

## ConnectorCare Advocacy Guide

### Errata Sheet for May 2019 Bound Edition

#### **18. How does ConnectorCare work with MassHealth Limited and the Health Safety Net?**

**The Health Safety Net.** The Health Safety Net (HSN) is available to state residents with income that does not exceed 300% FPL using the MassHealth MAGI and income verification rules. Acute care hospitals and community health centers bill HSN for services to HSN-eligible individuals who are uninsured or underinsured. However, if HSN-eligible individuals are also found eligible for ConnectorCare, it will limit their HSN eligibility period. Such individuals will be eligible for HSN from the “medical coverage date” (10 days prior to the date of application for those under 65) and for up to 90 days after the date they are found eligible for HSN. See, MassHealth Eligibility Operations Memo 18-02 (July 1, 2018)

<https://www.mass.gov/files/documents/2018/07/02/eom-18-02.pdf>. After that time elapses, or they enroll in ConnectorCare, whichever comes first, they will retain HSN only for adult dental services not covered in ConnectorCare. *An individual who fails to enroll in ConnectorCare when eligible to do so will later lose all HSN benefits except for dental.*

#### **15. What is open enrollment?**

**Enrolling outside of open enrollment** or changing plans once enrolled is only allowed after a “qualifying event” creates a “special enrollment period” (SEP) during which an individual may enroll or change plans. Generally the SEP is 60 days from the qualifying event. Being found newly eligible for ConnectorCare automatically triggers a special enrollment period.

### **Part 8 Additional Resources**

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The ConnectorCare Advocacy Guide (2019) is also available as an online book  
<https://www.masslegalservices.org/content/connectorcare-advocacy-guide>