

How to Apply for Public Health Insurance Benefits in Massachusetts



HEALTH CARE FOR ALL

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Agenda

1. What is Health Care For All?
2. Overview of public health coverage options
3. How to apply
4. Application and enrollment tips



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What is Health Care For All?



- Non-profit, health care advocacy organization
- HelpLine @ 1-800-272-4232 (Spanish, Portuguese, and English)
- Fill out applications for free, low cost, and private health insurance coverage over the phone!
- We help to answer questions and troubleshoot almost any health insurance coverage issue.



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Public Health Care Coverage Options in Massachusetts

- Medicaid (MassHealth)
- “Help paying for health insurance” via the Health Connector (Mass. health ins. marketplace)
- Health Safety Net (“free care”)
- Children’s Medical Security Plan (CMSP)



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How to Apply (>65)

A person over age 65, or households with at least one person over age 65 (unless child under 19), or a person seeking long-term care services must fill out:

- ✓ **Paper** SACA-2 application (7/17)

<http://www.mass.gov/eohhs/docs/masshealth/membappforms/saca-2-english.pdf>



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How to Apply (<65)

A person can fill out one application for MassHealth, the Health Connector, HSN and CMSP in one of these ways:

- ✓ Online: www.MAhealthconnector.org
- ✓ Over-the-phone: 877-MA-ENROLL (877-623-6765)
- ✓ In-person with a Navigator or Certified Application Counselor (CAC)
- ✓ ACA-3 (7/17) Paper application [**NOT RECOMMENDED**]



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Application Tips & Best Practices



Photo credit: Wendy Maeda/Globe Staff

- Apply online, over-the-phone or in-person
 - Paper applications take longer to get processed.
 - Benefits may be delayed.
 - Navigators and CACs can help.



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How to Find an Enrollment Assister

<https://www.mahealthconnector.org/help-center>

MASSACHUSETTS
HEALTH CONNECTOR
the right plans for the right plan

GET STARTED ▾ LEARN ▾ ABOUT ▾

Help Center

Getting Started Guide

Read our guide to find the information you need to know before you start your application, plus answers to frequently asked questions that will help you all the way through enrollment.

[Start Here Now](#)

FIND AN ENROLLMENT ASSISTER

Enrollment Assistors can help you understand new coverage options available as a result of national health care reform and find the most affordable coverage that meets your needs.

These trained and certified individuals can help you from application through enrollment into new health insurance plans and answer your questions about your eligibility, application, payments, plan details, and health care reform rules and requirements.

www.mahealthconnector.org/help-center

Helpful Documents for an Application

- Social Security Numbers and dates of birth
- Income information (ex. most recent tax form, current pay stubs, etc.)
- Immigration documents (ex. green card, certificate of naturalization)
- Health insurance information and card(s) (if applicable)



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Online Application Process



- Step 1: Create an account (Optum ID)
- Step 2: Verify email
- Step 3: Create an account (www.MAhealthconnector.org)
- Step 4: Complete identity proofing (IDP)
- Step 5: Fill out and submit application
- Step 6: **Shop** for a health plan (if applicable)
- Step 7: **Enroll** in a health plan (if applicable)
- Step 8: **Pay** premium by 23rd of the month (if applicable)



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Application Tips & Best Practices: Identity Proofing

Step 1: Will the applicant(s) be able to prove their identity if they fail IDP?

ID Proofing Accepted Documents

- Driver's license issued by state or territory
- School identification card
- Voter Identification card
- military draft card or draft record
- Identification card issued by the federal, state, or local government
- U.S. passport or U.S. passport card
- Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Document that contains a photograph (Form I-766)
- Military dependent's identification card
- Native American Tribal document
- Coast Guard Merchant Mariner card
- Foreign passport, or identification card issued by a foreign embassy or consulate that contains a photograph

If you can't provide a copy of one of the above documents, you can send us a copy of two of the following documents instead:

- Birth certificate
- Social Security card
- Marriage certificate
- Divorce decree
- Employer identification card
- High school or college diploma (including high school equivalency diplomas)
- Property deed or title



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Application Tips & Best Practices: Identity Proofing

Step 2: Make sure to enter the person's name and SSN **EXACTLY** how it appears on their Social Security Card, US Passport or other government issued document (ex. visa, green card, etc.).

