

How to Apply for Public Health Insurance Benefits in Massachusetts

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Agenda



1. What is the Mayor's Health Line?



2. Health Coverage Options in Massachusetts



3. How to Apply



How to stay covered

The Mayor's Health Line

MHL is a program of the Boston Public Health Commission. MHL has been operating for over 35 years as a free, multilingual, confidential, information and referral service line. We help all residents regardless of immigration status.

Boston's health & social service referral line

Services are free and confidential

Accept walk-ins, appointments, and phone calls

7 certified Navigators & 3 SHINE Counselors

Multilingual staff:

*English, Cape Verdean Creole, Haitian Creole, French Portuguese, Spanish
& access to language line*



MHL Services



Health Insurance
Assistance

MassHealth
Health Connector
Medicare



Dental Coverage Assistance



Help finding a Primary Care Doctor



Health and Social Services



211HELPSteps

<https://helpsteps.com/>



SNAP application



Contact us:

1010 Massachusetts Ave.

2nd Floor

Boston, MA 02118

617-534-5050

MayorsHealthLine@bphc.org

Hours:

Monday - Friday

9am - 5pm

Public Health
Care Coverage
Options in
Massachusetts

MassHealth

MA Health Connector

Health Safety Net (HSN)

Children's Medical Security
Plan (CMSP)

How to Apply Over 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:

- ✓ Online (PDF version)
- ✓ SACA-2 Paper application (fax or mail)
- ✓ In-person: with a Navigator or MassHealth Enrollment Centers (MECs)

<https://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services>



How to Apply Under 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, Certified Application Counselor (CAC), MECs

ACA-3 Paper application [NOT RECOMMENDED]



Application Tips

Apply online, over the phone or in person

- Real-time eligibility
- Navigators and CACs can help – services are FREE, confidential and multi-lingual
- Know immediately what proofing documents the state requires
- 1:1 assistance with understanding eligibility and enrollment

Proofing documents

- If possible, send proofing documents when you apply (both paper application and online).
- Better to upload proofing documents into your portal or FAX the documents.
 - Save confirmation of submission
- Call customer service to check that proofing documents were received.



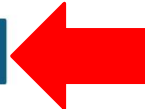
Getting Started Guide

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.

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.



Individuals and Families

Local Help

Certified Application
Counselors (173)

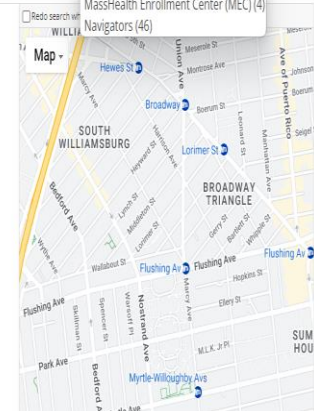
Health Connector Walk-in
Centers (3)

MassHealth Enrollment Center
(MEC) (4)

Navigators (46)

Listings

No entries were found.



How to Find an Enrollment Assister

www.mahealthconnector.org/help-center

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)

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

Send **one** of the following documents:

- Driver's license issued by state or territory
- School identification card
- U.S. Voter Identification card
- U.S. 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

Please don't send original documents. The document(s) you send must have either a photograph or other identifying information such as name, age, sex, race, height, weight, eye color, or address. We may ask you additional questions about your documentation in order to verify your identity.

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, the Health Safety Net, or the Children's Medical Security Plan, if you qualify.

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 their 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

DO NOT 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 their tax return
- Your parents whom you live with if your parents file their own taxes and do not claim you as tax dependent (if you are age 19 or older)
- Other adult relatives whom you do not claim as tax dependents

