



ACA Learning Series

Massachusetts Health Care Training Forum

January 2015



Massachusetts ACA Learning Series

The purpose of this ACA Learning Series is to educate staff who currently assist Health Connector, MassHealth and Health Safety Net (HSN) members at Massachusetts hospitals, health centers and community-based organizations

- Introduce key concepts and create awareness
- Deliver important, detailed information that will prepare you for assisting populations you serve
- Provide you with specific information and training to help populations obtain coverage

Agenda

- Open Enrollment Update
- Income Guide
- Sample Notices
- Payment Information
- Frequently Asked Questions

Open Enrollment Update

Open Enrollment 2014-2015: Overview

This year's Open Enrollment period is from November 15, 2014 – February 15, 2015

- Individuals enrolled in the following programs WILL need to submit a new application during open enrollment.

This includes:

- Qualified Health Plans (QHPs) *with coverage ending 12/31/14*
- Commonwealth Care (CommCare)
- Medical Security Program (MSP)
- Temporary MassHealth Coverage
- Temporary MassHealth Limited
- Temporary Small Business Employee Premium Assistance

Open Enrollment 2014-2015: Overview (*cont'd*)

- Current MassHealth members who are receiving benefits through the following MassHealth programs DO NOT need to submit a new application during the Open Enrollment period:
 - MassHealth Standard
 - CarePlus
 - Family Assistance
 - Limited
 - Health Safety Net
 - Children's Medical Security Plan
 - CommonHealth

Open Enrollment 2014-2015: Transitioning Populations

What we need to accomplish during the 2015 Open Enrollment period:

- Outreach over 400,000 residents about open enrollment and applying for ACA-compliant coverage
- Assist all qualified persons in applying, shopping for and enrolling in a plan to avoid a gap in coverage

Currently Enrolled Populations	Count (as of 9/8/2014)	End Date of Existing Coverage	If eligible for Connector Coverage, Deadline to Apply and Select a Plan (to avoid gap in coverage)	If eligible for Connector Coverage, Payment Due Date
Qualified Health Plan (QHP)	~33K	12/31/2014	12/23/2014	12/23/2014
Commonwealth Care and Network Health Extend (formerly MSP)	~100K	1/31/2015	1/23/2015	1/23/2015*
MassHealth Temporary Coverage – Wave 1	~100K	1/15/2015	12/23/2014	1/23/2015*
MassHealth Temporary Coverage – Wave 2	~100K	1/31/2015	1/23/2015	1/23/2015*
MassHealth Temporary Coverage – Wave 3	~100K	2/15/2015	2/15/2015	2/23/2015*
Qualified Dental Plan/Small Group Medical/ Small Group Dental	~9K	Varies by anniversary date	Varies by anniversary date	Varies by anniversary date

