members and Assisters

System Updates: Landing Page



Before Update

The screenshot shows the old landing page with a top navigation bar containing links for 'Learn More', 'Get Assistance', 'Accessibility', and 'Language: English'. The main content area is divided into several sections: 'Start your Application for Health Coverage' with an 'Apply Now' button; a 'Sign In' section with a 'Sign In' button; a 'WARNING' section with a paragraph of text; a 'See What You May Qualify For' section with a 'Your Zip Code' input field and a 'Start Now' button; a 'Preview Health and Dental Plans and Prices' section with a 'Preview Plans' button; and a 'Welcome to the Massachusetts Health Connector' section with a paragraph of text and a 'Create an Account' button.

New Interface

The screenshot shows the new landing page with a top navigation bar containing links for 'Accessibility', 'English', 'Create an Account', and 'Sign In'. A warning banner at the top states: 'This system is restricted to authorized users ONLY. Unauthorized or improper use of this system may result in civil and criminal penalties. Your use of the system is subject to monitoring to detect potential fraudulent and abusive behavior. Such monitoring of all data being communicated, transmitted, or stored is prohibited.' The main content area features a large hero image of a family and a 'Welcome to the Massachusetts Health Connector' section with a paragraph of text and a 'Sign In' button. Below this are three main sections: 'Start your application for health coverage' with an 'Apply Now' button; 'See What You May Qualify For' with a 'Zip Code' input field and a 'Start Now' button; and 'Preview Health and Dental Plans and Prices' with a 'Preview Plans' button. To the right of these sections are 'Important Dates' and 'Quick Links' sections.

New Dashboard (slide 1 of 2)



HEALTH CONNECTOR | Accessibility | Get Assistance | English | Notifications

Dashboard | Applications | Plans | Documents | Assistants | Appeals | Enrollment and Notices

Welcome [Redacted] (RefID_ [Redacted])

Next Steps

Year 2024

- Task: Complete Application
- Due Date: --
- [Complete Application](#)

Documents you need to provide

- [Redacted] (DOB: January 1st, 2000)
- Task: Provide Proof of Income
- Due Date: August 15th, 2024
- [Redacted] (DOB: January 1st, 2000)
- Task: Provide Proof of Income
- Due Date: August 15th, 2024
- [Upload Documents](#)

Payments

2024

MassHealth	\$0.00
Massachusetts Health Connector	\$33.92

[View Premium Breakup](#)

[Make Payment](#)

[Health Connector Billing and Notices](#)

Report Changes to your Application

Report changes related to:

- Income/Health insurance
- Home address
- Adding member/Change to applying
- Removing member/Change to non-applying
- Status
- Name/Sex/SSN
- Application type
- Pregnancy
- Plan tax credits
- Mailing address & Contact preferences

[Report Changes](#)

Health & Dental Plans

2024

Members Covered: 1

- Medical:** Direct Silver 2000 with Cost-sharing
Start Date: June 1st, 2024
- Dental:** Delta Dental Individual and Family Premier Enhanced
Start Date: June 1st, 2024

[View / Change Plan](#)

Eligibility Results

2024

- Eligible for:** ConnectorCare Plan Type 2B with Advance Premium Tax Credit
MassHealth Decision Pending
Start Date: June 1st, 2024
- Eligible for:** ConnectorCare Plan Type 2B with Advance Premium Tax Credit
MassHealth Decision Pending
Start Date: June 1st, 2024

[Go to Eligibility Results](#)

Primary Contact Information

Email Address | Phone | Ext. | Home Address | Mailing Address

[View / Edit Profile](#)

Household Members and Annual Income

Name	Year 2024 Income
[Redacted]	\$20,001.00 Self-Attested
[Redacted]	\$10,000.00 Self-Attested

HEALTH CONNECTOR | Accessibility | Get Assistance | English | Notifications | John Bright

Applications | Plans | Documents | Assistants | Appeals

Welcome [Redacted] (RefID_ [Redacted])

Next Steps

Year 2024

- Task: Complete Application
- Due Date: --
- [Complete Application](#)

