



MassHealth for Seniors and Individuals Seeking Long-Term- Care Services (LTC): Renewal

Webinar Objective

- Describe the senior renewal requirements
- Explain how to complete a MassHealth renewal for seniors
- Describe ways MassHealth seniors can submit their renewal
- Identify tips and best practices for helping seniors who already receive benefits and want to renew their coverage

MassHealth Mission

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life.



HOW TO APPLY

MassHealth Application- SACA-2

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

How to Apply

Apply using the [SACA-2](#) paper application

Submit by:



Mail



Fax: 1-857-323-8300

Apply with a [Certified Assister](#) near you Or at a [MassHealth Enrollment Center \(MEC\)](#)



- [Schedule](#) a phone or video appointment with a MassHealth staff

Application and People

Please identify which...

Mail or fax your filled-c...

MassHealth
PO Box 29C
Charlestown
Fax: (617) 6...

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responsibilities on pag...
You do not have to app...

MASSHI


This is your application
Massachusetts and are

- an individual 65 year and
 - not the parent of...
 - with you; or
 - not an adult relati...
 - younger than 19 y...
 - living in the home
 - disabled and are e...
 - month or are curn...
 - 240 hours in the s...
 - month of the appl...
- an individual of any...
- in a medical instituti...
- an individual who is eligible under certain programs to get long-term-care services to live at home; or
- a member of a married couple living with your spouse, and
- both you and your spouse are applying for health coverage;
- there are no children under 19 years of age living with you; and
- one spouse is 65 years of age or older and the other spouse is under 65 years of age. (Please see Step 9 of the application.)

SENIOR GUIDE

to Health Care Coverage

This guide is for seniors and for persons of any age needing long-term-care services.



MARCH 2023

care facility. For more information, see page 13 in the Senior Guide.);

- in an acute hospital waiting for placement in a long-term-care facility; or
- living in your home and applying for or getting long-term-care services under a Home- and Community-Based Services Waiver.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See Authorized Representative Designation Form at the end of this application.


MASSACHUSETTS HEALTH CONNECTOR | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts, and you

- are 65 years of age or older;
- are not otherwise eligible for MassHealth;
- are not getting Medicare; and
- do not have access to an affordable health plan that meets the minimum value requirement.*

*Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee.

The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility.

 SACA-2-0323

Who Should Use the MassHealth Application- SACA-2



Who should use this application

- Applicants 65 or older who live in the community, or applicants of **any age** in need of Long-Term Services and Supports (at home or in an institution)
- Disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application
- An individual who is eligible under certain programs to get long-term-care services to live at home
- A member of a married couple living with the spouse, and both are applying for health coverage
 - one spouse is 65 years of age or older and the other spouse is under 65
- Additional resource: [MassHealth Member Guides and Handbooks](#)

Health Connector Eligible

- If the applicant lives in Massachusetts, and they
 - are 65 years of age or older
 - are not otherwise eligible for MassHealth
 - are not getting Medicare, and
 - do not have access to an affordable health plan that meets the minimum value requirement*



*Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee. The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility.

Coverage Types

MassHealth

- Standard
- CommonHealth
- Family Assistance
- Medicare Savings Program (MSP)
 - QMB Qualified
 - SLMB
 - QI
- Limited*

Health Safety Net*

* Coverage types not considered as insurance for tax purposes



MASSHEALTH RENEWAL

MassHealth Renewal Overview

- MassHealth is required to renew households annually
- Automatic and 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 review form within 45 days
 - If the household responds, MassHealth will determine their eligibility based on the application data and generate appropriate request for information (RFI), if applicable
 - If the household fails to respond, MassHealth will determine their eligibility based on available data
- Households can submit their review online, or by paper



MassHealth Auto-Renewals

Auto-Renewals

Certain MassHealth members meet the criteria for auto-renewal and are not required to complete a renewal application

This includes the following:

- Express Lane Renewal
- Administrative Renewal
- Members over 65



MassHealth Auto-Renewals Types

A household is **auto-renewed** if all members in the household meet the following criteria: All information in an application is considered verified and there are no discrepancies with federal and state data, **and** all members would receive a richer or the same MassHealth benefits

Express Lane Renewal:

For families meeting certain criteria who are receiving both active MassHealth or Healthy Safety Net benefits and active Supplemental Nutrition Assistance Program (SNAP) benefits

Administrative Review:

Certain Long-term-care (LTC) members in nursing facilities, community elders and disabled adults and children