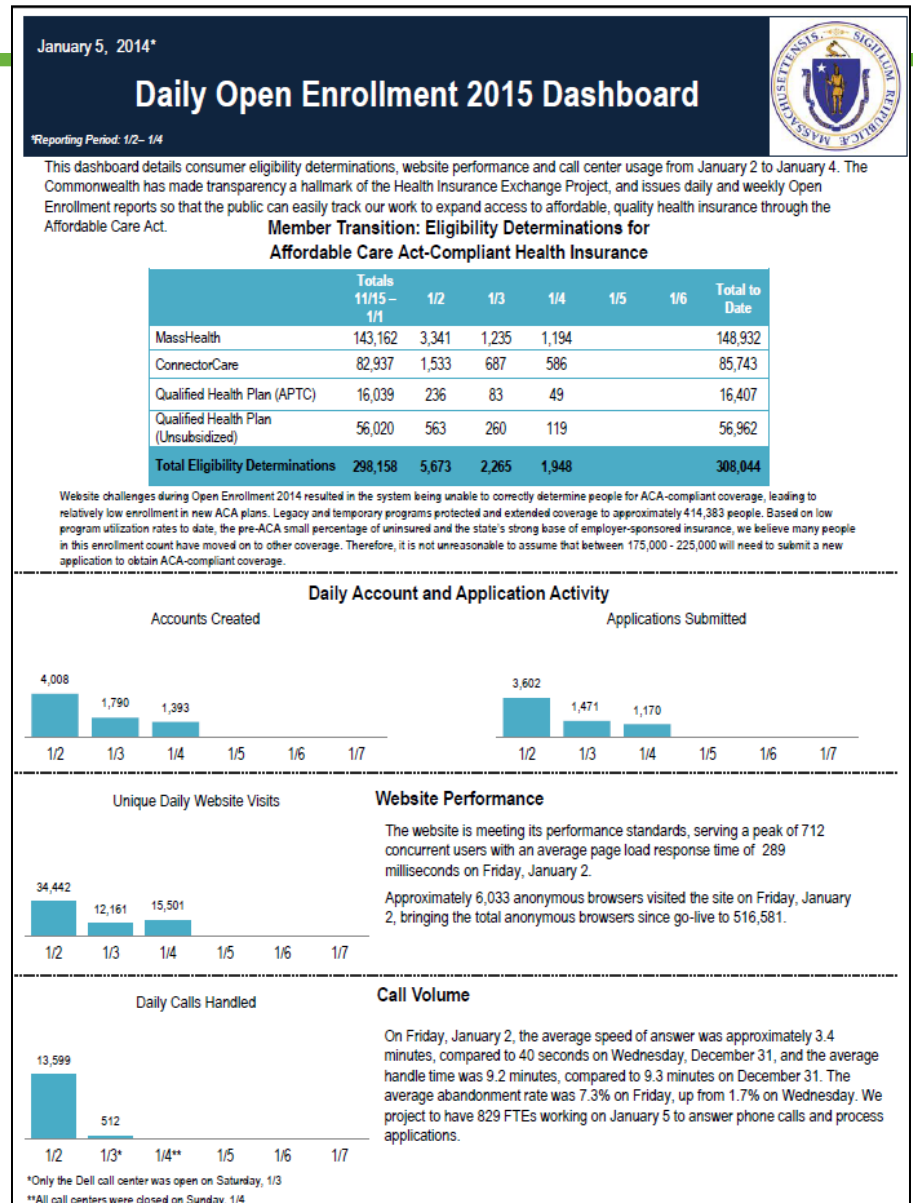
*Members determined eligible for MassHealth and some subsidized QHP coverage will not need to submit payment

Daily & Weekly Dashboards

The Governor's office distributes daily and weekly enrollment dashboards which includes:

- 180,936 transitioning members program determined (as of 1/2/15)
- applications submitted
- members enrolled

To see these reports, go to:
<https://www.mahealthconnector.org/about/pressroom/open-enrollment-2015-dashboards>



Enrollment Events

During Open Enrollment the Health Connector and MassHealth sponsored four Open Enrollment Events. These events were held in Springfield, Boston, Worcester and Fall River.

Additional in-person assistance will be taking place at the Health Connector Call center in Boston on January 20-23.



Income Guide

Income Guide

The income portion of the application is critical to getting the correct program determination for the consumer. An income guide was created to go over how to properly answer the questions.

The next slides highlight a few common questions that have been troublesome for consumers:

- Projected Income
- Current Income
- Entering Social Security Benefits
- Entering in Deductions

Projected Income

Differentiating projected and current income is important as this information is being collected for both MassHealth and Health Connector programs. Some consumers are entering the wrong information in these fields and getting an incorrect eligibility determination as a result

Annual Income

Please enter your expected Modified Adjusted Gross Income (MAGI) for 2015. MAGI is based on the 1040 tax form. If you believe your income in 2015 will be similar to your last tax return, you can use last year's tax return as a tool.

A good estimate of your household MAGI can be calculated by adding the income found on lines 7-22 of the standard 1040 tax form. This includes wages, salaries, tips, alimony received, capital gains, pensions, rental real estate, farm income, social security benefits, unemployment benefits, etc.

Next, subtract deductions from lines 23-36 which include tuition and fees, student loan interest, self-employment deductions, health savings account deductions, moving expenses, alimony paid, etc.

Lastly, add back in any of the following that apply to you: any foreign earned income excluded from taxes, tax-exempt interest, and tax exempt social security income. Please remember to include income from all household members, including dependents with taxable income.

