

MassHealth Updates

Massachusetts Health Care Training Forum
July 2019



Agenda

- MassHealth Health Plan Updates
- ACA-3 Application and Member Booklet Update
- SACA-2 Application and Senior Guide Update
- Submitting and Ordering the ACA-3, SACA-2
- MassHealth Notice of Birth

MASSHEALTH HEALTH PLAN UPDATES

New Plan Selection Period (PSP)

- In late May 2019, MassHealth mailed letters to ~750,000 members informing them of their new PSP: June 1 – August 31, 2019
- The intent of the letters is to inform members who have been in Fixed Enrollment with their ACOs and MCOs of their annual opportunity to change plans for any reason
- MassHealth will continue to send letters on a member-specific rolling basis to individuals with different plan selection and fixed enrollment periods, reminding ACO and MCO enrollees of their annual opportunity to change plans for any reason
- While in Fixed Enrollment, members may request to change plans if they meet certain exception criteria <https://www.mass.gov/service-details/fixed-enrollment-period>

Two ACO Bulletins Issued in May

- In mid-May 2019, MassHealth issued two Managed Care Entity Bulletins
 - Bulletin #14 allows ACOs to add or remove PCPs for an effective date of January 1, 2020
 - If granted, this may result in the movement of members into ACO's to preserve their current PCP relationships
 - Member notices will be sent in advance
 - Bulletin #15 allows ACPPs to add MassHealth Service Areas for an effective date of January 1, 2020. ACPPs may ask for an accelerated effective date of July 1, 2019
 - If granted, this may result in ACPPs being authorized to serve new areas of the state
- MassHealth is currently in the process of reviewing the submissions

**ACA-3 APPLICATION
AND MEMBER BOOKLET
JULY 2019 UPDATE**

ACA-3 Application and Member Booklet – July 2019 Update

The Application for Health and Dental Coverage and Help Paying Costs (ACA-3) and the member booklet (ACA-1) were updated July 1, 2019

The March 2019 version of the ACA-3 can continue to be used until supplies are depleted

ACA-3 Application Revision: July 2019

Revisions included in the ACA-3-0719 application:

■ Step 2 Tell us about your household:

Under “You DO NOT have to include”, changes to the following to make it clearer

- 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)

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

HOW TO APPLY

You can submit your application in any of the following ways:

- Sign on to your account at MassHealthconnector.org. You can create an online account if you do not already have one. Applying online may be a faster way for you to get coverage than mailing a paper application.
- Mail your filled-out, signed application to Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780.
- Fax your filled-out, signed application to (57) 323-8300.
- Call us at (800) 841-2900 (TTY: (300) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or (877) MA ENROLL (877) 623-6765).
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the Member Booklet for Help with Health and Dental Coverage and Help Paying Costs for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs, even if you earn as much as \$103,000 a year (for a household of four).
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well.
- A tax credit that can help pay your premiums for health coverage right away.

WHO CAN USE THIS APPLICATION?

This application is for people who need health or dental coverage and help paying for it, and who

- live in Massachusetts;
- are not living in or not about to go into a nursing facility; and
- are younger than age 65.

This application may also be used by people of any age who are

- parents of children younger than age 19, or
- adult relatives living with and taking care of children younger than age 19 when neither parent is living in the home.

If this application is not for you, call us at (800) 841-2900, TTY: (800) 497-4648. This application is available in Spanish. Please call the number above to request one. Apply even if you or your child already has health coverage including coverage from MassHealth and the Health Connector. You could qualify for coverage. We need to know about all members of your household to make a decision on your eligibility. If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See the Authorized Representative Designation Form at the end of this application.

ACA-3-0719

ACA-3 Application Revision: July 2019 *(continued)*

■ Step 2 Person X:

- *Updates to allowable **DEDUCTIONS** to align with Internal Revenue Service regulations*
 - *Moved “None” option for allowable deductions from the top to the bottom of the list*
 - *Changes to language for the following deductions:*
 - *Moving expenses for members of the Armed Forces \$_____*
 - *Self-employed SEP, SIMPLE, and qualified plan \$_____*
 - *Student loan interest deduction (interest only, not total payment) \$_____*

ACA-1 Member Booklet Revision: July 2019

Revisions included in the ACA-1 (0719) member booklet:

■ Updates to INTRODUCTION

- *Added information about the waiver program:*



Persons Living at Home Needing Long-Term-Care Services

People living at home (children as well as adults age 65 or older as well as adults under the age of 65) who need more help than family members can give may be able to get certain long-term-care services to help them live at home, instead of in a long-term-care facility.

