



MassHealth Updates

Agenda

- 2023-2024 MassHealth Redetermination Update
- 2024 Income Standards and Federal Poverty Guide
- MassHealth Language Access Plan
- Citizenship and Immigration
- Medicare Savings Program (MSP)
- 2024 CAC Recertification

2023-2024 MASSHEALTH REDETERMINATION UPDATE

End, Extension of Certain Flexibilities



- As of April 1st, 2024, MassHealth completed selection of members for renewal as federally required for the COVID Public Health Emergency redetermination period
- Moving forward, MassHealth will continue renewing members coverage annually
- Ending, extension, or making permanent of certain flexibilities:
 - Flexibilities ending as of 4/1:
 - Temporary federal authorities that allowed additional income and resource disregards for non-MAGI members

Allowing Hospital-Determined Presumptive Eligibility (HPE) for non-MAGI members: MassHealth will no longer allow HPE for non-MAGI members

- The process and policy will return to pre-PHE (2020)

End, Extension of Certain Flexibilities (slide 1 of 2)



- **Extension of Flexibilities**

MAGI only:

- **Autorenewals for zero income: In effect until 6/1/24**, MassHealth will continue to auto-renew members who report zero income, but whose income could not be confirmed through data sources
 - **Autorenewals for null income: In effect until 6/1/24**, MassHealth will continue to auto-renew members who report income under 100% FPL, but whose income could not be confirmed through data sources
-
- **Temporary ARD for Certified Application Counselors (CACs)**
 - Extended to December 31, 2024

End, Extension of Certain Flexibilities (slide 2 of 2)



90-day reconsideration period –extending to 1/1/25:

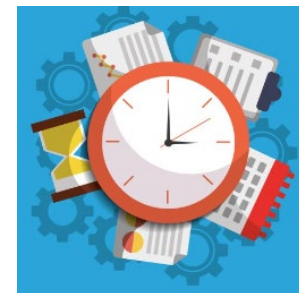
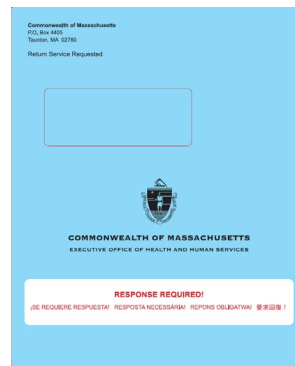
- MassHealth’s reconsideration period is a 90-day period where members can submit their renewal after their coverage was terminated for not submitting the renewal form or did not respond to an VC/RFI related to a renewal by the original due date
- A renewal submitted during the reconsideration period ensured members did not experience a gap in coverage if they remain eligible. If the member submits the renewal within 90 days, they would be reinstated **back to the date of termination** if they continue to be eligible once the renewal and any VCs/RFIs related to that renewal were complete
- Reinstating benefits back to the date of closing so there is no gap in coverage should be done **regardless of how long it takes** MassHealth to process the renewal and related VCs/RFIs as long as the renewal was received by MassHealth within 90-days of the benefit termination date
- This flexibility will remain **in effect until at least 1/25/25**

Permanent Flexibilities

- Pharmacy copays: Effective 4/1, **MassHealth permanently eliminated pharmacy copays for all members** including HSN, and CMSP members
- Blue renewal envelopes

Non-MAGI: Timeline to Respond to Renewals and VCs

- Request for information or VCs: MassHealth will permanently extend response timelines to 90-days for VC for most non-MAGI members
- Renewals: MassHealth will permanently extend response timelines for non-MAGI members for renewals to 45 days



2024 INCOME STANDARDS AND FEDERAL POVERTY GUIDE

MassHealth 2024 Income Standards and Federal Poverty Guide



- On March 1, 2024, the Federal Poverty Level (FPL) standards increased
 - 100% FPL for one individual went from \$1,215 to \$1,255
 - The 2024 FPL chart: [Program financial guidelines for certain MassHealth applicants and members | Mass.gov](#)

Note: The FPL percentages in the online application at [MAhealthconnector.org](#) will be updated for MassHealth purposes