List income below according to who receives it (e.g. job income). If there is any income you receive together (e.g. sale of shared property), only list it once.

What do you expect O P Mastermind Sr.'s yearly income will be in 2015? *

\$

Back Save and Continue

Provide the individual's **projected annual** income for 2015 on this line.

Current Income

After entering the projected income for the year of 2015, the next question is about what the consumer's current income is

O P Mastermind Sr.'s Current Income

Select Income Sources

Does O P Mastermind Sr. have any income? * *i*

☒ Yes ☐ No

Check all that apply.

- ☒ Job
- ☐ Self-Employment
- ☐ Social Security Benefits
- ☐ Unemployment
- ☐ Retirement
- ☐ Capital Gains
- ☐ Investment Income
- ☐ Rental or Royalty Income
- ☐ Farming or Fishing Income
- ☐ Alimony Received
- ☐ Other Income

This should be answered for the month in which the application is completed. If the consumer has any current income they should click "Yes."

Social Security Benefits

Some Assistors have commented that question can be confusing. Remember Social Security Benefits should be entered – SSI is a different type of benefit

Note: There is no change to how social security is counted (SSDI/RSDI has always been countable and SSI has never been countable). When assisting consumers, only look at their Social Security check, rather than anything they get from SSI

Current Income – Social Security Benefits

If the individual indicates that they have income from Social Security (SSDI or RSDI), he or she will be asked to provide details about that income. Do not include Supplemental Security Income (SSI).

Social Security Benefits Income

How much does Erin J Rashid Jr. get from Social Security retirement, disability, or survivors benefits?

Amount:

\$ You do not need to tell us about child support, veteran's payments, or Supplemental Security Income (SSI).

How often does Erin J Rashid Jr. get this amount?

Which month did Erin J Rashid Jr. earn this income?

Provide the amount received before any deductions (like Medicare Part B) is taken out.

Entering Deductions

- Certain deductions can lower the consumers income that is used to calculate their eligibility and make a correct program determination
- It is important that Assisters only include deductions that are allowed to be deducted on federal income tax returns. These deductions factor into building a consumers Modified Adjusted Gross Income or MAGI
- The next few slides list acceptable deductions

Entering Deductions (*cont'd*)

Remember: When assisting a consumer, only include deductions that are allowed to be deducted on their federal income tax return. They are:

- Self-employment business expenses (Most deductions for self-employed business expenses are included in net income (the profit once business expenses are paid) but additional deductions can be taken for the deductible part of self-employment tax, self-employed SEP, SIMPLE, and qualified plans, and self-employed health insurance deductions.
- Portion of interest on student loans – May be able to deduct a portion of the interest they expect to pay on a qualified student loan. Box 1 of the 1098-E Form shows the interest paid for the prior year, which may be helpful in projecting student loan interest that will be paid during the year
- Alimony paid
- IRA deduction
- Tuition and fees
- Health savings account contributions
- Penalties on early withdrawal of savings
- Certain business expenses of performing artists, reservists, and fee-basis government officials
- Moving expenses related to a job change
- Domestic Production Activities deduction

Entering Deductions (cont'd)

Income Deductions * Required Information

If Erin J Rashid Jr. pays for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower. What does Erin J Rashid Jr. pay for? (Check all that apply.)

☐ None ☒ Alimony Paid ☒ Student loan interest paid ☒ Other deductions

You shouldn't include a cost that you already considered in your answer to net self-employment or rental income.

What other deductions do you have?

Amount :

\$

How often

Which month does Erin J Rashid Jr. had this deduction?

Check all that apply. If there are other deductions, provide a description on the line.

Add together all of the deductions and put the total amount here.

Provide the frequency based on the deductions amount.

Sample Notices

Notices

- Health Connector and MassHealth notices have been redesigned to be compliant with ACA standards
- They have been field tested within the community with real consumers and consumer advocates
- These notices are being sent to consumers and those with an ARD on file

MassHealth Sample Approval Notice

Each individual in a family receives a MassHealth approval notice.