MassHealth has three types of programs that allow certain MassHealth Standard members to get these needed long-term-care services at home:

- Kaileigh Mulligan Program (Home Care for Disabled Children)
- PACE (Program of All-Inclusive Care for the Elderly)
- Home- and Community-Based Services (HCBS) Waiver programs.

Detailed Information about these programs and how to apply can be found in the Senior Guide (SACA-1) at www.mass.gov/service-details/senior-guide-and-application-for-health-care-coverage.

ACA-1 Member Booklet

Revision: July 2019 *(continued)*

■ SECTION 1: How to Apply

- *Additional language about contacting members*
 - We may also contact you to distribute information related to other health and welfare benefits you may be eligible to receive
- *Added information about My Ombudsman (pages 19, 46)*

My Ombudsman

- **If you need additional help enrolling in a plan, you may contact My Ombudsman. My Ombudsman is an independent organization that provides assistance to members. The organization:**
 - **Provides information about your benefits and rights in your plan**
 - **Addresses problems or concerns—will listen, investigate, and discuss options with you; and**
 - **Helps with grievances and appeals—will explain how to file a grievance or appeal and what to expect.**

ACA-1 Member Booklet

Revision: July 2019 *(continued)*

– Contact My Ombudsman

- Call: (855) 781-9898 (For TTY users, use MassRelay at 711 to call the number above)
- Hours: Monday–Friday, 9 a.m.–4 p.m.
- Email: info@myombudsman.org
- Online: www.myombudsman.org
- Visit: 11 Dartmouth Street, Suite 301, Malden, MA 02148.
Walk-in hours: Mondays 1 p.m.–4 p.m. and Thursdays 9 a.m. – 12 p.m.

■ Other additional updates

- Updated MAGI income and deduction language on pages 31 and 32 to align with the 2018 1040 IRS form
- Updated some of the links to align with location of documents on Mass.gov



SACA-2 APPLICATION AND SENIOR GUIDE UPDATE

SACA-2 Application Revision: July 2019

Revisions included in the SACA-2-0719 application:



■ HOW TO APPLY: WHAT HAPPENS NEXT and WHERE TO GET HELP

- *Additional language that directs applicants where to find information in the Senior Guide about how to apply for PACE*

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services  

HOW TO APPLY

Please identify which program each household member is applying for on page 1 of the application. You can submit your application in any of the following ways.

| | |
|---|--|
|  Mail or fax your filled-out, signed application to MassHealth Enrollment Center Central Processing Unit P.O. Box 290794 Charlestown, MA 02129-0214 Fax: (617) 687-8799 |  Hand deliver your filled-out, signed application to MassHealth Enrollment Center Central Processing Unit The Schrafft Center 529 Main Street, Suite 1M Charlestown, MA 02129-0214 |
|---|--|

In order to get any benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are:

- an individual 65 years of age or older and living at home and
 - not the parent of a child under 19 years of age who lives with you; or
 - not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or
 - disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application;
- an individual of any age and need long-term-care services in a medical institution or nursing facility; or
- an individual who is eligible under certain programs to get long-term-care services to live at home; or
- a member of a married couple living with your spouse, and both you and your spouse are applying for health coverage;
- there are no children under 19 years of age living with you; and
- one spouse is 65 years of age or older and the other spouse is under 65 years of age. (Please see Step 8 of the application.)

If you meet any of the following exceptions, you should complete the Application for Health and Dental Coverage and Help Paying Costs (ACA-3). To obtain a copy of this application, call us at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled).

- You are the parent of a child under 19 years of age who lives with you; or
- You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home.

You will also need to fill out a Long-Term-Care Supplement if you are

- in an institution, such as a nursing home, chronic hospital, or other medical institution (You may have to pay a monthly payment, called a patient-paid amount, to the long-term-care facility. For more information, see page 14 in the Senior Guide.);
- in an acute hospital waiting for placement in a long-term-care facility; or
- living in your home and applying for or getting long-term-care services under a Home- and Community-Based Services Waiver.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See Authorized Representative Designation Form at the end of this application.


MASSACHUSETTS HEALTH CONNECTOR | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts, your income is at or below 400% of the federal poverty level, and you

- are 65 years of age or older;
- are not otherwise eligible for MassHealth;
- are not getting Medicare; and
- do not have access to an affordable health plan that meets the minimum value requirement.*

* Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee.

The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility. See the Senior Guide for more information.