***Include all household members on the form, even if they already have MassHealth or Health Connector coverage.**

Helpful Information & Documents When Applying for Coverage

Social Security Numbers and dates of birth

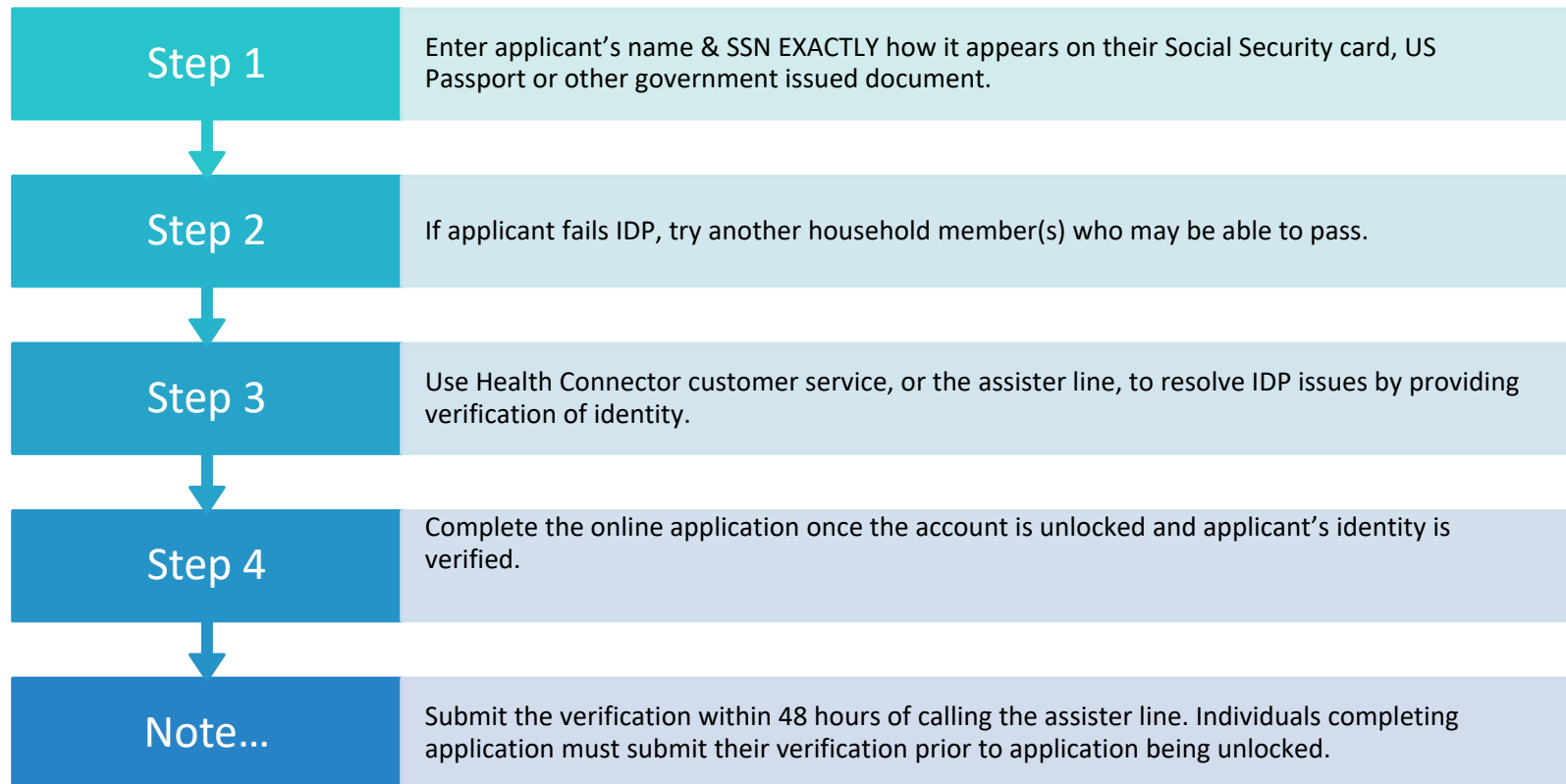
Income information (e.g. most recent tax form, current pay stubs)

Immigration documents (e.g. green card, visa, letters verifying pending status, certificate of naturalization)

Government issued ID (e.g. state ID, driver's license, passport)

Health insurance information and card(s) (if applicable)

Application Tips & Best Practices: Identity Proofing



Application Tips & Best Practices: Massachusetts Residency

Intend To Reside

When you see a star (*), you must complete the field.

When you see an **i**, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

* Please check the box next to the people in your household who live in Massachusetts now, even if they don't have a permanent (fixed) address, and plan to continue to live here while they have MassHealth or coverage through the Health Connector.

This includes anyone who has entered Massachusetts looking for a job in Massachusetts or anyone who has been offered a job in Massachusetts.

Do not select any member(s) who came to Massachusetts to visit for personal pleasure or to get medical care in a setting other than a nursing facility.