Step 3: If the applicant fails IDP, try another household member(s) that may be able to pass.

Step 4: Use Health Connector customer service, or the assister line, to resolve IDP issues by providing verification of identity to unlock the online account.


Step 5: Complete the online application once the account is unlocked and the applicant's identity is verified.




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Application Tips & Best Practices: Massachusetts Residency - Online App.

Intend To Reside

* When you see a star (*), you must complete the field.
When you see an , roll over it to get definitions and learn more.

* Please select the member's who are Massachusetts residents who intend to reside in Massachusetts, even if they do not have a fixed address.

- 
- 
- 
- 
- None of these people

Back

Save and Continue

*****An applicant must check off the box next to each household member's name or they will be denied health care coverage in Massachusetts. *****



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Application Tips & Best Practices: Massachusetts Residency - ACA-3 Paper App.

-
12. Are you living in Massachusetts, and you either intend to reside here, even if you do not have a fixed address, or you have entered Massachusetts with a job commitment or seeking employment? Yes No
If you are visiting in Massachusetts for personal pleasure or for the purposes of receiving medical care in a setting other than a nursing facility, you must answer no to this question.
-

*****An applicant and all family members must answer 'yes' to question number 8 or they will be denied health care coverage in Massachusetts. *****



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How to Prove Massachusetts Residency

Mail or fax a copy of one of the following documents:

- ✓ Copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year)
- ✓ Copy of lease and record of most recent rent payment
- ✓ Mortgage deed showing primary residence
- ✓ Nursery school or daycare records (if school is private, additional documentation may be requested)
- ✓ Current utility bill or work order dated within the past 60 days
- ✓ Statement from a homeless shelter
- ✓ School records (if school is private, additional documentation may be requested)
- ✓ Section 8 agreement
- ✓ Homeowner's insurance agreement
- ✓ Proof of enrollment of custodial dependent in public school
- ✓ **An affidavit supporting residency (does NOT have to be notarized)**



Source: <https://www.mahealthconnector.org/verification-documents#residency>

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Affidavit for Proof of Massachusetts Residency for Health Coverage

1/31/2018

Applicant's Full Legal Name:
Applicant's SSN [If applicable]:
Applicant's DOB:
Applicant's member ID [If applicable]:
Street Address:
Phone Number:
E-mail Address [If applicable]:

To Whom It May Concern,

I certify that I, _____, live at _____.

I certify that I, _____, have lived at this residence for beginning on _____. Please accept this as proof of my Massachusetts residence for health coverage purposes.

I, _____, certify that the above information is true and accurate. I am not visiting Massachusetts for personal pleasure (e.g. vacation) or for the purpose of receiving medical care in a setting other than a nursing facility. I realize that should any of this information be false, I am liable for any penalties which the law provides under criminal or civil codes.

Thank you,

Applicant Sign Here

Applicant's Name Here

Today's Date

Fax to 1-857-323-8300;
or
Mail to:
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780



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Application Tips & Best Practices: Who to Include

STEP 2 Tell us about your household.

Who do you need to include on this application?

Tell us about all the household members who live with you. If you file taxes, we need to know about everyone on your tax return. You do not need to file taxes to get MassHealth.