2024 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level		190% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,255	\$15,060	\$1,670	\$20,040	\$1,883	\$22,596	\$2,385	\$28,620
2	\$650	\$7,800	\$1,704	\$20,448	\$2,266	\$27,192	\$2,555	\$30,660	\$3,237	\$38,844
3	\$775	\$9,300	\$2,152	\$25,824	\$2,862	\$34,344	\$3,228	\$38,736		
4	\$891	\$10,692	\$2,600	\$31,200	\$3,458	\$41,496	\$3,900	\$46,800		
5	\$1,016	\$12,192	\$3,049	\$36,588	\$4,055	\$48,660	\$4,573	\$54,876		
6	\$1,141	\$13,692	\$3,497	\$41,964	\$4,651	\$55,812	\$5,245	\$62,940		
7	\$1,266	\$15,192	\$3,945	\$47,340	\$5,247	\$62,964	\$5,918	\$71,016		
8	\$1,383	\$16,596	\$4,394	\$52,728	\$5,844	\$70,128	\$6,590	\$79,080		
For each additional person add	\$133	\$1,596	\$449	\$5,388	\$597	\$7,164	\$673	\$8,076		

Family Size	200% Federal Poverty Level		225% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$2,510	\$30,120	\$2,824	\$33,888	\$3,138	\$37,656	\$3,765	\$45,180	\$5,020	\$60,240
2	\$3,407	\$40,884	\$3,833	\$45,996	\$4,259	\$51,108	\$5,110	\$61,320	\$6,814	\$81,768
3	\$4,304	\$51,648			\$5,380	\$64,560	\$6,455	\$77,460	\$8,607	\$103,284
4	\$5,200	\$62,400			\$6,500	\$78,000	\$7,800	\$93,600	\$10,400	\$124,800
5	\$6,097	\$73,164			\$7,621	\$91,452	\$9,145	\$109,740	\$12,194	\$146,328
6	\$6,994	\$83,928			\$8,742	\$104,904	\$10,490	\$125,880	\$13,987	\$167,844
7	\$7,890	\$94,680			\$9,863	\$118,356	\$11,835	\$142,020	\$15,780	\$189,360
8	\$8,787	\$105,444			\$10,984	\$131,808	\$13,180	\$158,160	\$17,574	\$210,888
For each additional										

MASSHEALTH LANGUAGE ACCESS PLAN UPDATE

Language Access at MassHealth

MassHealth updated its [Language Access Plan](#) (2024-2025), which outlines supports for **people who have limited English proficiency (LEP) or require an accommodation.**



Walk-in **interpretation options at MassHealth Enrollment Centers**, including Virtual Remote Interpretation and a Language Line



Availability of **call center interpretation** through third party language line and on-site Spanish speaking representatives



Electronic capabilities in English, Spanish, and sometimes Brazilian Portuguese, such as applying to MassHealth through HIX and scheduling appointments through Mass Scheduler



Translation of written communications, including how to request translation and interpretation services, documents available in the top 6 languages, and initiatives to translate notices and web content.

Language Access Coordinators:

Camille Pearson (Camille.pearson@mass.gov) & Karol Gaitán Hugar (Karol.v.gaitanhugar@mass.gov)

CITIZENSHIP AND IMMIGRATION

Eligibility Requirements

MassHealth and the Health Connector require verification of the following eligibility factors to make an eligibility determination:

- Residency
- Social Security Number
- Income
- **Citizenship**
- **Immigration Status**
- Incarceration
- Non-custodial Parent Info (MassHealth only)
- American Indian/Alaska Native (Health Connector only)

Who May Qualify for MassHealth?

- U.S. Citizen or U.S. National
- Lawfully Present Immigrants - three categories
 - Qualified Noncitizen (including Protected Noncitizens) - QLP
 - Certain Qualified Noncitizen Barred - QAB
 - Certain Nonqualified Individuals Lawfully Present - ILP
- Certain Nonqualified Persons Residing Under Color of Law (PRUCOL)
- Certain Other Noncitizens
- As a condition of eligibility, an applicant or member must be a resident of the Commonwealth of Massachusetts and meet other universal eligibility requirements
- Any applicant confined even if not convicted is not eligible for MassHealth

Who May Qualify for Health Connector coverage?