MassHealth Auto-Renewals – Administrative and Express Lane

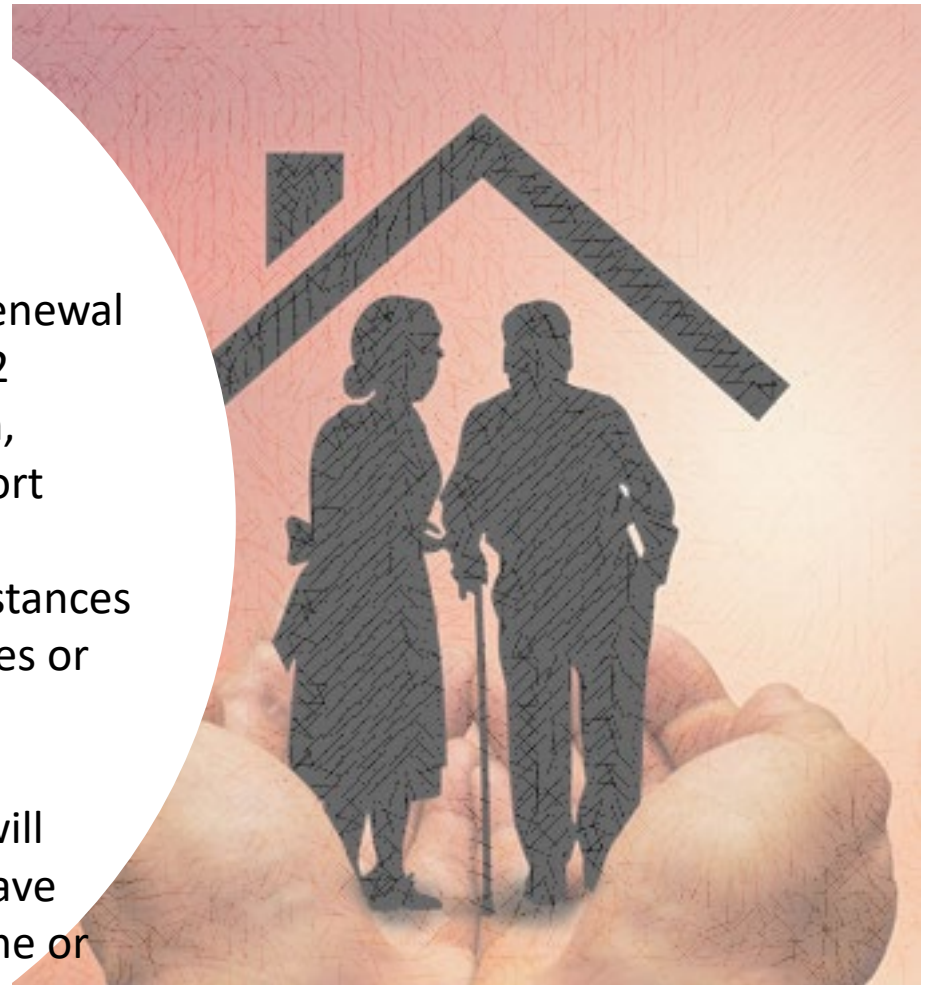


Administrative and Express Lane Review process, and reviews for members over 65

Members who meet the criteria for auto-renewal will have their review dates extended by 12 months and do not need to take any action, assuming they do not have changes to report

Members should report changes in circumstances to MassHealth within 10 days of the changes or as soon as possible

Households that qualify for auto-renewal will receive notices to inform them that they have been auto-renewed and qualify for the same or richer benefits



MassHealth Renewal for Seniors and LTC

- SACA-2 Renewal Forms
 - Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2-ERV)
 - Renewal Application for Certain Seniors Living in the Community (SACA-2- UND)

- **Submit By:**



Mail: MEC

PO Box 290794

Charlestown, MA 02129-0214



Fax: 1-857-323-8300



E-Submission

- [MassHealth Long-Term-Care Eligibility Review Form](#)

RENEWAL APPLICATION FOR CERTAIN SENIORS LIVING IN THE COMMUNITY (SACA-2- UND)

Renewal Application for Certain Seniors Living in the Community



Who **cannot** use the Renewal Application for Certain Seniors Living in the Community (SACA-2-UND) Form:

- Member is under 65 years old
- Member is 65 or older, and are a parent or caretaker relative of children under age 19
- Member is disabled, who works 40 or more hours a month, or works and has worked at least 240 hours in the six months right before this renewal
- Member recently turned 65 years old or will soon turn 65 years old
- Member has MassHealth benefits as a resident of a nursing facility
- Member has MassHealth benefits through a Home and Community-Based Services (HCBS) Waiver program
- Member has MassHealth benefits through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program
- Member has coverage only from the MA Health Connector

Renewal Application for Certain Seniors Living in the Community: SACA-2 UND



MassHealth Renewal Application for Certain Seniors Living in the Community



FOR MASSHEALTH USE ONLY: Application received date ___ / ___ / _____

This information is used to determine if you are still eligible for your current benefits. If you need additional services, contact MassHealth at (800) 841-2900.

You can submit your renewal application in any of the following ways.

Mail or fax your filled-out, signed renewal application to

MassHealth Enrollment Center
PO Box 4405
Taunton, MA 02780-0968
Fax: (857) 323-8300

Hand deliver your filled-out, signed renewal application to

MassHealth Enrollment Center
The Schrafft Center
529 Main Street, Suite 1M
Charlestown, MA 02129-0214

Access the MassHealth e-Submission system at <https://mhesubmission.ehs.mass.gov/esb> to fill out and upload your renewal application using your e-Submission Reference number

ALL Fields are required

In order to get any benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

Please list the names of everyone who is renewing health coverage on this application.

MassHealth or the Health Safety Net (HSN)
(If living at home, or in a rest home, an assisted living facility, a continuing care retirement community, or life care community, fill out this renewal application and any supplements that apply to you or any household member.)
MassHealth will check if anyone renewing health coverage on this renewal application is eligible for MassHealth or the HSN.

You: _____

Spouse: _____

Supplemental Nutrition Assistance Program (SNAP)
Check this box if you want this renewal application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 6-9 (if needed) and sign on page 4 to proceed with the application. The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.

Part A- Head of Household Information

PART **A HOUSEHOLD INFORMATION (required)**

1. Household Size: How many people are in your household (including yourself)?

YOU (PERSON 1) – TELL US ABOUT YOURSELF

First Name _____ Last Name _____

Date of Birth _____ Social Security No. or MassHealth ID _____

2. Residential Address (required, unless homeless):
Address _____
City _____ State _____ Zip Code _____

3. Is your residential address the same as your mailing address? Yes No
If No, please enter your mailing address below (if applicable):
Address _____
City _____ State _____ Zip Code _____

4. Phone No. _____

5. Are you homeless? (optional) Yes No
If you check yes, you must enter a mailing address above.

Page 1 | SACA-2-UND-1022

SACA-2-UND-1022

Page 1 | SACA-2-UND-1022

Person 2- Spouse

PERSON 2 – SPOUSE

First Name	Last Name
Date of Birth	Social Security No. or MassHealth ID

1. Residential Address (required, unless homeless):
 Address _____
 City _____

2. Is your residential address the same as your mailing address?
 If No, please enter your mailing address:
 Address _____
 City _____

3. Phone No. _____

4. Are you homeless? (optional) Yes
 If you check yes, you must enter a mailing address: _____

FOR ENROLLMENT ASSISTERS ONLY

Complete this section if you are an enrollment assister and have completed a Navigator Designation Form if they have not, or a Counselor Designation Form if they have not.