- ☒ [REDACTED] intends to reside in Massachusetts.
- ☒ [REDACTED] intends to reside in Massachusetts.
- ☒ [REDACTED] intends to reside in Massachusetts.
- ☒ [REDACTED] intends to reside in Massachusetts.
- ☐ 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.**

Application Tips & Best Practices: Massachusetts Residency

Paper Application guidance

STEP 2 Person 1 (continued)

16. Are you living in Massachusetts, and do you either intend to reside here, even if you do not have a fixed address, or have you 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 16 or they will be denied health care coverage in Massachusetts.**

How to Prove Massachusetts Residency

Submit 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 (i.e. copy of check)
- ✓ 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)**
 - ✓ <https://www.mahealthconnector.org/verification-documents>

Application Tips & Best Practices: No SSN

If the answer to question 10 is “No”, then you must check one of the boxes underneath the question.

10. 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 anyone who has a religious exemption as described in federal law, who is eligible only for a nonwork SSN, or who is not eligible for an SSN. 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 (800) 772-1213 (TTY: (800) 325-0778), or go to [socialsecurity.gov](https://www.socialsecurity.gov). For more details on how we use your social security number, please see the Member Booklet for Health and Dental Coverage and Help Paying Costs.

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

***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.**

Application Tips & Best Practices

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

Do you need help paying for health coverage?

There is currently no income limit for getting help with health coverage costs through the Health Connector. Choose "Yes" to see if you qualify for financial help.

*When you see a star (*), you must complete the field.*

When you see an ⓘ, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

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 coverage from the Health Connector
- ☐ No, I do not want MassHealth or help paying for health coverage from the Health Connector ⓘ

Application Tips & Best Practices

If members want to get screened for **SNAP benefits**, they must check off the box for screening through Department of Transition Assistance.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. 



Check this box if you want this 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 and sign to proceed with the application.

Checking this box does not submit the SNAP application to DTA until you read the DTA rights and responsibilities, sign, and submit.

What happens after you apply for SNAP benefits?

1. DTA will contact you to complete a phone interview.
2. DTA will work with you to verify information about your case.
3. You will get an Electronic Benefit Transfer (EBT) card to access benefits, if approved.
4. You will receive a notice about your decision within 30 days.

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

***This will prevent the case being closed for not receiving mail and give additional flexibility for applicable members**

Application Best Practices: Disabled

If applicable, make sure to check off “yes” that a member(s) is disabled on question #17:

17. 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

***Member may have to complete a Disability Supplemental form if disability is not automatically verified. MassHealth will send follow-up communication.**

<https://www.mass.gov/doc/masshealth-adult-disability-supplement-0/download>
<https://www.mass.gov/doc/masshealth-child-disability-supplement/download>

Application Best Practices: Income

Do not list income on the application that is “non-countable” including:

- SSI (Supplemental Security Income)
- Child support
- Worker’s compensation
- Veteran’s disability payments
- Student loans or gift income

Income to include that is not counted:

- SSDI for children that do not have to file a tax return
- Income for dependents that do not have to file a tax return

<https://www.mahealthconnector.org/how-do-i-answer-questions-about-income>

[Print](#)[Clear](#)

Fill out this form if you cannot provide the documentation needed to verify your income. You should always try to provide formal documentation if you can. See income verification documents types at <https://www.mahealthconnector.org/verification-documents>. This form will be accepted if an individual has made a good-faith effort to get income documentation but cannot due to the examples below.

You may use this form if:

- getting the needed documentation poses a safety risk to you,
- accessing the document is impossible due to circumstances outside of your control, or
- you have sent documentation that has repeatedly been rejected and you have no other acceptable proof of this type of income

Head of Household Name: _____

Other Household Members: _____

Reference ID/Member ID: _____

Phone Number: _____

Today's Date: _____

What is your total expected income for the current calendar year as stated on your application \$ _____

Select one option below: I am completing this form because:

- ☐ 1. I cannot access documentation to prove my income (Examples: The document is being withheld or you will not have documentation until sometime in the future).
- ☐ 2. Documentation to prove my income does not exist

Review the types of income listed in your *Request for Information*. Below, check off the types of income listed in your letter.