This approval notice includes:

- Explanation of benefits
- How to access benefits
- Appeal Information
- Hearing Request Form
- Babel

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Insurance Processing Center
Box 4405
Boston, MA 02780-0419

You can get this information in large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648

 *000000*
Name
Address

**Approval Notice
for MassHealth
Standard**

Date: November 04, 2014
Notice ID: 138896591/APPR-STD-041114
Member ID:
SSN:

Dear: Name

MassHealth has approved the person listed below for MassHealth Standard. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility.

➤ Name: Member ID: Date of Birth:
starting on October 25, 2014

MassHealth Standard pays for doctor and clinic visits, hospital stays, prescription medicines, some dental services, personal care attendant services, and transportation to medical appointments, even if it is not an emergency. Adults may have a copay for prescriptions and doctor or hospital visits.

MassHealth Premium Assistance Program

- Do you have health insurance from a job?
 - MassHealth members who have health insurance from a job may be able to get help paying for part of their premium. This health insurance must meet certain rules.
 - For more information contact the MassHealth Premium Assistance Unit at 1-800-862-4840 (TTY: 617-886-8102 for people who are deaf, hard of hearing, or speech disabled)

Commonwealth of Massachusetts
Executive Office of Health and Human Services

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Taunton, MA 02780-0419

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000000

Name:
Address:

Date: November 04, 2014
Notice ID:
Member ID:
SSN:

Dear John Doe

MassHealth has approved the person listed below for MassHealth Standard. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility.

Name:	Member ID:	Date of Birth:
starting on October 25, 2014		

MassHealth Standard pays for doctor and clinic visits, hospital stays, prescription medicines, some dental services, personal care attendant services, and transportation to medical appointments, even if it is not an emergency. Adults may have a copay for prescriptions and doctor or hospital visits.

Qualifying American Indians do not have copays or premiums. More information can be found in the MassHealth regulations at 130 CMR 506.015.

If you told us or we got information that the person approved on this letter is disabled, we will send you another letter about these additional benefits.

Questions? Visit MAHealthconnector.org or call 1-800-841-2900 TTY: 1-800-497-4648

1 of 4

MassHealth Sample Provisional Approval Notice

If we are unable to verify an applicant's information, they may be provisionally approved for a benefit based on their self-attested information.

- They will receive a provisional eligibility notice and a Request for Information (RFI).
- This provisional approval notice has all the same information as an approval notice, but on the first page includes the two paragraphs below.

We have approved the person listed above for up to 90 days only! We need more information by February 01, 2015 to decide if they can keep these benefits. You may request additional time before the end of the 90 day period if this is needed only to prove immigration, citizenship or identity status.

You will also get a ***Request for More Information*** letter and the ***List of Acceptable Documents*** for you and your family. Read this to find out what information you need and how you can send it to us. This will help you keep the benefits that you have now. **If you do not send us this proof, your MassHealth benefits will decrease or end on February 01, 2015.**

MassHealth Sample Denial Notice

Each individual that applies and who is not eligible for MassHealth receive a denial notice


This denial notice includes:

- Denial reason and regulatory citation
- Appeal Information
- Hearing Request Form
- Babel

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648

 *nnnnnn*
Name
Address

**Denial Notice for
being over
income**

Date: November 03, 2014
Notice ID: 164191613/DENY-ALL-031114
Member ID: Not Available
SSN: Not Available

Dear Name

We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan.

Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and the Children's Medical Security Plan?

The person listed below does not qualify because:

➤ **Name:** ERIC IVANSON, **Member ID:** Not Available, **Date of Birth:** January 01, 1964

- The income for this person is too high. 130 CMR 506.007 (B) and 130 CMR 502.003

Health Connector Approval Notice

This eligibility notice is up to 9 pages and includes:

- Eligibility for each member
- Explanation of ConnectorCare & Premium Tax Credits
- Appeal Information
- Hearing Request Form
- Babel

You can get this information in large print. Call
1-877-623-6765 from Monday to Friday, 8:00 a.m. to
6:00 p.m. TTY: 1-877-623-7773



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State], [Zip]

Eligibility Notice for
ConnectorCare and QHP with
APTCs

Date: [Notice Date]
Notice ID: [Notice ID] Notice Name: [Notice Name]
Member ID: [Member ID]

Attn: [ARD Name]

Re: Notice sent to [Primary Recipient Name]

Dear [Primary Recipient Name],

Thank you for applying for insurance coverage through the Massachusetts Health Connector. Based on the information that you gave us, the people listed below qualify for the following type(s) of coverage:

Household Member	Member ID	Coverage Type	Eligibility Start Date
[Household Member Name]	[Member ID]	[Coverage Type]	[Effective Date]
[Household Member Name]	[Member ID]	[Coverage Type]	[Effective Date]

However, we must get more information by [Deadline Date]. We need more proof to confirm that the people listed above qualify for this coverage. You will get another letter telling you more about the information that we need and what you can send us for proof.

