

# MassHealth Updates

Massachusetts Health Care Training Forum

April 2019



# Agenda

- Federal Poverty Level (FPL) Guidelines 2019
- ACA-3 Application and Member Booklet Update
- SACA Application and Senior Guide Update
- One Care Update

# Federal Poverty Level (FPL) Guidelines 2019

# Federal Poverty Level (FPL) Guidelines 2019

- The Federal Poverty Level (FPL) standards increased on 3/1/2019.
- MassHealth systems has been updated with the new 2019 FPL figures. It will be using the new FPL amounts for any new MassHealth eligibility determinations.
- The online system (HIX) has been updated with the new 2019 FPL figures on 3/1/19. It will us the new FPL amounts for any new MassHealth eligibility determinations performed on 3/1/19 or later.
  - The Health Connector will continue to use the 2018 FPL chart until the next Open Enrollment.
- The 2019 FPL chart is posted on the MassHealth website at <https://www.mass.gov/files/documents/2019/02/14/fpl-deskguide.pdf>

## 2019 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		120% Federal Poverty Level		133% Federal Poverty Level		135% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,041	\$12,492	\$53	\$636	\$1,249	\$14,988	\$1,385	\$16,620	\$1,406	\$16,872
2	\$650	\$7,800	\$1,410	\$16,920	\$71	\$852	\$1,691	\$20,292	\$1,875	\$22,500	\$1,903	\$22,836
3	\$775	\$9,300	\$1,778	\$21,336	\$89	\$1,068			\$2,365	\$28,380		
4	\$891	\$10,692	\$2,146	\$25,752	\$108	\$1,296			\$2,854	\$34,248		
5	\$1,016	\$12,192	\$2,515	\$30,180	\$126	\$1,512			\$3,344	\$40,128		
6	\$1,141	\$13,692	\$2,883	\$34,596	\$145	\$1,740			\$3,834	\$46,008		
7	\$1,266	\$15,192	\$3,251	\$39,012	\$163	\$1,956			\$4,324	\$51,888		
8	\$1,383	\$16,596	\$3,620	\$43,440	\$181	\$2,172			\$4,814	\$57,768		
For each additional person add	\$133	\$1,596	\$369	\$4,428	\$19	\$228			\$490	\$5,880		

## 2019 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	150% Federal Poverty Level		200% 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	\$1,562	\$18,744	\$2,082	\$24,984	\$2,603	\$31,236	\$3,123	\$37,476	\$4,164	\$49,968
2	\$2,114	\$25,368	\$2,819	\$33,828	\$3,523	\$42,276	\$4,228	\$50,736	\$5,637	\$67,644
3	\$2,667	\$32,004	\$3,555	\$42,660	\$4,444	\$53,328	\$5,333	\$63,996	\$7,110	\$85,320
4	\$3,219	\$38,628	\$4,292	\$51,504	\$5,365	\$64,380	\$6,438	\$77,256	\$8,584	\$103,008
5	\$3,772	\$45,264	\$5,029	\$60,348	\$6,286	\$75,432	\$7,543	\$90,516	\$10,057	\$120,684
6	\$4,324	\$51,888	\$5,765	\$69,180	\$7,207	\$86,484	\$8,648	\$103,776	\$11,530	\$138,360
7	\$4,877	\$58,524	\$6,502	\$78,024	\$8,128	\$97,536	\$9,753	\$117,036	\$13,004	\$156,048
8	\$5,429	\$65,148	\$7,239	\$86,868	\$9,048	\$108,576	\$10,858	\$130,296	\$14,447	\$173,724
For each additional person add	\$553	\$6,636	\$737	\$8,844	\$921	\$11,052	\$1,105	\$13,260	\$1,474	\$17,688

Institutional Income Standard \$72.80

# ACA-3 APPLICATION AND MEMBER BOOKLET UPDATE

# ACA-3 Application Revision: April 2019

- The *Application for Health and Dental Coverage and Help Paying Costs* (ACA-3) and the member booklet (ACA-1) have been updated effective 3/1/19.
- Revisions to the ACA-3 application include:
  - Instructions:
    - Use this application to see what coverage choices you may qualify for: The maximum income amount updated to reflect 2019 FPL guidelines of \$103,000.
      - Who can use this application? Deleted reference to “disabled working adults over 65.”
        - » Disabled working adults aged 65 and older will now be required to submit a SACA application, not an ACA application.