 SACA-2-0719

NOTE: PACE – Program of All-Inclusive Care for the Elderly

Some MassHealth members may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE), which provides members access to a wide range of medical, social, recreational, and wellness services through a center-based model. See page 10 of the Senior Guide for more information.

SACA-2 Application Revision:

July 2019 *(continued)*

■ Step 2 Person X:

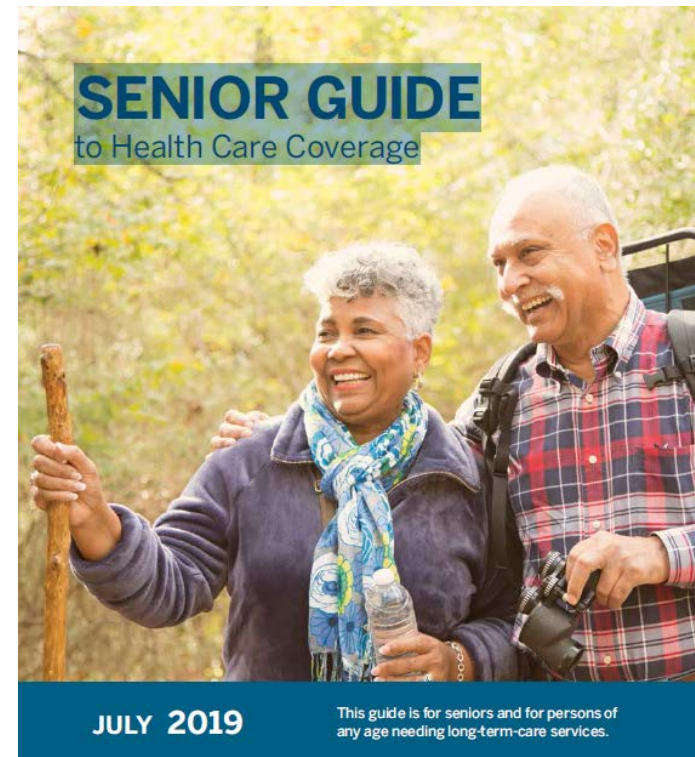
- *Updated to allowable **DEDUCTIONS** to align with Internal Revenue Service regulations*
 - *Moved “None” option for allowable deductions from the top to the bottom of the list*
 - *Changes to language for the following deductions:*
 - *Moving expenses for members of the Armed Forces
\$_____*
 - *Student loan deduction (interest only, not total payment)
\$_____*

Senior Guide to Health Care Coverage (SACA-1) Revision: July 2019

Revisions included in the SACA-1-0719 Senior Guide include:

■ Section 1:

- *Updates to allowable deductions and countable income language to align with Internal Revenue Service regulations*
- *Revised the language and order of information to clarify eligibility rules for the Home and Community-Based waivers, PACE, and managed care enrollment guidelines*



Senior Guide to Health Care Coverage (SACA-1) Revision: July 2019 *(continued)*

■ SECTION 9 WHERE TO GET HELP:

- *Under **Special MassHealth Programs**, adding contact numbers for the Home- and Community-Based Waivers*

(800) 408-1253, TTY: (800) 231-5698

- Kaileigh Mulligan Program—Home Care for Disabled Children
- PACE (Program of All-Inclusive Care for the Elderly)

(800) AGE-INFO, TTY: MassRelay 711

- Frail Elder Program

(800) 841-2900, TTY (800) 497-4648

- Traumatic Brain Injury
- Adults with an Intellectual Disability

(866) 281-5602, TTY: (800) 596-1746

- Acquired Brain Injury

(855) 499-5109, TTY: (800) 596-1746

- Moving Forward Plan

SUBMITTING AND ORDERING THE ACA-3, SACA-2

Where to Send Completed Paper Applications

■ ACA-3 applications can be mailed to:
 Health Insurance Processing Center
 P.O. Box 4405
 Taunton, MA 02780
 FAX: 857-323-8300

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

HOW TO APPLY

You can submit your application in any of the following ways.

- Sign on to your account at MAhealthconnector.org. You can create an online account if you do not already have one. **Applying online may be a faster way for you to get coverage than mailing a paper application.**
- Mail your filled-out, signed application to:
 Health Insurance Processing Center
 PO Box 4405
 Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at **(800) 841-2900** (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or **(877) MA ENROLL ((877) 623-6765)**.
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the **Member Booklet for Help with Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs, even if you earn as much as \$103,000 a year (for a household of four).