- U.S. Citizen or U.S. National
- Lawfully Present Immigrants - three categories
 - Qualified Noncitizen (including Protected Noncitizens) - QLP
 - Certain Qualified Noncitizen Barred - QAB
 - Certain Nonqualified Individuals Lawfully Present - ILP
- Must be a resident of Massachusetts
- Not in jail

Reminder: Citizenship and Immigration



The online application system at MAhealthconnector.org or HIX, provides a selection option for both the Citizenship and Immigration documents to allow individuals to indicate when they do not have a required document available from the predefined list.

U.S. Citizen Document Selection

- If an individual indicates they are a naturalized, acquired, or derived U.S. Citizen and their status cannot be verified by SSA, the HIX system will present a document selection option to select if they do not have a Naturalization or Citizenship Certificate available
- The selection option will state: *“I am a naturalized, derived, or acquired U.S. citizen, but I do not have a Naturalization Certificate or Citizenship Certificate, and I need more time to provide acceptable document information.”*

Citizenship and Immigration: Screenshots (slide 1 of 2)



Application Year 2022 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Citizenship/Immigration Status

[More information on Immigration Document Types](#)

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.*

Is a U.S. Citizen or U.S. National? * **i**

Yes No

Is a naturalized, derived, or acquired citizen? * **i**

Yes No

Document Type (Select One) *

Naturalization certificate **i**

Alien Number: Naturalization Certificate Number:

A#

I do not have the Alien Number and/or Certificate Number at this time and I need more time to provide this information. (Required if you do not fill in the Certificate Number above and have a Certificate.)

Certificate of citizenship **i**

Alien Number: Citizenship Number: *

A#

I do not have the Alien Number and/or Certificate Number at this time and I need more time to provide this information. (Required if you do not fill in the Certificate Number above and have a Certificate.)

I am a naturalized, derived, or acquired U.S. citizen, but I do not have a Naturalization Certificate or Citizenship Certificate, and I need more time to provide acceptable document information. **i**

Save and Continue

Citizenship and Immigration: Screenshots (slide 2 of 2)



I am a naturalized, derived, or acquired U.S. citizen, but I do not have a Naturalization Certificate or Citizenship Certificate, and I need more time to provide acceptable document information. ⓘ

Important! Select this option **only** if you are a naturalized, derived, or acquired U.S. citizen, **but:**

- You do not have a citizenship document from the list above, or
- You do not have a citizenship document with the required information, or
- You are not sure which type of document you have.

Back

Immigration Document Selection



Immigration Document Selection

- If an individual indicates they have an eligible immigration status but does not have an immigration document available from the predefined list, the HIX system will present the document selection option to allow the individual to select
- The selection option will state: “I have an eligible immigration status, but my immigration document is not available at this time and I need more time to provide this information, or my immigration document is not listed above, or my immigration document does not have the required information.”
- When either of these options are selected, either a citizenship or immigration RFI will be sent to the member or applicant

Citizenship/ Immigration Status: Example

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.

Is B [redacted] U.S. Citizen or U.S. National? * **i**

Yes No

Check this box if B [redacted] is an eligible immigration status: **i**

We will try to verify your immigration status with federal data sources. If you provide more information about your immigration document, we can process your application faster. Check the box above to see the list of immigration documents. Choose your document from the list and provide the required information.

If you have an eligible immigration status, but do not have a document from the list with the information we require, you can still continue with the application by checking the box above and selecting the option: "I have an eligible immigration status, but my immigration document is not available at this time and I need more time to provide this information, or my immigration document is not listed above, or my immigration document does not have the required information." To learn more, see the [Member Booklet](#).