DO Include

- Yourself and your spouse (if married)
- Your natural, adoptive, or step children younger than age 19
- Your unmarried partner who lives with you if you have children together who are younger than age 19
- Your unmarried partner's children who live with you and who are younger than age 19, if you also include this partner
- Anyone you include on your tax return (even if they do not live with you)
- Anyone your unmarried partner included on his or her tax return (even if they do not live with you), if you also include your unmarried partner
- Anyone else younger than age 19 who you live with and take care of

You DO NOT have to include

- Your unmarried partner, unless you have children together
- Your unmarried partner's children, unless they live with you or your unmarried partner included them on his or her tax return
- Your parents whom you live with and who file their own taxes if they do not claim you as a tax dependent (if you are aged 19 or older)
- Other adult relatives whom you do not claim as a tax dependent

The amount of help or type of program you may qualify for depends on the number of people in your household and their incomes. This information helps us make sure everyone gets the coverage they may be eligible for.

COMPLETE STEP 2 FOR EACH PERSON IN YOUR HOUSEHOLD. Start with yourself, then add other adults and children.

*****Make sure to include all household members on the form, even if they already have MassHealth or Health Connector coverage.*****

Application Tips & Best Practices: No SSN

- If the answer to question 5 is “No”, then you must check one of the boxes underneath the question.

5. We need a social security number (SSN) for every person applying for health coverage who has one. An 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 needs help getting an SSN, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778 for people who are deaf, hard of hearing, or speech disabled), or go to socialsecurity.gov. Please see the Member Booklet for more information.

Do you have a social security number (SSN)? Yes No

If yes, give us the number (optional if not applying) _____ - _____ - _____

⇒ 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?

*****If you do not check one of the boxes underneath, the application is considered “Missing Critical Data” and will not be processed until the member provides an answer to the question.*****



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Application Tips & Best Practices

- If members want to keep their MassHealth or Health Connector coverage, or they want to get coverage for the first time, they must mark “yes.”

* Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. ⓘ

- Yes, I want to see if I can get MassHealth or help paying for health care
- No, I don't want any help paying for health care ⓘ
- I'm not sure ⓘ



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Application Best Practices: Homeless

- If applicable, make sure to check off “No home address” to signify that a member(s) is homeless.

No home address. Note: if you check this box, you must provide a mailing address.

4. Home address			5. Apartment or suite number	
6. City	7. State	8. ZIP code	9. County	
10. Mailing address <input type="checkbox"/> Check if same as home address.			11. Apartment or suite number	

*****Homeless applicants do not have to verify Massachusetts residency if the ‘No home address’ box is checked and no mailing address is listed.*****



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Application Best Practices: Disabled

- If applicable, make sure to check off “yes” that a member(s) is disabled.

13. Do you have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer yes. Yes No



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Application Best Practices: Income



- Do not list income on the application that is “non-countable” including:
 - SSI
 - Child support
 - Worker’s compensation
 - Veteran’s disability payments
 - SSDI for children that do not have to file a tax return
 - Income for dependents that do not have to file a tax return
 - Student loans or gift income



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*****If submitting a paper application include income verifications with the application*****

Application Best Practices: Proving Cash Income

Date _____

Applicant's name _____
Address _____
Telephone number _____

To Whom It May Concern:

I, _____, am writing you this letter as proof of my income because I am paid in cash and have no pay stubs. I work as a [occupation] _____ and I make [cash amount] \$ _____ every _____ [frequency of pay].

Thank you so much for your help.

Sincerely,

(Signature)

Printed name



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Application Best Practices: Income

- Remember: "Your total expected income for the current calendar year" should be after subtracting deductions and business expenses.

DEDUCTIONS

31. Check all that apply. Give the amount and how often you get it.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. NOTE: You should not include a cost that you already considered in your answers to net self-employment income, net rental or royalty income, or net farming or fishing income.

Alimony paid \$ _____ How often? _____ Student loan interest \$ _____ How often? _____

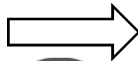
Other tax deductions (business expenses, IRA contributions, contributions to taxable retirement income, deductible part of self-employment tax, educator expenses, health savings account contributions (deduction), moving expenses, penalty on early withdrawal of savings, self-employment health insurance, self-employment retirement plan, and tuition and other school-related costs). Do not include any type of deduction that is not listed in this section.