■ SACA-2 applications can be mailed to:
 Charlestown MEC
 P.O. Box 290794
 Charlestown, MA 02129-0214
 FAX: 617-887-8799

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

HOW TO APPLY

Please identify which program each household member is applying for on page 1 of the application. You can submit your application in any of the following ways.

- Mail or fax your filled-out, signed application to:
 MassHealth Enrollment Center
 Central Processing Unit
 P.O. Box 290794
 Charlestown, MA 02129-0214
 Fax: (617) 887-8799
- Hand deliver your filled-out, signed application to:
 MassHealth Enrollment Center
 Central Processing Unit
 The Schrafft Center
 529 Main Street, Suite 1M
 Charlestown, MA 02129-0214

In order to get any benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are

- an individual 65 years of age or older and living at home and
 - not the parent of a child under 19 years of age who lives with you; or
 - not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or

If you meet any of the following exceptions, you should complete the Application for Health and Dental Coverage and Help Paying Costs (ACA-3). To obtain a copy of this application, call us at **(800) 841-2900** (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled).

- You are the parent of a child under 19 years of age who lives with you; or
- You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home.

MassHealth Member Library

- Member materials are available in the MassHealth Member Library
 - ACA and SACA Application materials:
<https://www.mass.gov/lists/applications-to-become-a-masshealth-member>
 - ACA and SACA Member Booklet materials:
<https://www.mass.gov/lists/masshealth-member-guides-and-handbooks>
- To order paper applications or member booklets:
 - Call: 1-800-841-2900
 - Fax: 617-988-8973
 - Email a request: publications@mahealth.net

When Ordering

- **By phone, fax, or email, be sure to include:**
 - Name of the form being ordered (e.g., ACA-3, SACA-2)
 - ACA-1-0719: Member Booklet for Health and Dental Coverage and Help Paying Costs
 - ACA-3-0719: Massachusetts Application for Health and Dental Coverage and Help Paying Costs
 - SACA-1-0719: SENIOR GUIDE to Health Care Coverage
 - SACA-2-0719: Application for Health Coverage for Seniors and People Needing Long-Term-Care Services
 - Quantity requested
 - Name of the person, organization, and shipping address
 - A direct phone number in case there is a question about the order

Supply and Use of Revised Forms

- The March 2019 version of the ACA-3 can continue to be used until supplies are depleted
- You can download the July 2019 version of the ACA-3 and SACA-2 or order copies
- When you receive a supply of the July 2019 version of the ACA-3 or SACA-2, please recycle earlier versions of the form

MASSHEALTH NOTICE OF BIRTH

MassHealth Notice of Birth (NOB)

- Electronic NOB

MassHealth continues to test the electronic submission of NOB's. If you are interested in joining the pilot, please contact Sam Evans at 617-847-3415

- Form located at:

<https://www.mass.gov/files/documents/2018/03/22/NOB-1-03-18.pdf>

- Fax to: 617-887-8777

The NOB-1 process provides a streamlined way for hospitals to provide information to MassHealth. The MassHealth Limited Information System (LIS) will receive the information from the MCO to the hospital. The MCO will receive the information from the hospital. The MCO will receive the information from the hospital. The MCO will receive the information from the hospital.

Instructions:

- Complete form and print it out
- Sign form and fax it to 617-887-8777

Section I: Mother's Information

| | |
|---|------------------------|
| Mother's MassHealth Member ID | Mother's Name |
| Mother's Address | |
| Mother's Date of Birth | Mother's Telephone No. |
| Primary Insurer or Guardian & Relationship to Newborn | |
| Primary Commercial Insurance | |

Section II: Child's Information (Please Note: You must include all the information requested in this section.)
Please list additional children on a separate sheet.

| Child's Last Name | Child's First Name | M.I. | Child's Date of Birth (MM/DD/YYYY) | Gender |
|-------------------|--------------------|------|------------------------------------|---|
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F |

Please avoid using "BABY GIRL" or "BABY BOY" as a substitute for the newborn's name, and use these terms only as a last resort. If you enter "BABY GIRL" or "BABY BOY" on this form, it will take us longer to process it.

Has an application for the child's social security number been made through the hospital? Yes No

I certify that the above-named child was born to the mother listed above.

Signature and Title _____ Date _____

Section III: Child's Information (for MassHealth use only)

| Child's Member ID | Start Date | Cat. |
|-------------------|------------|------|
| Child 1 | | |
| Child 2 | | |
| Child 3 | | |

NOB-1 (Rev. 02/18)

NOB-1 (Rev. 02/18)

NOB-1 (Rev. 02/18)

Questions?