

MassHealth Updates

Massachusetts Health Care Training Forum
July 2018



Agenda

- ACA-3 Application Revision Update
- SACCA-2 Application Revision Update
- Disabled Working Adults - How to apply
- Job Update Forms

ACA-3 Application Revision Update

ACA-3 Application Revision: July 2018

- Updated to July 2018 as appropriate (Note: Authorized Representative Designation Form (ARD) at the end of the application is still dated 01/18, since it has not changed.).
- On the second page of the instructions, in “General Instructions,” the last sentence of the fourth bullet was deleted because it was redundant.
- On page 1 of the application, the question about preferred language was changed. It now prompts individual responses for both spoken and written preferences.
- For Person 1, Question 6, clarified that the statement referring to reconciliation of the advance premium tax credits (APTC) is optional.

ACA-3 Application Revision: July 2018 (continued)

- Question 6 was reviewed and updated.
 - Question 6a: (“Are you legally married?”): added the following text: “If you will file taxes as Head of Household, you should answer No to Question 6a (“Are you legally married?”). One way you may qualify as Head of Household is to live apart from your spouse and claim another person as a dependent.
 - Question 6a: (“Are you legally married?”): added “If no, skip to Question 6c.”
 - Added Question 6e: “Are you filing taxes separately because you are the victim of domestic abuse or abandonment? Y_____ _ N_____”
- In Question 11, the list of races/ethnicities was moved to page 22 and a reference to page 22 was included in the question. This change was made to save space in the application.

ACA-3 Application Revision: July 2018 (continued)

- In Question 19 (Incarceration), “Please select “no” if you will be released in the next 60 days” was added back in.
- For each person, Questions 23 and 28 (“Is this a sheltered workshop?”) were deleted because sheltered workshops have been phased out. Subsequent questions were renumbered.
- In Question 29 (Other income), “taxable veteran’s benefits” and “taxable military retirement pay” were added. These had been previously deleted in error.

ACA-3 Application Revision: July 2018 (continued)

- On page 20, under number 15, the Customer Service phone number was corrected.
- On page 20, in the second bullet, the text and the order of the statements was slightly changed to incorporate Connector comments and to improve readability.
- Under the “I agree to the following statements” section:
 - deleted “...for the next three years...”
 - changed “...my tax liability for this year...” to “...my annual tax liability...” to improve readability.

ACA-3 Application Revision: July 2018 (continued)

- Supplement A: Health Coverage from Jobs
 - changed Question 15b to “Does the health plan offered by the employer meet the minimum value standard for coverage? Y__ N____”
 - changed Question 16a to “How much does the employee have to pay in premiums for the lowest-cost plan that meets the minimum value standard? Only tell us about the cost of the individual (self-only) health plans, not the cost of the family health plan. \$
_____”

ACA-3 Application Revision: July 2018 (continued)

- The March 2018 version of the ACA-3 can continue to be used until supplies are exhausted.
- The new ACA-3 and ACA-3-AP (Additional Persons) can be printed from the MassHealth website at www.mass.gov/lists/masshealth-member-applications

SACA-2 Application Revision: July 2018 (continued)

- On page 1 of the application, added a space for responses to preferences for both spoken language and written language.
- Question 6, Person 1, clarified that the statement referring to reconciliation of the Advance Premium Tax Credit (APTC) is optional.
 - Changed language and order of statements for bullet #2 on page 18.
 - Updated language for Question 6, Person 1, and Question 16, Person 2.

SACA-2 Application Revision: July 2018 (continued)

- The disability question was moved from Section 7, and now appears under each person; Question 16, Person 1, and Question 26, Person 2.
- The race or ethnicity question was moved to page 20 due to space issues in the application.
- Deleted questions 23 and 28—“Is this a sheltered workshop?”
- After “are you incarcerated? Yes No,” added “Please select no if you will be released in the next 60 days.” Question 14, Person 1, and Question 24, Person 2.
- Updated language on question 15 Supplement D Health Coverage from Jobs

Ordering Paper Applications

- Applications are available for download on the MassHealth website:
www.mass.gov/masshealth
- To order paper applications
 - Call: 1-800-841-2900
 - Fax a request: 617-988-8973
 - Email a request: publications@mahealth.net

Ordering Paper Applications (continued)