Check one Navigator Certified Application Assister

First name, middle name, last name, and suffix: _____

Organization name: _____

PART B RESOURCES (INCOME/ASSETS)

5. Income

Income from Working: You \$ _____
 weekly bi-weekly twice a month monthly quarterly yearly
 Your spouse \$ _____
 weekly bi-weekly twice a month monthly quarterly yearly

Social Security: You _____ Your spouse _____
 Retirement/Pension/Annuity: You _____ Your spouse _____
 Rental Income: You _____ Your spouse _____
 Veterans or Military: You _____ Your spouse _____
 Mutual funds: You _____ Your spouse _____
 Other (please specify): _____
 You _____ Your spouse _____

Total Income: You _____ Your spouse _____

Part B Resources (Income/Assets): Provide the **TOTAL MONTHLY INCOME** amount

Part B: Resources (Assets)

6. Assets

Bank accounts (includes checking, savings, credit union, certificates of deposit, personal needs accounts, trust accounts, money market accounts, retirement accounts (IRAs, Keogh, 401K))

Bank/institution/company name _____ Account/policy number _____
 Name(s) on Account _____ Current amount/value _____

Life insurance

Bank/institution/company name _____
 Name(s) on Account _____

Securities/other (includes stocks, bonds)

Bank/institution/company name _____
 Name(s) on Account _____

Annuities*

Bank/institution/company name _____
 Name(s) on Account _____

Trust and other assets (please specify)

Bank/institution/company name _____
 Name(s) on Account _____

Burial-only accounts / burial contracts

Bank/institution/company name _____
 Name(s) on Account _____

Vehicle(s)

Year _____ Make _____

Real Estate**

Address _____

* Annuities purchased on or after February 1, 2003, and conditions are met. To be eligible, you must be at least 65 years old.

** If you applied for MassHealth on or after February 1, 2003, and your net worth is \$750,000 or more, you may be ineligible for pay

7. Have you received any of these payments?
 Reimbursement from Medicare for pre-qualified expenses
 Supplemental COVID relief payments from the state
 Reimbursement of an overpayment from Medicare

8. Other Health Insurance

Insurance Company _____
 Policy Holder _____
 Covered Members _____
 Type _____
 Policy Number _____
 Start Date _____
 Premium Amount _____

Sign this renewal application.

Signature of applicant or authorized representative	Date
Signature of spouse or authorized representative	Date

Print

Clear

By signing, you agree to and understand the following

- By signing this renewal application, I hereby certify that I have read and agree to the Rights and Responsibilities included in this application on pages 4 through 5.
- I hereby certify under the pains and penalties of perjury that the submissions and statements I have made in this renewal application are true and complete to the best of my knowledge, and I agree to accept and comply with the rights and responsibilities of MassHealth.
- If I have checked the SNAP box on page 1 of this renewal application I am applying for the Supplemental Nutritional Assistance Program (SNAP). I certify that I understand and agree to the rights, rules, and penalties of the SNAP program, as outlined below. I ask that MassHealth send my information, including Protected Health Information subject to the Health Insurance Portability and Accountability Act (HIPAA), to the Department of Transitional Assistance for the purpose of applying for SNAP benefits.

FOR MASSHEALTH APPLICANTS

On behalf of myself and all persons listed on this application, I understand, represent, and agree as follows.

1. MassHealth may require eligible persons to enroll in available employer-sponsored health insurance if that insurance meets the criteria for MassHealth payment of premium assistance.
6. Eligible persons who are injured in an accident, or in some other way, and get money from a third party because of that accident or injury must use that money to repay MassHealth or the Health Safety Net for certain

RENEWAL APPLICATION FOR HEALTH COVERAGE FOR SENIORS AND PEOPLE NEEDING LONG-TERM- CARE SERVICES (SACA-2-ERV)

Renewal: SACA-2: What You Need to Know



WHAT YOU NEED WHEN YOU APPLY

The following **MUST** be sent with the application when applying for MassHealth, the Health Safety Net, and the Massachusetts Health Connector

SOCIAL SECURITY NUMBER (SSN)

You must give us an SSN or proof that anyone on this application has also applied for an SSN. There are exceptions for anyone who

- has a religious exemption as described in federal law,
- is eligible only for a nonwork SSN, or
- is not eligible for an SSN.

Unless an exception applies, **we need SSNs for all persons applying** for health coverage. **A SSN is optional for persons not applying for health coverage, but giving us an SSN can speed up the application process.** We use SSNs to check income and other information to see who is eligible for help with health coverage costs. If someone does not have an SSN or needs help getting one, call the Social Security Administration at (800) 772-1213, TTY: (800) 325-0778, or go to www.socialsecurity.gov. Please see the Senior Guide for more information.

PROOF OF INCOME, ASSETS, AND INSURANCE

We will attempt to verify some of this information through electronic data matches and will notify you if we need further proof. It may speed up the processing of your application if you send proof of these items with it.

- Proof of all current income before deductions, such as copies of pay stubs or pension check stubs (You do not have to send proof of social security or SSI income, but you must fill out the social security and SSI income information, if applicable.)
- Proof of all assets, such as bank accounts and life insurance policies
- Copies of your current health insurance premium bills (such as Medex) if you are applying for long-term-care services in a medical facility. (You do not have to send copies of your Medicare cards.)
- Policy numbers for any current health coverage
- Information about any other health insurance available to your household

PROOF OF CITIZENSHIP/NATIONAL STATUS

We will try to verify this information through electronic data matches. We will notify you if we need further proof. It may speed up the processing of your application if you send proof of these items with it.

- Proof of U.S. citizenship/national status and proof of identity, such as U.S. passports or U.S. naturalization papers. You can also prove U.S. citizenship with a U.S. public birth certificate. You can also prove identity with a driver's license or some other form of government-issued card. We may be able to prove your identity through the Massachusetts Registry of Motor Vehicles records if you have a Massachusetts driver's license or a Massachusetts ID card. Once you give MassHealth proof of your U.S. citizenship/national status and identity, you will not have to give us this proof again. You must give us proof of identity for all household members who are applying. **Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI), do not have to give proof of their U.S. citizenship/national status and identity.** (See Section 9 in the Senior Guide for complete information about acceptable forms of proof.)

- A copy of both sides of all immigration cards (or other documents that show immigration status) for you or your spouse if you or your spouse are not U.S. citizens/nationals and are applying for MassHealth (except for MassHealth Limited), the Health Safety Net, or the Health Connector plans.

For more information on immigration statuses and document types, please see page 32.

WHY WE ASK FOR THIS INFORMATION

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We will keep all the information you provide private and secure, as required by law.** To view the Health Connector's privacy policy, go to www.MAhealthconnector.org. To view MassHealth's privacy policy, go to www.mass.gov/service-details/masshealth-member-privacy-information.