If you do not have an eligible immigration status, or do not complete this section, uncheck the box above to continue with the application. You may get only one or more of the following: MassHealth Standard (if pregnant), MassHealth Limited, the Children's Medical Security Plan (CMSP), or the Health Safety Net (HSN).

Document Type (Select One) * **i**

- Reentry Permit (I-327) **i**
- Permanent Resident Card ("Green Card," I-551) **i**
- Refugee Travel Document (I-571) **i**
- Employment Authorization Card (I-766) **i**
- Machine Readable Immigrant Visa (with temporary I-551 language) **i**
- Temporary I-551 Stamp (on passport or I-94, I-94A) **i**
- Arrival Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services **i**
- Arrival Departure Record in unexpired foreign passport (I-94) **i**
- Unexpired foreign passport **i**
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) **i**
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019) **i**
- Notice of Action(I-797)/Other - With Alien Number **i**
- Notice of Action(I-797)/Other - With I-94 Number **i**

I have an eligible immigration status, but my immigration document is not available at this time and I need more time to provide this information, or my immigration document is not listed above, or my immigration document does not have the required information. **i**

is B [redacted] (victim of severe trafficking (or spouse, child, sibling, or parent of the victim), or a battered spouse, or child (or child of parent of the victim)? (Optional)

Victim of severe trafficking (or spouse, child, sibling, or parent of the victim) **i**

Immigration Status: Screenshots

I have an eligible immigration status, but my immigration document is not available at this time and I need more time to provide this information, or my immigration document is not listed above, or my immigration document does not have the required information. ⓘ

Is [redacted] a victim of severe trafficking (or spouse, child, sibling, or parent of a victim)? (Optional)

Victim of severe trafficking (or spouse, child, sibling, or parent of a victim)

Battered spouse or child (or child or parent of the victim) ⓘ

Is [redacted] the same name that appears on his/her document?

Yes No

Did [redacted] arrive in the U.S. after August 22, 1996? *

Yes No

Is [redacted] an honorably discharged veteran or active duty member of the National Guard or Reserve?
Answer "Yes" if [redacted] is the spouse or child of an honorably discharged veteran or active duty member of the National Guard or Reserve.

Select this option **only** if you have an eligible immigration status, but:

- You do not have an immigration document available at this time and need more time to provide this information, or
- You do not have an immigration document from the list above, or
- You do not have an immigration document with the required information.

Important! Select this option only if you have an eligible immigration status but do not have a document with the required information from the list above or your information is not available right now. You must still give us proof to verify your status, even in you select this option. We will give you time to provide information proving your status. If you need more time to give us this information, you must ask for an extension before the requested due date. Go to Mahealthconnector.org or call Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY: 1-877-623-7773 for people who are deaf, hard of hearing, or speech disabled, to learn more.

When to Use the No Document Option

- The “no document” type selection options will contain tool tips and users should select this only if they have a valid citizenship or immigration status, but do not have a required document from the predefined list provided in HIX
- The following are examples of applicants who may be expected to use the “no document” selection options:
 - Individuals who are newly naturalized and have not yet received their naturalization certificate
 - PRUCOL individuals who have applied for an immigration status but have not been granted a status yet and do not have a document available from the predefined list (e.g., PRUCOLs with I-797 applications that do not contain Alien or I-94 numbers)
 - Afghan Evacuees or Cuban/Haitian Entrants who have fled their countries and did not have an opportunity to get their immigration documents in order

Citizenship/ Immigration Status

[More information on Immigration Document Types](#)

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.

Federal services are unable to verify your citizenship/immigration status at this time. Please choose an immigration status from the list below that best represents you so that we can provide you with benefits. You may also be asked to provide supporting documentation.