If we do not get the information we need by [Deadline Date], the people listed on this notice may lose their eligibility. If they are already enrolled in a plan, they may lose coverage at the end of [Deadline month].

Health Connector Denial Notice

This eligibility notice is up to 5 pages and includes:

- States member is not eligible for Health Connector and may be eligible for MassHealth
- Appeal Information
- Hearing Request Form
- Babel

You can get this information in large print. Call
1-877-623-6765 from Monday to Friday, 8:00 a.m. to
6:00 p.m. TTY: **1-877-623-7773**



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Denial Notice for
ConnectorCare and QHP with
APTCs

Date : [Notice Date]
Notice ID : [Notice ID]
Member ID : [Member ID]

Notice Name : [Notice Name]

Attn: [ARD Name]

Re: Notice sent to [Primary Recipient Name]

Dear [Primary Recipient Name],

We have determined that the people listed below do not qualify for health insurance coverage through the Massachusetts Health Connector.

- [Household Member Name] Member ID: [Member ID] Date of Birth: [DOB]
 - Does not qualify because: [Health Connector Denial Reason] See the law at [Regulation Citation].

How you can send us information



If your information has changed, please let the Health Connector know as soon as possible. This includes any changes to your income, address, phone number, family size, job, or health insurance.

MassHealth and Health Connector Request for Information (RFI)

For those who need to provide additional verifications, their households will receive a shared Request for Information (RFI) notice from MassHealth and the Health Connector.


This notice includes:

- A list of each individual in the household and what verifications they must provide
- Date the information must be received
- A list of acceptable verification documents
- Babel



Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648



Name
Address

Quincy, MA, 02171

Date: November 03, 2014
Notice ID: 162605850/VC1-RFI-031114
Member ID: Not Available
SSN: Not Available
Name

Dear Michael J Percy

IMPORTANT! PLEASE RETURN THIS PAGE WITH ALL REQUESTED DOCUMENTS!

We need more information for the people listed below to see if they qualify for health and / or dental coverage. You must send us all the information we need by February 01, 2015. If you do not send us this information by this date, your health coverage may be denied, change, or end.

Health Connector Payment Tips

Online Payments Tips

- The getting started guide on [Mahealthconnector.org](https://mahealthconnector.org) has a lot of helpful, detailed information on how to make payments for Health Connector plans
- Payments are due on the 23rd of each month for coverage for the following month (ex. Payment due Jan. 23 for Feb. 1 coverage)
- When using the online payment feature (available at <https://payment.mahealthconnector.org>) be sure to enter consumer's information (like name, date of birth, and address) the same way as it was entered on the application, but do not include middle names, initials or any suffix
- If there is any problem processing a payment, the consumer will receive an email, a phone call, or a letter in the mail in order to resolve the issue
- Include an email address when making an online payment, as email is the fastest way for us to communicate if there is a problem with payment

Making an Online Payment

After a consumer has submitted an application, they will get this pop up window. Click on one of the two links.

✓ **You have submitted your eligibility application and selected a plan.**

What's next?

You must make your first payment to complete your enrollment and begin your insurance coverage. We will send you a bill in the mail. Payment is due on the 23rd day of the month before your coverage effective date. [Click here](#) to make an online payment now. Or review all available [payment options](#) on the Connector website.

If your plan does not require you to pay a monthly premium, you will receive a letter confirming your coverage.

If you have any questions, please contact the Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), TTY 1-877-623-7773.

I'm Done

Making an Online Payment (cont'd)

Then go back to the application and make note of the Subscriber ID and the total premium amount. Using this information follow the steps in making an online payment. There are detailed steps on the Getting Started page of Mahealthconnector.org.