- | | | |
|--|---|--|
| <input type="checkbox"/> Proof of Job Income (including employer, job name, address, hours worked) | <input type="checkbox"/> Proof of Income from Capital Gains (or Losses) | <input type="checkbox"/> Proof of Alimony Received |
| <input type="checkbox"/> Proof of Self Employment Income | <input type="checkbox"/> Proof of Income from Interest, Dividends, or Other Investment Income | <input type="checkbox"/> Proof of Income from Canceled Debts |
| <input type="checkbox"/> Proof of Social Security Benefits | <input type="checkbox"/> Proof of Rental or Royalty Income | <input type="checkbox"/> Proof of Income from Court Awards |
| <input type="checkbox"/> Proof of Unemployment Income | <input type="checkbox"/> Proof of Farming or Fishing Income | <input type="checkbox"/> Proof of Income for Jury Duty Pay |
| <input type="checkbox"/> Proof of Retirement or Pension Income | | <input type="checkbox"/> Proof of Other Income from other source |

Income Detail – for each income type listed on the *Request for Information* you received in the mail, include the dollar amount received and the frequency with which it is received (monthly, quarterly, seasonally, or one time only).

Application Best Practices: Proving Income

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

Application Best Practices: Income

Remember: “Your total expected income for the current calendar year” should be after subtracting countable deductions and business expenses. This is prospective, what you anticipate your income will be.

DEDUCTIONS

36. What deductions do you report on your income tax return?

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. Check all that apply. Your deductions should be what you report on your federal income tax return in the section “Adjusted Gross Income.” For each deduction you select, give the yearly amount. You can enter up to the maximum deduction amount allowed by the IRS.

- ☐ Educator expenses: Yearly amount \$ _____
- ☐ Certain business expenses of reservists, performing artists, or fee-based government officials: Yearly amount \$ _____
- ☐ Health Savings Account deduction: Yearly amount \$ _____
- ☐ Moving expenses for members of the Armed Forces: Yearly amount \$ _____
- ☐ Deductible part of self-employment tax: Yearly amount \$ _____
- ☐ Contribution to self-employed SEP, SIMPLE, and qualified plans: Yearly amount \$ _____
- ☐ Self-employed health insurance deduction: Yearly amount \$ _____
- ☐ Penalty on early withdrawal of savings: Yearly amount \$ _____
- ☐ Alimony paid from a divorce, separation agreement, or court order that was finalized before January 1, 2019:
Yearly amount \$ _____
- ☐ Individual Retirement Account (IRA) deduction: Yearly amount \$ _____
- ☐ Student loan interest deduction (interest only, not total payment): Yearly amount \$ _____
- ☐ None

YEARLY INCOME

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

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




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](#)

When you see an , roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.