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[Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services](#)

Renewal: SACA-2-ERV

Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2-ERV)

- Used for:
 - Member who is disabled, who works 40 or more hours a month, or works and has worked at least 240 hours in the six months right before this renewal
 - Member of any age and in long-term-care
 - Member who is eligible under certain programs to get long-term care services at home
 - Member recently turned 65 years old or will soon turn 65 years old
 - Member has MassHealth benefits as a resident of a nursing facility
 - Member has MassHealth benefits through a Home and Community-Based Services (HCBS) Waiver program
 - Member has MassHealth benefits through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program

Renewal: SACA-2: Head of Household

STEP 1 Person 1 (YOU)—Tell us about YOURSELF.

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) at the end of this application, to establish a third-party contact.

1. First name, middle name, last name, and suffix		2. Date of birth	
3. Street address <input type="checkbox"/> Check this box if homeless. You must provide a mailing address.		4. Apartment or unit number	
5. City	6. State	7. ZIP code	8. County
9. Is this a hospital, nursing facility, or other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, facility name			
10. Mailing address <input type="checkbox"/> Check if same as street address.		11. Apartment or unit number	
12. City	13. State	14. ZIP code	15. County

Needed information: Head of Household

16. Phone number		17. Other phone number	
18. Email		19. # of people listed on the application	
20. What is your preferred language, if not English? Spoken _____		Written _____	
21. Is anyone on this application in prison or jail? <input type="checkbox"/> Yes <input type="checkbox"/> No Please select No if this person will be released in the next 60 days. If Yes, who? Enter the name here: _____ If Yes, is this person awaiting trial? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Renewal: SACA-2: Who's Applying

STEP 2 Person 1

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

2. Gender Male Female

3. Relationship to you SELF

4. Are you applying for health or dental coverage for YOURSELF? Yes No
 If **Yes**, answer all the questions below in Step 2 for Person 1 (yourself).
 If **No**, answer Question 16 (accommodations), then go to the Income Information section on page 4.

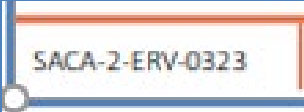
5. **Optional** What is your race or ethnicity? _____ Please see _____
 MassHealth is committed to providing equitable care for all members regardless of race, ethnicity, or language spoken. Please complete this question to help us meet your language and cultural needs. Know that your response is voluntary, confidential, and will not impact your eligibility or be used for any discriminatory purpose.

6. Do you have a social security number (SSN)? Yes No (optional if **not** applying)
 We need a social security number (SSN) for every person applying for health coverage who has one. There are exceptions for who has a religious exemption as described in federal law, who is eligible only for a nonwork SSN, or who is not eligible for a SSN is optional for persons not applying for health coverage, but giving us an SSN can speed up the application process. We to check income and other information to see who is eligible for help with health coverage costs. For more details on how to social security number, please refer to the Senior Guide for Health Care Coverage. If someone needs help getting a SSN, call Security Administration at (800) 772-1213, TTY: (800) 325-0778, or go to [socialsecurity.gov](https://www.socialsecurity.gov).
 If **Yes**, give us the number _____ - _____ - _____
 If **No**, check one of the following reasons. Just applied Noncitizen exception Religious exception
 Is your name on this application the same as your name on your social security card? Yes No
 If **No**, what name is on your social security card? _____
 First name, middle name, last name, and suffix

7. If you get an Advance Premium Tax Credit (APTC), do you agree to file a federal tax return for the tax year that the credits are received? Yes No
 You may not have needed or chosen to file a tax return in the past, but you will have to file a federal income tax return for any year that you get an APTC. You must check **Yes** to question 7 to be eligible for ConnectorCare or APTCs to help pay for your health insurance. **You do NOT need to file a tax return to apply for or to get MassHealth or HSN, if you qualify.**
 If **Yes**, please answer questions a–d. If **No**, skip to question d.

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- Complete all fields unless noted as “Optional”
- Use the latest version of the MassHealth application(s) and renewal form



MASSHEALTH LONG-TERM-CARE ELIGIBILITY REVIEW

MassHealth Long-Term-Care Eligibility Review Form



Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth



MassHealth Long-Term-Care Eligibility Review

Please **print clearly**. Please answer **all** questions and fill out **all** sections. If you need more space to finish a section, please use a separate sheet of paper (include your name and MassHealth ID number), and attach it to this form. **Please attach proof of all your income and assets.**

Section I: Member Information

Last name		First name		MI	MassHealth ID number or Social Security Number
Street address					City
State	Zip	Are you a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no		Telephone number Home/Cell:	

Section II: Member Income Information (Send proof of all income before taxes and deductions, except social security and SSI income.)

Type of income	Amount	How often received
Earned	\$	
Social security	\$	

Section III: Asset Information (Send most current statement for all assets.)

Type	Bank/Institution/Company name	Account/Policy number	Current amount
Bank accounts (includes checking, savings, credit union, certificates of deposit, personal needs accounts, trust accounts, money market accounts, retirement accounts (IRAs, Keogh, 401k))			\$
			\$
			\$
			\$
Life Insurance			Face Value \$
			Cash Surrender Value \$
Securities/Other (includes stocks, bonds, savings bonds, mutual funds, cash)			\$
Annuities			\$

[MassHealth Long-Term-Care Eligibility Review](#)

- Members in a Long-Term Care facility have **30 days** to respond

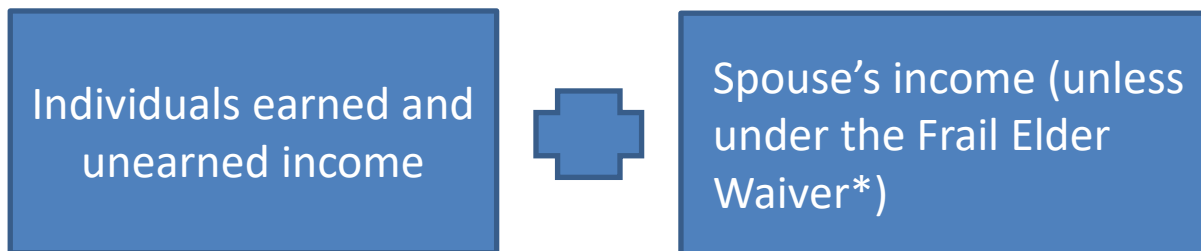
REMINDER:

Reporting Income Change

Income: Countable Income

- **Countable income** is less than or equal to 100% of the federal poverty level (FPL)
 - Unless individual is eligible for a waiver program (300% Federal Benefit Rate)

– Includes:



- And without regard to any deductions (gross amount)
- Earned Income: wages, self-employment, income from roomers and boarders
- Unearned Income: social security benefits, railroad retirement benefits, federal veteran's benefits, rental income, interest or dividend income, lump sum payment, annuities

Income: Non-Countable Income

- Income of any individual who is a recipient of EAEDC or SSI
- Income from disabled adult children
- Income from the Pickle amendment
- Income-in-kind (example- free rent)
- Money received from a loan secured by equity in the home of an individual 60 or older (reverse mortgage)
- Veterans' aid and attendance benefits, state veterans' benefits, unreimbursed medical expenses, housebound benefits and community residents
- Social security cost of living adjustments until the subsequent FPL adjustments for members who are community residents
- Retroactive social security and SSI benefit payments
- Any other income considered non-countable under Title XIX
- Certain income derived from an asset or resource that is non-countable according to ARRA regulations

Rental Income and Business Expenses

- Countable Rental Income:
 - The amount remaining after allowable business expenses have been subtracted
 - If property is owner occupied, amounts must be pro-rated
- Business Expenses: Allowable deductions include:
 - Carrying charges incurred within the last 12 months
 - Mortgage, Taxes, Insurance, Water & sewage, Heat & utilities
 - Non-Cosmetic Maintenance and repairs incurred within the last 12 months
 - Expenses prorated over a 12-month period
 - If owner occupied and repairs for entire house, must prorate
 - If repairs for rented property only, entire amount allowed

* MassHealth regulations: 130 CMR 520.010

Asset Limits

- Asset Limits – MassHealth Standard, Family Assistance & Limited:
 - Individual - \$2,000 or less
 - Married couple living together in the community - \$3,000 or less
- MassHealth looks at the current value of any assets owned by the applicant or member and compares them to the asset limits
- If married and live with their spouse, MassHealth counts the value of assets owned by the applicant or member and their spouse
- Information about assets and other figures that MassHealth uses:

[Program financial guidelines for certain MassHealth applicants and members](#)

Countable Assets

- Countable Assets (MassHealth Regulation: 130 CMR 520.000)
 - Countable assets include, but are not limited to- cash on hand- monies available to the individual or spouse
 - The value of bank accounts such as savings/checking accounts, trusts, CDs
 - IRAs, Keogh Plans, Pension Plans, Annuities
 - Securities – i.e: stocks, bonds
 - Vehicles – one vehicle per Community household is exempt
 - Real Estate – other than principal residence
 - Life Insurance – Total Cash Surrender Value (CSV) if Face Value exceeds \$1,500 per individual, total CSV is counted
 - Cash Surrender Value – the amount of money owed to the owner upon cancellation of the policy
 - Face Value – the value of the policy
 - Retroactive SSI/RSDI benefits retained after the grace period

Reporting Income Change

In response to the economic impacts of COVID-19, the federal government sent “recovery rebate” or “stimulus” payments to qualified individuals and families. MassHealth or Health Connector applicants or members who receive this money **should not** enter it as income in their application

For the purpose of MassHealth eligibility, one-time recovery rebates are treated in the same way as a tax refund, and as such, they **will not impact MassHealth eligibility, either as income or assets**



FEMA Disaster Funding for Lost Wages Assistance (LWA) Benefit



Massachusetts awarded FEMA disaster funding to provide enhanced unemployment benefits through the Lost Wages Assistance (LWA) program

The Division of Unemployment Assistance dispersed these funds. In summary, a \$300 supplemental benefit went to eligible claimants for the weeks ending 8/1/20 through 9/5/20

For the purpose of eligibility, these dollars are not countable for MassHealth (under 65 or over 65) eligibility. However, this supplemental benefit amount is countable when determining projected income for the Health Connector



SUBMITTING THE SACA-2 RENEWAL FORM ONLINE

Electronic Submission of SACA-2 Renewal



How to renew:

- New option to electronically submit SACA-2 renewals
- What does the member need?
 - E-Submission Reference Number
 - The DOB of the head of household, and
 - MassHealth ID number*

Note: If the Head of Household does not have a MassHealth ID number, the member can enter the MassHealth ID number for any other member of the same household

The Official Website of the Executive Office of Health and Human Services (EOHHS)

Health


An electronic way to submit documents that were requested by MassHealth

Complete the fields below to verify you may submit your document electronically or to access the fillable form that MassHealth requested.

Enter the e-Submission Number
(Located on the notice you received from MassHealth)

and

Enter the Head of Household's Date of Birth

and

Enter the Head of Household's Medicaid ID
(If Head of Household does not have one, enter MassHealth ID for any household member) ⓘ

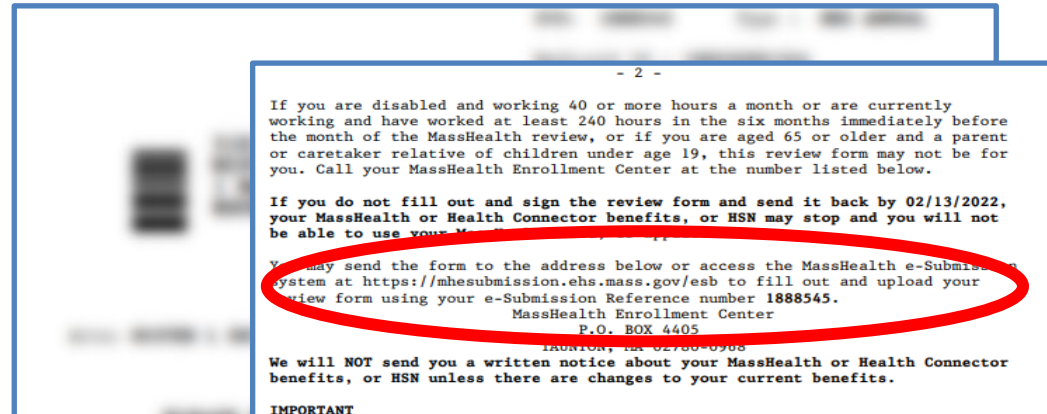
Verify

If you need additional help or your information could not be verified, please contact MassHealth Customer Service at (800) 841-2900 (TDD/TTY: 711 for people who are deaf, hard of hearing, or speech disabled).