If you do not have one of the eligible immigration statuses listed below, use the Back button to go back to the last page to review and correct your answers. *

- Amerasian ⓘ
- Granted asylum ⓘ
- Cuban Haitian entrant ⓘ
- Deportation Withheld ⓘ
- Native Americans born in Canada or non U.S. territories ⓘ
- Refugee ⓘ
- Victim of severe trafficking or his or her spouse, child, sibling or parent ⓘ
- Iraqi Special Immigrant ⓘ
- Afghan Special Immigrant or Certain Afghan Evacuees ⓘ
- Conditional entrant granted before 1980 ⓘ
- Compact of Free Association (COFA) Migrant ⓘ
- Veteran or active duty member of military or his/her spouse or dependent ⓘ
- Lawful permanent resident ⓘ
- Granted parole for at least one year ⓘ
- Battered spouse or child (or his or her parent or child) ⓘ
- Non-immigrant status (visa) ⓘ
- Granted parole for less than one year ⓘ
- Granted temporary resident status ⓘ
- Granted Temporary Protected Status (TPS) or applicant for TPS with employment authorization ⓘ
- Granted employment authorization under 8 CFR 274a(12)(c)
- Family Unity beneficiaries ⓘ

PRUCOLS are certain noncitizens who are not lawfully present. These individuals may be permanently residing in the United States under color of law as described in 130 CMR 504.000.

To learn more about PRUCOL status, go to [Mass.gov/service-details/glossary-and-definitions](https://www.mass.gov/service-details/glossary-and-definitions)

Applicant or granted status under Deferred Action for Childhood Arrivals (DACA) ⓘ

I have a document but do not have any of the statuses listed above (Person Residing Under Color of Law, PRUCOL) ⓘ

If you do not have one of the eligible immigration statuses listed above, use the Back button to go back to the last page to review and correct your answers.

Reasonable Opportunity Period



Reasonable opportunity period (90 days)

- The individual has 90 days from receipt of the RFI notice for citizenship and immigration documents to provide all requested verifications.

Reasonable opportunity extension

- Applicants/members having difficulty providing the requested documentation of immigration, can request a 90-day reasonable opportunity extension
 - Must be requested before the original RFI period expires

Valid Nonimmigrant Visas

- Per MassHealth regulations, applicants, and members with valid, **unexpired “nonimmigrant visas”** such as B1 (work visa) and B2 (visitor) visas are considered Immigrants Lawfully Present (ILP)
- Other valid nonimmigrant visas such as J1 (work and study-based exchange visa) and F1 (student visa) would also place a member into ILP status
- If an applicant or member with a nonimmigrant visa satisfies residency and other requirements, they may be eligible for MassHealth benefits or Health Connector coverage
- In some situations, a person may enter the country on a valid nonimmigrant visa and apply for a different immigrant status during that time. If an applicant’s nonimmigrant visa expires, but the applicant can provide proof of their filed application for an upgraded status with the Department of Homeland Security (DHS), or for an extension of their visa (and they do not yet have employment authorization) they may qualify for PRUCOL or Person Residing Under Color of Law status

Additional Resources

Additional Resources: Recently published MassHealth Eligibility Operations Memos about eligibility for certain noncitizen groups:

- [EOM 22-03: Eligibility Rules for Cuban and Haitian Entrants](#)
- [EOM 22-04: Verification of PRUCOL Status](#)
- [EOM 21-15: MassHealth Benefits for Afghan Immigrant Evacuees](#)

Reminder: Cuban and Haitian Entrants



- **Cuban and Haitian entrants** are defined as certain nationals of Cuba and Haiti who have permission to reside in the U.S. based on humanitarian considerations or under special laws that apply to them
- For MassHealth eligibility, these individuals are considered Qualified Non-Citizens
 - The Cuban/Haitian entrant categories are defined in 501(e) of Refugee Education Assistance Act (REAA)
 - Not every national of Cuba or Haiti is a Cuban/Haitian entrant
- Immigration documents – Applicants coming from Cuba or Haiti could have other types of immigration statuses that could put them in a different healthcare eligibility category
- If available, submit the documents with the application

Application Completion Tips and Reminders



- **Answer all questions and print clearly**
- Put identifying information on documents such as D.O.B, name, and or SSN number
- Put a telephone number that applicant/member can be reached
- If you are an enrollment assister, list your direct telephone number
- **Ask** applicants or members you are working with **all the questions; don't assume responses**
- Submit documents, such as immigration documents, with the application and provide the document ID# and the Alien number if it is available