Individual Insurance Plans

[View Detail](#)

Enrollment Id: RefID: **1112223334445** Head of Household Name: John J Sample Submitted On: 11/18/2014

Subscriber Id

Plan selected for John J Sample

Costs include A

MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	POLICY ID	ANNUAL DEDUCTIBLES
100.00	TUFTS Health Plan NETWORK HEALTH	Tufts Health Direct Silver HMO/Silver	0.00 / Person 0.00 / Family	

Amount

Tip: It is helpful to use two separate tabs in a browser or two separate windows. If you use the browser's back button to go back and forth between payment screens and eligibility screens, they will lose the information on the payment screen.

Making a Payment by Mail

- Fill out the check or money order completely and sign it
- Make the check or money order payable to **MA Health Connector**
- If a consumer has a bill from the Health Connector include the detachable payment coupon with the payment

Making a Payment with No Bill

- Make sure to have the exact amount of the premium
- Write the **12-digit Member ID** on the memo field of the check or money order
- When logged into your Health Connector account
 - Go to **My Enrollments → Enrollment Details**
 - This is the number to the left of the name
 - Use the Member ID number of the primary **Subscriber** on the account (this is the person identified as “SELF”)
- If a consumer doesn't have either a Billing Account Number or Member ID – write the **Social Security number** of the primary member, if they have one, on the front of the check or money order

Other Tips on Payment by Mail

Be sure that:

- The check has the **name of the primary Subscriber** on it. If a relative or friend is paying for the primary account holder (and the name on the check is not the primary account holder), write the **name of the primary Subscriber** on the check
- The check has the **primary Subscriber's address** on it. If the address on the check is not the current address, write the **correct current address** on the front of the check
- If they have both Health and Dental coverage from the Health Connector, they will need to send a separate payment for each plan

Mail check or money order to:

MA Health Connector


PO Box 970063

Boston, MA 02297-0063

Making Health Connector Payments

- Helpful fact sheet on how to make Health Connector Payments (available at the resource table)

Making Health Connector Payments - Individuals and Families



MASSACHUSETTS HEALTH CONNECTOR

Making Health Connector Payments

In order to complete your enrollment in a Health Connector health plan, your payment must be received by the due date.

The payment due date for all Individual and Family plans is the 23rd of every month before the next coverage effective date, which is the 1st of every month. Example, December 23rd is the payment due date for coverage effective January 1st.

Payment Deadline	Coverage Effective Date
December 23, 2014	January 1, 2015
January 23, 2015	February 1, 2015
February 23, 2015	March 1, 2015
March 23, 2015	April 1, 2015
April 23, 2015	May 1, 2015
May 23, 2015	June 1, 2015
June 23, 2015	July 1, 2015

There are 4 ways to make payments to the Health Connector:

1. Sending a check or money order by mail
2. Send payment from your bank
3. Pay online at MAhealthconnector.org
4. Pay in person at the Customer Service Center (in Boston or Worcester)

Paying by Mail

1. Fill out your check or money order completely and sign it
2. Make your check or money order payable to: MA Health Connector
3. Include the detachable payment coupon with the payment

If you don't have a coupon, follow these instructions:

- Clearly write your 9 digit account number beginning with 7 on the memo field. This number can be found in the top left hand corner of your Health Connector insurance bill. Or call Customer Service. Please note: 2014 health plan account numbers begin with 3 or 9, Commonwealth Care account numbers begin with 1 or 2, and 2015 health plan account numbers begin with 7
- If you don't have your account number, write your Member ID in the memo field
- If you don't have either your account number or your Member ID – write your SSN on the payment

Allow three to five business for your payment to be processed

Starting November 18th, mail your check or money order for 2015 coverage to:

MA Health Connector
PO Box 970063
Boston, MA 02297-0063

Turn Over for More Information

Frequently Asked Questions

How Come...

...this married couple received an eligibility determination for a QHP with NO help in paying for health insurance?

- **Scenario:** Married couple answered that they do not file taxes jointly
- **Reminder:** In order to receive Premium Tax Credits a couple must file jointly
- **Tip:** The couple may not have filed jointly in the past, but if they agree to filing jointly in the future, they should answer YES and may be determined eligible for state and federal subsidies

How Come...