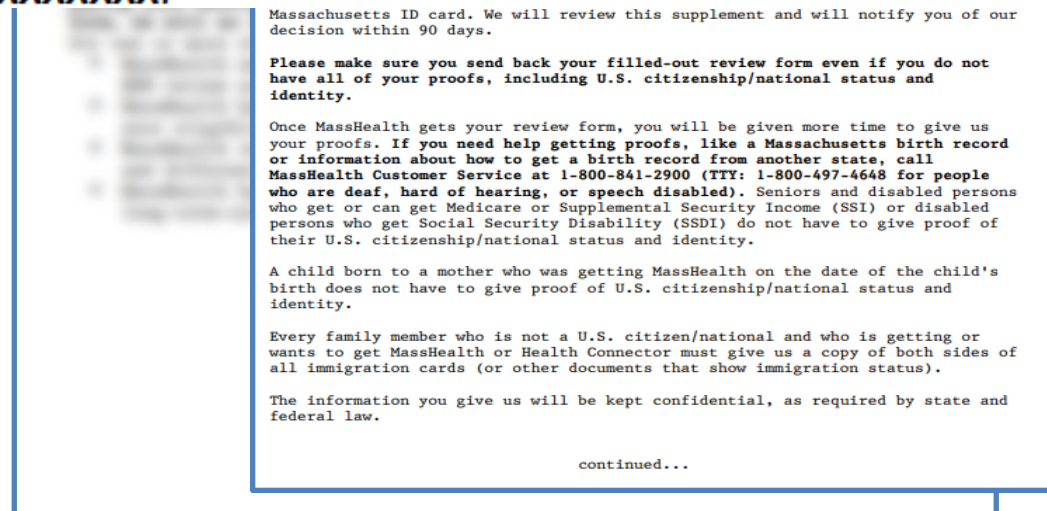
For Technical Support:

Phone: (800) 421-0938	TTY for the deaf and hard of hearing: (617) 847-6578	Monday - Friday 8:30 am - 5:00 pm
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Sample Notice



You may send the form to the address below or access the MassHealth e-Submission system at <https://mhesubmission.ehs.mass.gov/esb> to fill out and upload your review form using your e-Submission Reference number XXXXXXXX.



Steps to Electronic Submission of SACA-2 Renewal



- Members can download a fillable PDF or a DOCX of the SACA renewal in either English or Spanish to complete
- Upload the completed form through the web portal by clicking “Choose File” to select a file format and move to the next screen and set of questions:
 - SNAP benefits
 - Who’s helping you complete the renewal, and
 - Electronically sign the renewal
- Once the form is uploaded, a confirmation screen will provide a reference number, status of the upload, date submitted, and document processing status

File Uploaded: saca-2-env-0721 testfffyg.pdf

e-Submission Status			
e-Submission Number	Upload Status	Submission Date	Document Status ⓘ
1895908	Submitted	08/02/2022	Unprocessed

MEMBER NOTICES AND DECISION TIME STANDARD

MassHealth Eligibility Time Standard

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

* Before 4/1/23, during the FPHE members have 120 days from the receipt of the notice to request a fair hearing

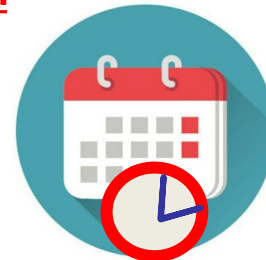
Types of Notices

Request For Information (VCT)

- MassHealth may initiate information matches with other agencies and sources when an application is received, and at annual renewal in order to update or verify eligibility
- If unable to verify these factors, individuals are required to submit supporting documentation
- **Submit all verification requests within 90 days of being notified (effective 4/1/23)**

MassHealth Renewals

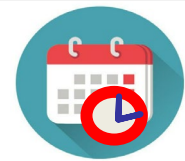
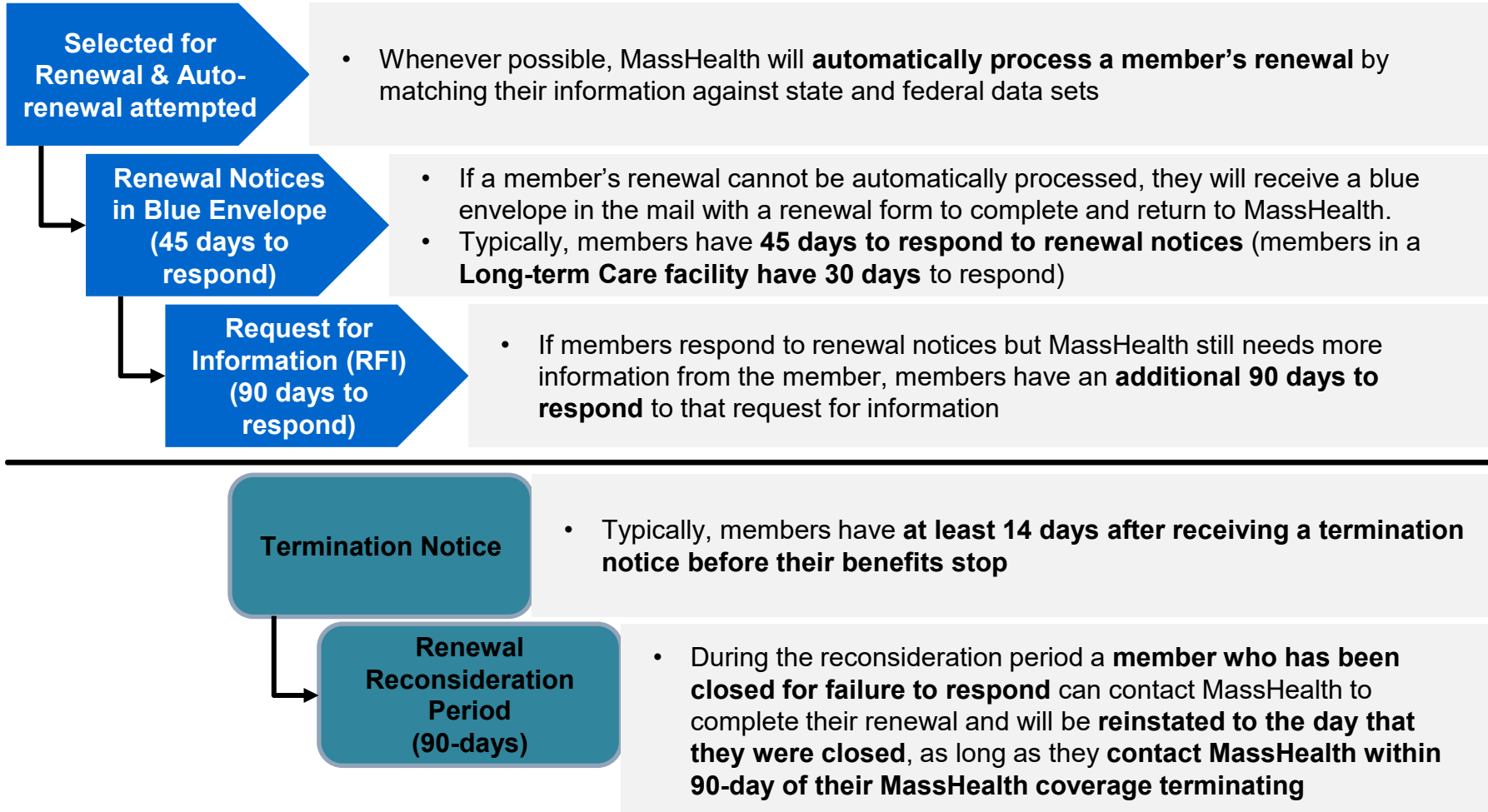
- MassHealth required to renew households annually
- Automatic and prepopulated renewals may be completed for eligible households
- Households not auto renewed are sent letters to heads of households
- **Submit within 45 days of notification**