Income Type: Social Security Benefits: \$1,132.00/Monthly

Projected Yearly Income: \$13,584.00 

Self Attested Total Amount Received Monthly: \$1,132.00 

Deduction Type: None

Edit Income

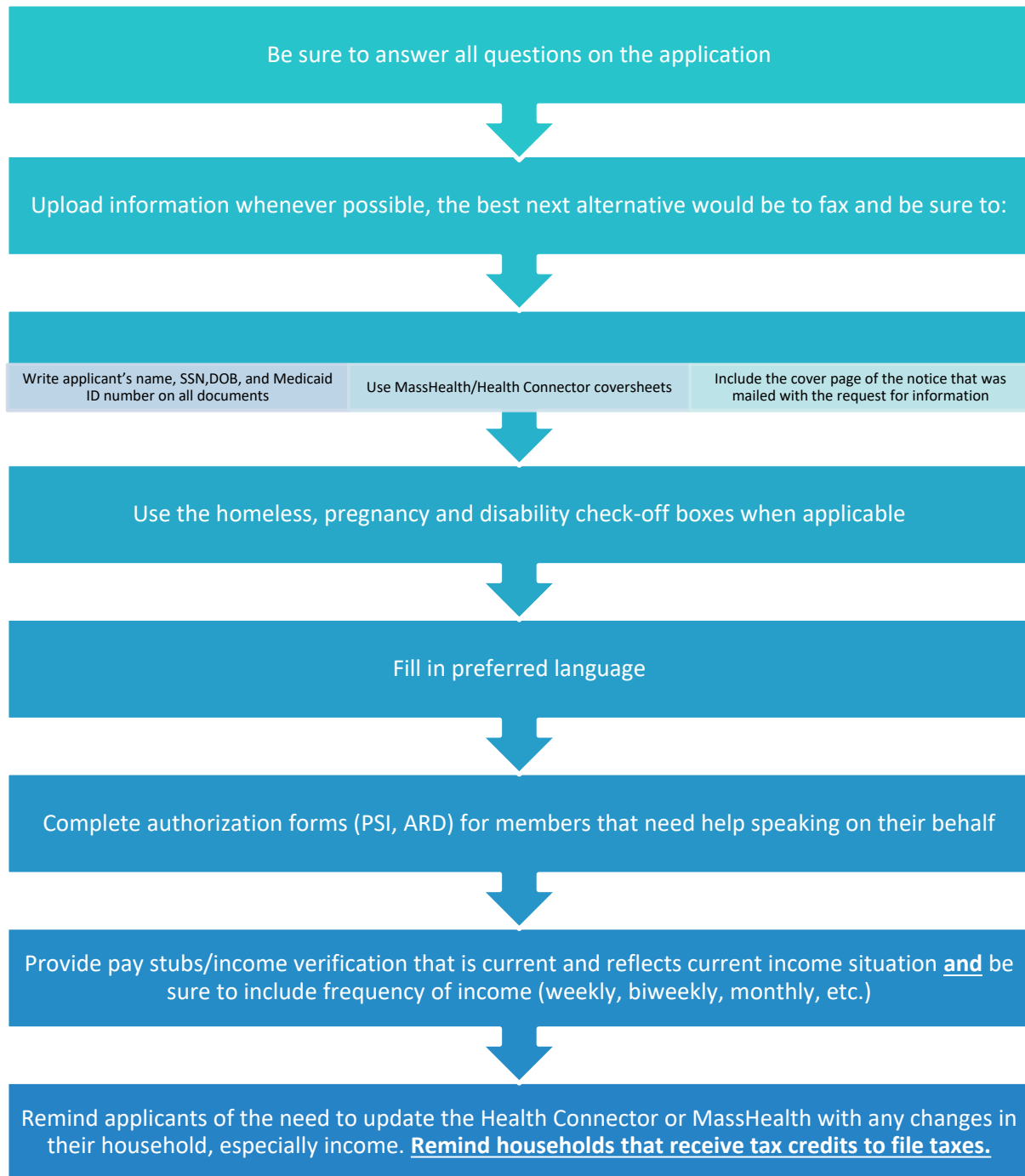


Application Best Practices: Should I submit a new application?

Do not submit more than one application per household.

- **A household should only have one account in the online system**
- **If you have a member with duplicate MH IDs, escalate the case via customer service or the assister line**
- **If unsure, call MassHealth/Health Connector to confirm if there is an application on file**
 - They'll be able to provide the correct REFID for the active application
- **If a member is looking to apply but found on another application**
 - Call the assister line to be removed from the other application and create a new application as Head of Household (HOH)

Additional Application and Enrollment Tips:



Provisional Coverage

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

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

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-day window the applicant will start coverage back ten days from the date the income (and other verifications) are received



What to Expect After Submitting an Application:

Online or over-the-phone application:

Applicant(s) receive real-time eligibility determination:

- **MassHealth eligible** (no income request): applicant can use coverage right away. If the member is ACO eligible, they will be auto-assigned a plan 14 days after being determined. They will have a 90-day plan selection period.
- **MassHealth / Health Safety Net** (income requested): must submit income to get coverage.
- **Connector eligible**: applicant must select a health plan & pay their premium by the 23rd of the month

Paper application/over 65 application:

Applicant(s) receive eligibility decision in the mail within 45 days.

- An applicant **does not** have coverage until an eligibility decision is made. Eligibility will be retroactive to ten days before the application was received, if the form is not missing critical data and/or verifications have been submitted within 90 days.

How to Stay Covered

Follow up with the state to confirm proofing documents have been processed



Update the state with any changes to your household: new address, birth of a child, new job, lost job, change in income, new phone number, newly eligible for employer sponsored health insurance



Read and respond to MassHealth & Health Connector notices

Provisional eligibility only lasts 90 days

If a person does not respond to a notice from the Health Connector or MassHealth, they may lose coverage or not get a determination.

How to Stay Covered

Renewals/MassHealth Redeterminations

- Be sure to review all notices received by the Health Connector/MassHealth and respond to any requests
- Review application during Health Connector Open Enrollment to ensure you have the correct eligibility for the following year
 - November 1st – January 23rd (Massachusetts)
- Renewal packets are sent in large blue envelopes to the mailing address MassHealth has on file
 - Be sure to complete the renewal and submit documents in the allotted timeframe to avoid gaps in coverage
- Update application with any new changes in the household that has not been reported for correct eligibility



Questions