MEDICARE SAVINGS PROGRAM (MSP)

Medicare Savings Program (MSP)



- [MassHealth Medicare Savings Program](#) (formerly MassHealth Buy-In): Helps pay some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Medicare Part A. If members are in an MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs
- **On March 1, 2024, assets and resource requirements is no longer considered for eligibility**
- Medicare beneficiaries will only need to meet income requirements
- Programs:

Qualified Medicare Beneficiaries (QMB)
(formerly MassHealth Senior Buy-In)

Specified Low Income
Medicare Beneficiaries
(SLMB)

Qualifying Individuals (QI-1)

Qualified Medicare Beneficiary (QMB)



PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
Qualified Medicare Beneficiary (QMB)	<p>Less than or equal to 190% of the federal poverty level (FPL)</p> <p>Single: Effective 3/1/2024, income less than or equal to \$2,385</p> <p>Married: Effective 3/1/2024, income less than or equal to \$3,237</p>	<ul style="list-style-type: none">• Pays for Medicare Part A premiums• Pays for Medicare Part B premiums• Comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers (CHCs)• Pays for Medicare deductibles, coinsurance, and copays• Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help

Specified Low-income Medicare Beneficiary (SLMB)



PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
<p>Specified Low-income Medicare Beneficiary (SLMB)</p>	<p>Greater than 190% of FPL and less than or equal to 210% of FPL</p> <p>Single: Effective 3/1/2024, income is between \$2,386 and \$2,824</p> <p>Married: Effective 3/1/2024, income between \$3,238 and \$3,833</p>	<ul style="list-style-type: none"> • Pays for Medicare Part B premiums • Comes with HSN coverage at acute care hospitals and CHCs • Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help

Qualifying Individual (QI)

PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
Qualifying Individual (QI)	<p>Greater than 210% FPL and less than or equal to 225% of FPL</p> <p>Single: Effective 3/1/2024 between \$2,386 and \$2,824</p> <p>Married: Effective 3/1/2024, income between \$3,238 and \$3,833</p>	<ul style="list-style-type: none"> • Pays for Medicare Part B premiums • Comes with HSN coverage at acute care hospitals and CHCs • Helps with prescription drug costs by automatically enrolling members in Medicare Part D Extra Help

* Income limits change each year on March 1

** Income limit for CommonHealth + MSP is less than or equal to 135% FPL

How Does MSP Help Members?



- MSP is not insurance plans
- **MSPs are always combined with Medicare and do not offer any additional coverage or services that Medicare does not provide**

How does full MassHealth coverage and Medicare Savings Program work?

- MassHealth expanded MSP to provide MassHealth Standard or CommonHealth to eligible individuals. Full MassHealth programs like MassHealth Standard and CommonHealth are health insurance programs and can be used alone or combined with Medicare coverage. Unlike MSPs, MassHealth provides additional coverage and services not offered by Medicare
 - Members younger than 65, if eligible for MassHealth Standard and MSP, the online application at MAhealthconnector.org will determine the appropriate program
 - Members with income at or below 135% of FPL and eligible for MassHealth CommonHealth, MassHealth will verify the member is not eligible for Standard and notify the member

How Does MSP Help Members? (slide 1 of 2)



How does full MassHealth coverage and Medicare Savings Program work? (continued)

- For applicants or members 65 years and older, they can submit the SACA-2 application. MassHealth will first determine if they are eligible for MassHealth Standard. Standard's income and asset limits are applied and are different than MSP limits
- Applicants and members with income limit at or below 135% of FPL, maybe eligible for CommonHealth plus MSP
 - *Note:* Income over 100% of FPL will contribute to the cost of their care
- ***Why would I want an MSP only?***
 - If the applicant or member only want MassHealth to pay for their Medicare costs, or they know they will not qualify for full MassHealth coverage, an MSP (MHBI) application may be the best option
 - The MSP (MHBI) application is only for MSP; it is shorter and easier to complete than an application for full MassHealth