Primary Contact Information

Email Address | Phone | Ext. | Home Address | Mailing Address

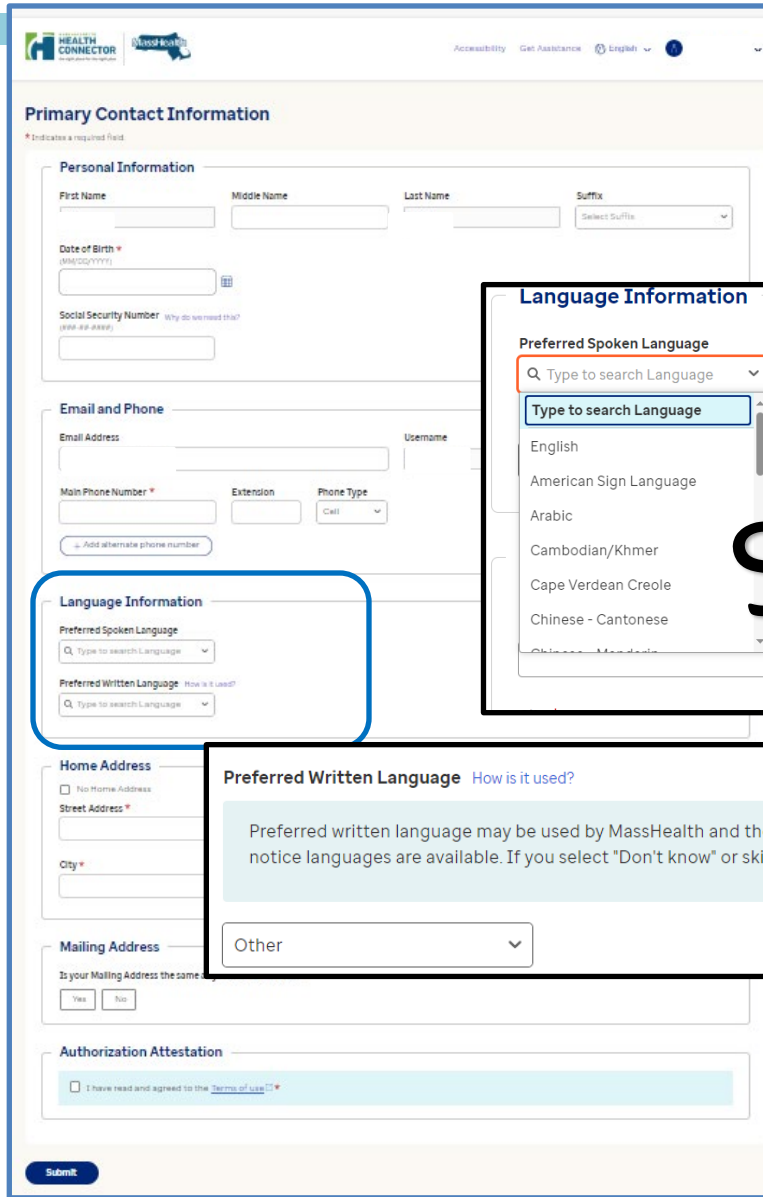
[View / Edit Profile](#)

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SAMPLE

New Dashboard (slide 2 of 2)



HEALTH CONNECTOR
MassHealth

Accessibility Get Assistance English

Primary Contact Information

* Indicates a required field

Personal Information

First Name Middle Name Last Name Suffix
Date of Birth (MM/DD/YYYY)
Social Security Number Why do we need this? (999-99-9999)

Email and Phone

Email Address Username
Main Phone Number * Extension Phone Type
+ Add alternate phone number

Language Information

Preferred Spoken Language
Preferred Written Language How is it used?

Home Address

No Home Address
Street Address *
City *

Mailing Address

Is your Mailing Address the same as your Home Address?
 Yes No

Authorization Attestation

I have read and agreed to the [Terms of Use](#)

Submit


Language Information

Preferred Spoken Language

Type to search Language

- Type to search Language
- English
- American Sign Language
- Arabic
- Cambodian/Khmer
- Cape Verdean Creole
- Chinese - Cantonese
- Chinese - Mandarin

Apt./Unit #





SAMPLE

Preferred Written Language How is it used?

Preferred written language may be used by MassHealth and the Health Connector to communicate with you. You can visit [this webpage](#) to see which notice languages are available. If you select "Don't know" or skip this question, we will send notices in English.