- When ordering (by phone, fax, or email), please be sure to include:
 - Name of the form being ordered (e.g., ACA-3, SACA-2)
 - Quantity requested
 - Name of the person, organization, and shipping address
 - A direct phone number in case there is a question about the order

Disabled Working Adults

- How should applicants apply?
 - By submitting an ACA-3 to apply for CommonHealth benefits, regardless of their age.
- MassHealth 130 CMR 505.004(B), the following are the requirements for an individual under the age of 65 to qualify for CommonHealth as a disabled working adult.
 - Disabled working adults must meet the following requirements:
 - Be 21 - 64 years of age
 - Be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
 - Be permanently and totally disabled (except for engagement in substantial gainful activity)
 - Be a U.S citizen or a Qualified Noncitizens
 - Be ineligible for MassHealth Standard
- MassHealth 130 CMR 519.012(B), for individuals over the age of 65

Submitting Verifications: Job Update Forms

- Purpose of the form:
 - DOR quarterly match is a process for households in the online system with zero income and at least one adult age 21 or older who has attested \$0.00 earned income on their application. The system will use DOR data from the most recent two quarters.
 - If there is a qualifying match on wages, MassHealth will send a Job Update Cover Letter (DOR3-HIX) and Job Update Form (DOR2-HIX) to be completed by the member and returned to MassHealth.
- Individuals will be selected for the quarterly DOR match if they have income greater than or equal to \$2,700 per quarter and new hire match.
- This process will not include:
 - Disabled adults
 - Households with only HSN or CMSP members
 - Households with outstanding income RFIs, or
 - Homeless households.

Job Update Forms (continued)

- Members who return the form will have their cases updated and re-determined for the appropriate MassHealth or Health Connector benefits based on their new information.
- If a member **does not respond within 30 days**, MassHealth will close their MassHealth benefits and send a 14-day advance notice of MassHealth termination.
 - Individuals who are terminated for failure to respond may return the form within one year to MassHealth, and they will be determined eligible for coverage based on their new information.

Job Update Forms (continued)

■ Tips:

- Complete the form in its entirety.
- Instances of lost form, the form can be found at:
<https://www.mass.gov/files/documents/2016/07/qm/ju-1.pdf>
- **Do Not use** the Job Update form to self-attest zero income.
- The job update form can be used by members to:
 - Report new jobs
 - Report changes to existing jobs
 - End a job
 - Report unemployment benefits, and/or changes in employer health insurance related to a job. The form also captures expected yearly income.

Job Update Forms (continued)

<https://www.mass.gov/files/documents/2016/07/qm/ju-1.pdf>

Print Clear

Job Update



This form is used to tell MassHealth about a new job or a change in your job.
Please enter your name and social security number (SSN) or MassHealth ID directly below. You must complete all sections. Sign and date the form.

Employee Name Employee SSN/MassHealth ID

Section A. Current Job Information (You must complete this section.)

I am currently working (fill out the following section(s))

1. Current Job 1

Name of employer
Address of employer

a. Wages/tips (before taxes) \$ Weekly Every two weeks Twice a month Monthly Yearly
(Subtract any pre-tax deductions, such as non-taxable health insurance premiums.)

b. How many hours a week do you work?

c. Are you seasonally employed? yes no
If yes, how many months do you work each calendar year?

d. Are you self-employed? yes no

e. If yes, how much net income (profits after business expenses are paid) will you get from this self-employment each month?
\$

f. Is this job a sheltered workshop? yes no

g. Is health insurance offered that would cover doctors' visits and hospitalizations? (Answer **yes** even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.) yes no
If you answered **no** to the last question, was health insurance offered in the last six months? yes no

2. Current Job 2 (If you have more jobs and need more space, attach another sheet of paper.)

Name of employer
Address of employer

a. Wages/tips (before taxes) \$ Weekly Every two weeks Twice a month Monthly Yearly
(Subtract any pre-tax deductions, such as non-taxable health insurance premiums.)

b. How many hours a week do you work?

c. Are you seasonally employed? yes no
If yes, how many months do you work each calendar year?

d. Are you self-employed? yes no

e. If yes, how much net income (profits after business expenses are paid) will you get from this self-employment each month?
\$

f. Is this job a sheltered workshop? yes no

g. Is health insurance offered that would cover doctors' visits and hospitalizations? (Answer **yes** even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.) yes no

Questions?