How Does MSP Help Members? (slide 2 of 2)



- ***What happens after a determination is made for MSP?***
 - MassHealth will notify Medicare when a member is eligible for MSP
 - If the Part B premium is being deducted from the member's social security or retirement check, the member's benefits will be adjusted so that the Medicare premium is no longer being deducted
 - If members are not yet paying for Part B or if paying the Part B premium in some other way, such as getting a quarterly bill, MassHealth will start paying the bill
- ***MassHealth card***
 - Only QMB members will receive a MassHealth card and should show all their health insurance cards at the time of medical services

Program Effective Date

- MSP QMB goes into effect:
 - first day of the calendar month following the date of the MassHealth eligibility determination; no retro
- MSP SLMB & QI goes into effect:
 - up to three calendar months before the month of application





The Applications, Application Completion Tips, and Reminders

Which Application to Use? (slide 1 of 2)



- Complete the [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services \(SACA-2\)](#), if:
 - Applicants wants to apply for full MassHealth coverage
 - Applicants wants to apply for full MassHealth coverage and Medicare Savings Program

- Complete the [Assistance with Medicare Costs: Medicare Savings Program \(MHBI\)](#), if:

- Applicants wants to apply only for the Medicare Savings Programs

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

HOW TO APPLY

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

Mail or fax your filled-out, signed application to MassHealth Enrollment Center PO Box 290794 Charlestown, MA 02129-0214	Fax: (617) 887-8799 Online at www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services	To schedule an appointment with a MassHealth representative or to apply in person, go to www.mass.gov/mashealth/ appointment.
---	---	--

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

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1, then read and sign the SNAP rights and responsibilities on pages 20-23. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

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 <ul style="list-style-type: none"> an individual 65 years of age or older and living at home and <ul style="list-style-type: none"> 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 household. 	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, TDD/TTY: 711. <ul style="list-style-type: none"> 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 household.
--	---

Assistance with Medicare Costs Medicare Savings Programs

This application is to see if you are eligible for help paying your Medicare Part B premiums, Medicare Part A premiums if you have them, or Part A or B copays or deductibles.

What may be covered depends on your and your spouse's (if you are married) income and assets.

If you are eligible for a Medicare Savings Program, you will also be enrolled in Medicare Part D Extra Help. Extra Help may help with prescription drug costs.

How much can I have in income and assets?

If your income and assets are at or below the amounts listed here, you may qualify for help from one of several Medicare Savings Programs.

You are a	Your income is at or below*	And your assets are at or below*
single individual	\$2,734/month	\$18,180
married couple	\$3,698/month	\$27,260

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1 of the application, read the SNAP rights and responsibilities on pages 3 through 7, and sign on page 2. Your application will then be sent automatically to the Department of Transitional Assistance (DTA). You do not have to apply for the SNAP Program to be considered for the Medicare Savings Programs.

*Income limits change each year on March 1.
*Asset limits change each year on January 1.

You can find up-to-date information about income and assets limits at www.mass.gov/service-details/program-financial-guidelines-for-certain-mashealth-applicants-and-members.

There are some types of assets that MassHealth will count and some types we will not count. Examples of countable assets are bank accounts, securities, investments, a second car, and cash. Countable and noncountable assets are described in 130 CMR 520.007 through 520.008.

There are certain deductions that MassHealth may subtract from your gross income when we calculate your countable income. These deductions are described in 130 CMR 520.012 through 520.014.

39



If I am eligible for one of the Medicare Savings

Which Application to Use? (slide 2 of 2)




- Complete the [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) if:
 - Applicant is **younger than 65**, has Medicare and wants Medicare Savings Program (MSP)

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 www.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**, TDD/TTY: 711, or (877) **MA ENROLL ((877) 623-6765)**.
- Visit a MassHealth Enrollment Center (MEC). To apply in person or to schedule an appointment with a MassHealth representative, go to www.mass.gov/masshealth/ appointment. See the **Member Booklet for Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.
- You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1, then read and sign the SNAP rights and responsibilities on pages 20-25. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

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 no matter what your income.
- 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 and reside in the community, 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.