Other

Income Screen

[Accessibility](#)
[Get Assistance](#)
[English](#)
[Notifications](#)
John Bright

Dashboard / Eligibility Application / Application Year 2024













Start Your Application
Family & Household
 Income
Additional Questions
Review & Sign

Income

Current Income [How do I answer questions about income?](#)

There are many ways in which you can get income. We will help you estimate your 2024 income after you tell us about all your current income so that you can let us know of any expected changes. You do not need to tell us about the income from Child support, non-taxable veteran's payments, Supplemental Security Income (SSI), most worker's compensation income, Alimony payments from a separation or divorce agreement finalized on or after January 1, 2019, or Parent Mentor Compensation.



Please select all the sources of your current income from the list below so that your eligibility results are accurate. If you do not have an income, please select 'Continue with no income'. [Learn more about Income Sources](#)

 Job	 Social Security Benefits	 Self-Employment	 Unemployment
 Interest, Dividends, or Other Investment	 Retirement or Pension	 Rental or Royalty	 Capital Gains
 Alimony Received	 Farming or Fishing	 Lottery and Gambling Winnings	 Other Income

Continue with no income

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Reporting Income

[Accessibility](#)
[Get Assistance](#)
English
[Notifications](#)

Dashboard / Eligibility Application / Application Year 2024


Start Your Application
Family & Household
Income
Additional Questions
Review & Sign

Income


Current Income [How do I answer questions about income?](#)

There are many ways in which you can get income. We will help you estimate your 2024 income after you tell us about all your current income so that you can let us know of any expected changes. You do not need to tell us about the income from Child Support, non-taxable Veteran's payments, Supplemental Security Income (SSI), most worker's compensation income, Alimony payments from a separate or divorce agreement finalized on or after January 1, 2019, or Parent Mentor Compensation.


Please select all the sources of your current income from the list below so that our eligibility results are accurate. If you do not have an income, please select 'Continue with no income'. [Learn more about Income Sources](#)




Job




Social Security Benefits




Self-Employment




Unemployment




Interest, Dividends, or Other Investment




Retirement or Pension




Rental or Royalty




Capital Gains




Alimony Received



Farming or Fishing



Lottery and Gambling Winnings



Other Income

Save and Continue

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Application Summary Screen

The screenshot displays the '2024 Eligibility Results' page on the MassHealth website. The page is titled '2024 Eligibility Results (Eligibility Id: [redacted])' and includes a 'View Application Summary' link and a 'Print' icon. Below the title, there are two informational sections: 'MassHealth Eligibility' and 'Health Connector Eligibility'. The 'MassHealth Eligibility' section states that coverage is temporary and may be reduced or end, and that more information is needed to make a final decision. The 'Health Connector Eligibility' section states that more information is needed to enroll in a health plan. A large 'SAMPLE' watermark is overlaid on the page. The 'Program Eligibility' section indicates that the family member(s) qualify for subsidized benefits, including an Advance Premium Tax Credit of \$436.00. It also provides details on the start date (Jun 1st, 2024) and the need for proofs from specific categories (Proof of Income, due Aug 15th, 2024). A 'Next Steps based on your eligibility results' box contains a 'Documents Required' section with an 'Upload Documents' button. The 'Important things to know' section includes a 'You qualify for tax credit' notification and a 'What should I do if I think my eligibility results are wrong?' section. The 'Quick Links' section at the bottom provides links to learn more about proofs, programs, and next steps. A 'Back' link is located at the bottom left.

2024 Eligibility Results (Eligibility Id: [redacted]) [View Application Summary](#)

MassHealth Eligibility
For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be... [Show More](#)

Health Connector Eligibility
For people who are approved for health coverage through the Health Connector—such as someone on the plan—you may want to enroll in a health plan and complete your enrollment now.

Program Eligibility
Your family member(s) qualify for subsidized benefits along with Advance Premium Tax Credit of **\$436.00**. You will qualify for additional state subsidy once you enroll in a plan.
Read through your program eligibility results below to learn about the programs you qualify for, and look at the proof(s) we may need you to send us. You may not be able to get or keep your coverage unless you send us the requested proof(s).