Disability Supplement

- If an individual claims they have an injury, illness, or disability expected to last at least 12 months
- Individuals that are deemed disabled through the Social Security Administration, or Massachusetts Commission for the Blind, do not have to submit these supplements

Overview of Member Renewal Timelines



MASSHEALTH 2023-2024 REDETERMINATION

MassHealth Response to the COVID-19 MOE



MassHealth 2023-2024 Eligibility Redetermination



In the Families First Coronavirus Response Act (FFCRA), MassHealth received enhanced federal funding for adhering to the Maintenance of Effort (MOE) provision.

- This provision meant that individuals receiving Medicaid would generally not lose coverage unless they voluntarily withdrew, moved out of state, or passed away.
- This provision did not apply to children in certain types of coverage, whose eligibility continued to be updated, which could result in loss of coverage.



As a result of the MOE provision, MassHealth's caseload increased significantly from 1.8M members to over 2.3M members (+>25%) since February 2020.

- Many members have had their eligibility protected because of continuous coverage requirements that went into effect as part of the FFCRA.
- This means that individuals whose coverage would have normally been lost or downgraded – because of loss of eligibility or non-response to a renewal attempt – maintained coverage.



The continuous coverage requirements that were part of the MOE provision end on April 1, 2023, and members' coverage may begin to change.

- Federal rules require that all member redeterminations must be initiated in the first 12 months of a state's redetermination process and completed within the first 14 months.
- Previously, the continuous coverage requirement was tied to the federal public health emergency (FPHE); however, recent federal legislation has decoupled this from the FPHE and set a planned end date of continuous coverage for April 1, 2023, while the FPHE (and related flexibilities) will remain in effect.

2023-2024 Redetermination

MassHealth has continued its renewal processes during the MOE period, meaning many members have been renewed as normal in the last 2 years

Redetermination timing for a specific household depends on whether the member was renewed as normal or MOE-protected



Member renewed as normal:

Member renewed at the same or greater level of coverage during the MOE period



Member will be selected for renewal 12 months after last renewal*



Member eligibility was protected

during MOE period: Member did not respond, was found ineligible, or was found eligible for a lower benefit over the last two years



Member will be selected for renewal in the first ~9 months of the redetermination process

Member Renewal Process:

For each renewal, **MassHealth must “start over” its redetermination**, even if the member was determined ineligible during their most recent renewal.

1. Whenever possible, MassHealth will **automatically process a member’s renewal** by matching their information against state and federal data sets.
2. 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.**
3. Members **must submit the requested information** to receive the best health benefit they qualify for.

How is this Renewal Cycle Different?



MassHealth completes renewals every year; this upcoming renewal cycle starting April 1, 2023 is different due to renewal volume and lack of member awareness

How this renewal cycle will be the **same**:

1) Renewals are a regular annual requirement

- MassHealth processes renewals every year, including while members' coverage was protected as part of the continuous coverage requirements that started during the FPHE

2) Use of standard tested processes

- MassHealth will use its regular proven process for completing upcoming renewals (with additional new enhancements to streamline the processes further)

How this renewal cycle will be **different**:

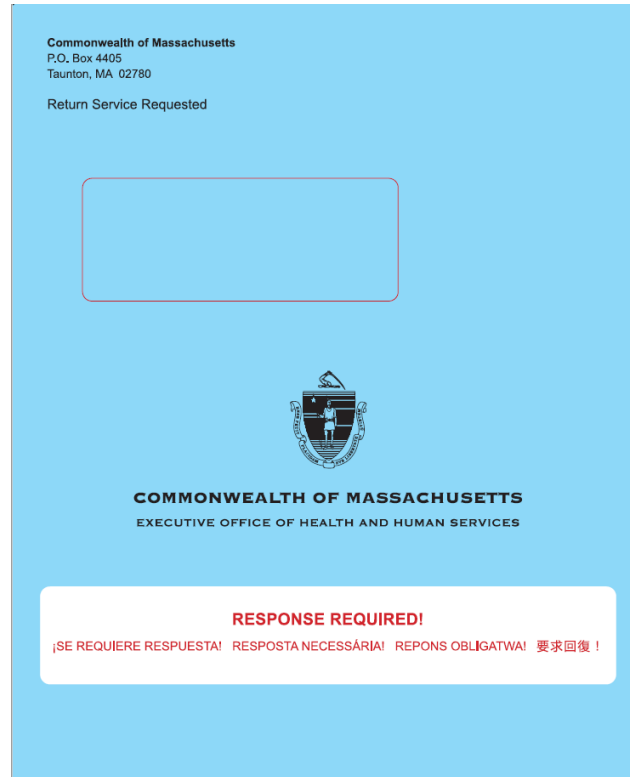
1) Increased volume of renewals to be processed

- Due to the continuous coverage requirements, MassHealth enrollment is currently ~2.3M (up from 1.8M) and all 2.3M members will need to be redetermined

2) Lack of member familiarity and awareness

- While members have experienced the renewal process throughout the FPHE, they have generally not experienced any coverage repercussions if they did not reply to renewal requests for information. This creates the risk that members will not take the needed actions to ensure they will keep the level of MassHealth coverage that they are eligible for

Tell Members to Look Out for the Blue Envelope!