...the consumer and their household are not allowed to shop for a plan?

- **Scenario:** The applicants were determined eligible for help with paying for health insurance, but in different QHP programs. The system is not allowing them to shop
 - **Families that reside together, but belong to different tax filing units.** After program determination, if certain members are eligible for MassHealth while others are eligible for QHPs, the system does not currently allow the QHP members to shop
 - **Multiple QHP Households.** These are people who reside together, file taxes together but have been program determined eligible for different types of QHPs as a result of Indian status or other Minimum Essential Coverage (MEC) the system does not currently allow these members to shop

How Can...

...these mixed households get health insurance coverage?

- These **Mixed QHP Benefit Household Individuals** should contact the Health Connector Customer Service Center to be placed in provisional coverage using the existing escalations process. Only customers who contact the call center, who are confirmed as Mixed QHP Benefit Household individuals that are not able to shop and enroll in a QHP and who do not have coverage for 1/1 will be placed into this coverage. Depending on the individual's eligibility determination, there may be a premium required for this coverage

How Come...

...we answered that the consumer has access to employer sponsored insurance, but they were determined eligible for ConnectorCare?

- These members are not really eligible for tax credits if they have affordable ESI, but if all they were looking for was HSN and they are determined eligible for HSN, then they do not have to worry about losing the HSN by not enrolling in the accompanying QHP. We discourage consumers from enrolling in a Health Connector QHP since once we fix the problem, they may not be able to get back into their employer plan. For those consumers that insist on enrolling in a QHP, it is recommended they set their tax credit to zero to avoid tax penalties

Where Do I...

...Submit ID Proofing verifications?

ID Proofing documents need to be submitted:

- 133 Portland St Boston, MA (or by fax to 617-887-8745) for the fastest processing. Once received, these documents are processed within 48 hours
- If the same documents must be sent to Taunton for other verifications, you must also separately send copies of any documents used for IDP verification to 133 Portland Street to ensure the fastest processing possible
- Consumers do not need to wait to hear back from us to confirm the account has been unlocked; it will be unlocked faster than they hear back from us. They should check once a day for the 2-3 days after they fax us their information to see if they have already been unlocked

Where Do I...

...Submit *other* verifications?

- You can either mail or fax a copy of the requested verification document(s) below showing your information. Please follow the instructions in any notice you receive
 - **Fax:**
857-323-8300
 - **Mail:**
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
- **Tip:** You can still enroll in MassHealth coverage or Health Connector plans while verifications are being processed, which can take up to 90 days. You will get a letter from either MassHealth or the Health Connector with any next steps you need to take within 90 days of completing your application

What if...

...the consumer received coverage in 2014 for temporary MassHealth coverage, Commonwealth Care, or MSP how should the consumer complete:

- Do you currently have health insurance?
 - Indicate No

What if...

...the consumer is a naturalized citizen but does not know their Alien number or Naturalization Certificate number?

- If they do not know their Alien Number or Naturalization Certificate number they can:
 - Check “I don’t know” **AND**
 - Enter seven 9s in the Citizenship Number field 9999999
- More information on entering immigration can be found in the Immigration Toolkit at: <https://betterhealthconnector.com/immigration-document-types>

What is Naturalized Citizenship?

- Naturalization is the process by which U.S. citizenship is granted to a foreign citizen or national after he or she fulfills the requirements established by Congress in the Immigration and Nationality Act (INA).

Qualifications for Naturalization:

- Having been a permanent resident for at least 5 years and meet all other eligibility requirements
- Having been a permanent resident for 3 years or more and meet all eligibility requirements to file as a spouse of a U.S. citizen
- Have qualifying service in the U.S. armed forces and meet all other eligibility requirements.
- A child may qualify for naturalization if you are a U.S. citizen, the child was born outside the U.S., the child is currently residing outside the U.S., and all other eligibility requirements are met.

Note: A person may already be a U.S. citizen and not need to apply for naturalization if the biological or adoptive parent(s) became a U.S. citizen before the individual reached the age of 18.

Resource: *US Citizenship and Immigrations* (<http://www.uscis.gov/us-citizenship/citizenship-through-naturalization>)



Questions?