Next Steps based on your eligibility results

Documents Required
Upload documents for:
Bright* (please ignore if alive)

Upload Documents

Eligible for: ConnectorCare Plan Type 2B with Advance Premium Tax Credit MassHealth Decision Pending	Eligible for: ConnectorCare Plan Type 2B with Advance Premium Tax Credit MassHealth Decision Pending
Start Date: Jun 1st, 2024	Start Date: Jun 1st, 2024
We need proofs from these categories: Proof of Income (Due Date: Aug 15th, 2024)	We need proofs from these categories: Proof of Income (Due Date: Aug 15th, 2024)

Important things to know

You qualify for tax credit
This family qualifies for an At maximum monthly tax credit

What should I do if I think my eligibility results are wrong?
If you don't agree with what you qualify for, you may [review](#) and/or [update](#) your application, or you may [file an appeal](#) if you feel your details are correct.

Quick Links

[Learn more about the proofs we need](#)

[Learn more about the programs that you qualify for](#)

[Learn more about the next steps you will need to take to enroll in coverage](#)

[Back](#)

Summary Screen

MassHealth

[Accessibility](#)
[Get Assistance](#)
[English](#)
[Notifications](#)
Applicant Name

[Dashboard](#)
[Applications](#)
[Plans](#)
[Documents](#)
[Assisters](#)
[Appeals](#)

[Dashboard](#) / [Eligibility Results](#) / [Review Application](#)
Print

Review Application

Application Summary

You can review your application information below. If you have any changes in your household, such as in your income, tax filing status, pregnancy status, or disability status, please make those changes in your application.

[Back to Eligibility Result](#)

Contact Information

Applicant Name

Address:	Email: ***@tmailinator.com	Phone:	Preferred Spoken Language: English
Preferred Written Language: French			

Family & Household

Applicant Name	(Head of Household)		
Sex: Male	Gender Identity: Male	Social Security Number: ***-**-4452	Applying for Coverage: Yes
English Proficiency: Very well	Address: S	Date of Birth: 01/01/1990	Citizenship: Yes
American Indian/Alaska Native: No	Reasonable Accommodations: No	Condition(s): None	Accommodation(s): None
Intend To Reside: Yes	Incarcerated: No	Applying for retroactive Medicaid: No	

Applicant Name			
Sex: Female	Social Security Number: ***-**-3443	Applying for Coverage: Yes	English Proficiency: Very well
Relationship to John Bright: Spouse	Address: Same as primary applicant	Date of Birth: 01/01/2000	Citizenship: Yes
American Indian/Alaska Native: No	Pregnant: No	Reasonable Accommodations: No	Condition(s): None
Accommodation(s): None	Intend To Reside: Yes	Incarcerated: No	Applying for retroactive Medicaid: No

Tax Filing Status

Applicant Name

Status: Tax Filer	Filed taxes and reconciled all past APTCs?: N/A
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Applicant Name

Status: Joint Tax Filer	Filed taxes and reconciled all past APTCs?: N/A
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Family Income

Applicant Name

Income Type: Job - (Optum) - \$20,000.00/ Yearly	Projected Yearly Income: ① \$20,000.00	Self Attested Total Amount Received Monthly: ① \$1,666.67
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Applicant Name

Income Type: Spouse (Part Time) - \$12,000.00/Yearly	Projected Yearly Income: ① \$12,000.00	Self Attested Total Amount Received Monthly: ① \$1,000.00
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Additional Information

Applicant Name

Has Minimum Essential Coverage (MEC): No	Has Option to Enroll in Employer Health Coverage: No	Has Affordable Employer Sponsored Insurance (ESI): No	Has Health Reimbursement Arrangement (QSEHRA/ICHRA): No
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Applicant Name

Has Minimum Essential Coverage (MEC): No	Has Option to Enroll in Employer Health Coverage: No	Has Affordable Employer Sponsored Insurance (ESI): No	Has Health Reimbursement Arrangement (QSEHRA/ICHRA): No
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Signed By

[Download Rights and Responsibilities](#)

Name: Applicant Name	Date & Time: May 17, 2024 at 14:35 PM UTC	Portal: Individual	Application Source: Online
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Consent for \$0 Health Connector Automatic Enrollment: Yes

SAMPLE

Thank you!