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 or Verification (arrive in white envelopes)

Strategies to Support Redetermination

MassHealth is continuing its preparation for the upcoming redetermination process in coordination with internal and external stakeholders

Goals:

- 1** **Prevent administrative loss of coverage*** as much as possible, especially for most vulnerable
- 2** **Ensure members understand** and can complete key actions to receive the appropriate health benefit
- 3** **Maintain compliance** with federal and state requirements

Focus Areas:



**Administrative loss of coverage is when a member loses coverage due to procedural reasons (e.g., needed information not provided), as opposed to loss of coverage due to ineligibility*

Implementing system changes



Implementing system changes: MassHealth is implementing system and policy changes to adhere to federal requirements and enable a smoother renewal process for members

Increase reasonable compatibility threshold from 10% to 20%

- MassHealth will process an application automatically as long as the reported income matches the data hub information within a 20% buffer range (up from 10%), enabling the renewal to proceed without additional member involvement required

Align response timelines across Modified Adjusted Gross Income (MAGI)* and non-MAGI populations**

- This will provide all members with 90 days to respond to requests for information and with a 90-day renewal reconsideration period

Implement system changes to make the renewal process easier for members:

- **MassHealth designed a shortened Senior Affordable Care Act (SACA) renewal form** for most non-MAGI members¹
- Implemented **self-service Interactive Voice Response** enabling members to understand what documents are outstanding without having to speak to an agent
- Developed eSubmission application to **enable an online option for renewals for 65+ population**

Validate and update member contact information from trusted sources in alignment with federal best practices

Execute system changes to align with federal requirements regarding eligibility protections and adverse actions

**The MAGI population includes individuals, families, and people with disabilities who are 64 years old and younger, or 65+ and parent/caretaker of a child(ren) under the age of 19*

***The Non-MAGI population includes seniors and populations who receive long-term care, comprising of Seniors 65+ in the community, 18+ receiving services through HCBS Waiver, Children up to age 9 with Autism Spectrum Disorder, Disabled children up to age 18 that require skilled nursing LOC living in community (Kaileigh Mulligan), and Individuals of any age living in nursing home or other LTC facility*

¹Members who will not be able to use the shortened SACA renewal form include members who have turned 65 during the FPHE, Kaileigh Mulligan renewals, mixed age households, long term care/MSP annual renewals, and households with one or more individuals receiving Health Connector

Community Outreach Strategies

Executing outreach: Conduct outreach campaign with Health Care for All (HCFA)

HCFA received \$5M in funding from state legislature to support redetermination. In partnership with MassHealth and the Connector:

- Held **member focus groups** to hear feedback on communications approach
- Identified **key messaging and branding** for the “Your Family, Your Health” campaign
- **Developed three key prongs of outreach campaign:**
 - **On-the-ground outreach** (canvassing as well as tabling at local events and community spaces) in target communities
 - **Grants to community-based organizations**, focusing on target communities and populations
 - **Community-oriented media buy** (radio, TV, newspaper, social media)



Targeted Outreach Communities	
• Boston	• Lynn
• Brockton	• Malden
• Chelsea	• New Bedford
• Everett	• Quincy
• Fall River	• Revere
• Framingham	• Springfield
• Lawrence	• Worcester
• Lowell	

BEST PRACTICE

Ensuring Completeness of Application

- **Answer all questions, write, and print clearly**
 - Answer **“Yes” or “No”** to all questions
 - If **“Yes”** make sure to send documents
- Sign **AND** date the application(s)

The following can cause delays in processing and determining an application include:

- No or wrong address; if homeless use the mailing address of shelter, if applicable
- No information, or only partially complete page(s), using not-applicable (N/A), crossed out questions
- Faxing or mailing copies of documents that are too small or too dark or light to read, rendering them unreadable
- Only listing the name of the other spouse, not completing a Person page for each member of the household or those applying
- Missing or incomplete information: income, asset, immigration status

Reminders and Best Practice

- Not faxing **all pages** (both sides of the application) or faxing to the incorrect number or location

When faxing or mailing

- Use the [MassHealth Mail/Fax Coversheet](#)
- Put identifying information on documents such as name, D.O.B, and or SSN
- Do not refax or remail documents
 - Once you submit an application, annual review or other materials, do not submit the same item repeatedly
 - You can fax it or mail it – but don't do both
- Submitting duplicate documents adds to workload resulting in delays to processing
 - **Please allow time for initial processing after document submission**

Verifications

- Submit verifications with renewal form:
 - Current proof of assets and income before deductions (Don't have to send proof of social security or SSI income)
 - Proof of US Citizenship/naturalization status and identity for every member who is a US citizen or national if proof hasn't been provided before
 - A copy of both sides of all immigration cards (or other documents that show immigration status)
 - Copies of current health insurance premium bills, except Medicare
 - SSN (if proof hasn't already been provided)
 - **Sign and date the renewal form**
- Resource: [Senior Guide to Health Care Coverage](#)

RESOURCES

Additional Resources

MassHealth Renewal Overview

- [MassHealth Eligibility Redeterminations](#)
- Learn more about how members can renew their coverage:
 - [Renew your MassHealth coverage for seniors and people who need long-term-care services](#)
 - [Frequently asked questions for MassHealth members aged 65 and older](#)
- [MassHealth Member Forms](#)
- [2023 MassHealth Income Standards and Federal Poverty Guidelines](#)





Thank You!