MSP Renewal

- MassHealth is required to renew households annually
- Households not auto renewed are sent letters to heads of households explaining that they should submit the renewal form **within 45 days**
 - If the household responds, the system will determine their eligibility based on the application data and generate appropriate request for information (RFI), if applicable
 - If the household fails to respond, the system will determine their eligibility based on available data
- MSP members who applied with a Medicare Savings Programs Application (MHBI) will be renewed
 - Members selected will receive a newly created renewal form, Renewal Application for the Medicare Savings Programs (MHBI-R), and cover letter
 - Option to submit renewal by paper or via E-submission
 - Cover letter will have the E-submission URL and reference number

**Renewal for Assistance with Medicare Costs
Medicare Savings Programs**

This renewal application is to see if you are still eligible for help paying your Medicare Part B premiums, Medicare Part A premiums or Part A or B copays or deductibles.

How much can I have in income and assets?
Asset limits change each year on January 1.
There are some types of assets that MassHealth will count and some types we will not count. Examples of countable assets are bank accounts, securities, investments, a second car, and cash. Countable and noncountable assets are described in 130 CMR 520.007 through 520.008.
Income limits change each year on March 1.
There are certain deductions that MassHealth may subtract from your gross income when we calculate your countable income. These deductions are described in 130 CMR 520.012 through 520.014.
You can find up-to-date information about income and assets limits at www.mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants.

What may be covered depends on your and your spouse's (if you are married) income and assets.

If you are still eligible for a Medicare Savings Program, you will also be enrolled in Medicare Part D Extra Help. Extra Help may help with prescription drug costs.

You can use this renewal application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. www.mass.gov/retirement/food-bank-the-how-to

You are responsible for the accuracy of the information you provide on this form. You are responsible for the accuracy of the information you provide on this form. You are responsible for the accuracy of the information you provide on this form.

IMPORTANT—ACTION NEEDED

A Notice about Your Medicare Savings Program (MSP) Eligibility

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services | www.mass.gov/masshealth

EDMC PO Box 4405 Taunton, MA 02780-0968

Date: [DATE]
SSN: [XXXXXXXXXX]
MSP ID: [XXXXXXXXXX]
MSP Type: MSP ANNUAL
Medicaid ID: [XXXXXXXXXXXX]
Reference number: [XXXXXXXXXX]

Attn: [FIRST NAME]
Re: Notice sent to [LAST NAME, FIRST NAME] (review form not enclosed)

MassHealth needs to check whether you and your spouse (if you are married) still qualify for a Medicare Savings Program. A Renewal Application for Medicare Savings Programs is included with this notice. Fill out the form and send it back to us right away with as much information as you have.

Send back the filled-out, signed renewal form right away. If you do not send it back by the due date, your Medicare Savings Program benefits will end.

Instructions for completing the Renewal Application for Medicare Savings Program

1. Sign and date the renewal form.
2. Attach proof of citizenship/national status and identity for every family member who is a U.S. citizen/national. You do not have to do this if
 - you have given us this proof before; or
 - you receive Social Security or SSI income.
3. Fill out the MassHealth Authorized Representative Designation (ARD) Form if you want someone to act on your behalf as your authorized representative. If you have an authorized representative, we will send all eligibility notices to them as well as to your head of household. To get the ARD Form, call us at (800) 841-2900, TDD/TTY: 711, or go to <https://www.mass.gov/lists/hipaa-forms-for-masshealth-members>.
4. Send back the filled-out renewal form right away. We will only send you a letter if we need more information or if your current benefits change.

2024 CAC RECERTIFICATION

2024 CAC Recertification

- Recertification period has been moved to **May 1st through June 30th, 2024**
- Current certificates have been updated to reflect the extension, and now have an expiration date of June 30th, 2024
- Recertification Requirements:
 - Complete all required courses
 - Recertification Exam (20-question exam)
- New Certificate will now expire **April 2025**

Failure to recertify could result in losing access



Thank you!