Type _____ \$ _____ How often? _____

YEARLY INCOME

32. What is your total expected income for the current calendar year? _____

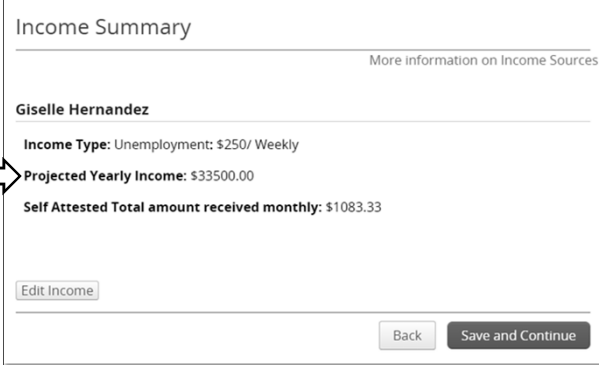
33. What is your total expected income for next calendar year, if different? _____



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Application Best Practices: Income

- When updating a consumer's income, make sure to adjust the 'projected yearly income' accordingly.



Income Summary [More information on Income Sources](#)

Giselle Hernandez

Income Type: Unemployment: \$250/ Weekly

Projected Yearly Income: \$33500.00

Self Attested Total amount received monthly: \$1083.33



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Application Best Practices: Should I submit a new application?

Do not submit more than one application per household!

- ✓ A household should only have one account in the new online system.
- ✓ Duplicate applications lead to duplicate MassHealth ID numbers and can cause problems for members.
- ✓ MassHealth is working to resolve duplicate MassHealth ID numbers, but no resolution yet.
- ✓ If you have a patient with duplicate MH IDs, escalate the case via customer service or the assister line.



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Additional Application and Enrollment Tips

- Make sure to answer all questions on the application
- Fax information whenever possible
 - Make sure the applicant's name, SSN, DOB, and Medicaid ID number are on all documents submitted & make clean copies
 - Include the cover page of the notice that was mailed with the request for information
- Use the homeless, pregnancy and disability check-off boxes when applicable
- Fill in preferred language, race, & ethnicity
- Use 'Permission to Share' (PSI) & 'Authorized Rep. Designee' (ARD) forms
- Provide pay stubs/income verification that is current and reflects current income situation **and** write how often applicant gets the income
- Remind applicants of the need to update the Health Connector or MassHealth with any changes in their household, especially income. Also remind households that receive tax credits to file taxes.



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When to Apply



- Don't wait to apply!
 - 90-day "provisional coverage" - applicants can get benefits from the Health Connector and certain people can get MassHealth before additional documentation is submitted and processed



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Provisional Coverage

- If a new applicant would qualify based on their income for MassHealth or Health Safety Net coverage, but the system is unable to match the income, they will not get a determination until income proof has been processed.

These are the following exceptions:

- Applicants who have attested to be HIV positive, pregnant, or have breast or cervical cancer will still get provisional MassHealth
- Applicants under the age of 21



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Provisional Coverage

- If an applicant submits the requested income within the 90 day window their coverage will go back ten days before the application was processed
- If income is submitted after the 90 days they are given to submit verifications eligibility will go back ten days from the date the income and other verifications are received



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What to Expect After Submitting an Application

- **Online or over-the-phone application:**
 - An applicant(s) will receive a real-time eligibility decision.
 - If found eligible for MassHealth and there is no request for income, the applicant can use their coverage right away.
 - If they would be eligible for MassHealth or the Health Safety Net but income is requested they must submit income to get coverage.
 - If found eligible for Health Connector, the applicant must select a health plan **and** pay their premium by the 23rd of the month to start coverage for the 1st of the next month.
- **Paper application:**
 - An applicant(s) will receive an eligibility decision in the mail within 45 days.
 - An applicant **does not** have coverage until an eligibility decision is made.



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After the Application



- Always respond to MassHealth & Health Connector notices that request more information
 - Provisional eligibility only lasts 90 days
 - If a person does not respond to a notice from the Health Connector or MassHealth, they may lose their coverage or not get a determination.



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Questions???