# ACA-3 Application Revision: April 2019 (cont.)

■ Question 9, new selection for “e”:

- If you are a noncitizen, do you have an eligible immigration status?  
Yes    No

See page 23, “Immigration Statuses and Document Types” for help. If No or no response, 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). Go to Question 10.

e. Optional Are you a: \_\_ victim of severe trafficking, \_\_ a spouse, child, sibling, or parent of a trafficking victim, \_\_ a battered spouse, \_\_ a child or the parent of battered spouse?

e. **Optional** Are you a:  victim of severe trafficking,  a spouse, child, sibling, or parent of a trafficking victim  
 a battered spouse,  a child or the parent of battered spouse?

# ACA-3 Application Revision: April 2019 (cont.)

- **Income Information:** Additional question about steady income:

**INCOME INFORMATION** (You may send proof of all household income with this application.)

20. Do you have any income?  Yes  No  
If you don't have income, skip to question 30.

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21. Is your income steady from month to month?  Yes  No  
If **No**, please provide the average income for the time period (per week, per month, etc.) for the questions below.

- **New Section for One Time Income** (pg. 6 & 10 Q. 29, Q30, Q39, Q 40)

**ONE-TIME-ONLY INCOME**

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39. Has or will this person receive income during this calendar year as a one-time only payment?  Yes  No  
Examples might be a lump-sum pension payment or a one-time capital gain.

If **Yes**: Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Month Received \_\_\_\_\_ Year received \_\_\_\_\_

40. Will this person receive income during the next calendar year as a one-time only payment?  Yes  No

If **Yes**: Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Month Received \_\_\_\_\_ Year received \_\_\_\_\_

# **ACA-3 MEMBER BOOKLET REVISION: APRIL 2019**

# ACA-3 Member Booklet Revision: April 2019

- Revisions Include:
  - Updated instructions on page 2. Removing the following language: “or are disabled and 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”



# ACA-3 Member Booklet Revision: April 2019 (cont.)

- New CMSP section
  - Covered Services: Addition of:
    - Some of the services **not** covered:
      - Emergency room services
      - Ambulance or other medical transportation
      - Inpatient hospital care
      - Cosmetic or orthodontic dentistry

## SECTION 5

### Children's Medical Security Plan

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The Children's Medical Security Plan (CMSP) provides health insurance for primary and preventive care for children and teenagers who do not have health care coverage. Eligibility for this program is determined by MassHealth.

# ACA-3 Member Booklet Revision: April 2019 (cont.)

- Section 2: MassHealth Standard (pg.11): Addition of language: autism spectrum disorder (ASD):
  - “Important information for children and youth with significant mental health needs, **including autism spectrum disorder (ASD)** or serious emotional disturbance (SED) MassHealth offers certain behavioral health services for eligible children and youth younger than 21 years of age who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard, and a behavioral health assessment or other evaluation shows that your child has significant mental health needs, **including ASD** or SED, he or she may be disabled and eligible for MassHealth CommonHealth.”

# ACA-3 Member Booklet Revision: April 2019 (cont.)

- Section 12: Where to get help: Expanded list of when to contact the Health Connector Customer Service:
  - Reporting changes
  - Information about enrollment in Health Connector health and dental plans, other program information, and appeals information
  - Health Connector member eligibility
  - Information about Health Connector eligibility factor
  - Verifications and examples of acceptable forms of proof
  - Information about Health Connector premium billing and
  - Status of a payment
- **New** informational flyer about the SNAP program

# **SACA-2 APPLICATION AND SENIOR GUIDE UPDATE**



# SACA-2 Application Revision: April 2019

- The Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)
- Revisions include: Who Can Use This Application: New instructions:
  - **NEW:** *Applicants who are age 65 and older disabled and working applying for CommonHealth (effective March 2019)*
    - “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”

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16. **DISABILITY** Answer this question if you are under age 65 or age 65 or older and working.

Do you have a disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months?  
(If legally blind, answer **Yes**.)  Yes  No Name: \_\_\_\_\_

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# SACA-2 Application Revision: April 2019 (cont.)

- Question 8: (pg. 3 & 8) New optional “e”:

e. **Optional** Are you a:  victim of severe trafficking,  a spouse, child, sibling, or parent of a trafficking victim  
 a battered spouse,  a child or the parent of battered spouse?

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- **Income Information:** Question 20, Question 21 & 31: (pgs. 4, 9): Additional question about steady income:

## **INCOME INFORMATION** (You may send proof of all household income with this application.)

20. Do you have any income?  Yes  No  
If you don't have income, skip to question 30.

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21. Is your income steady from month to month?  Yes  No  
If **No**, please provide the average income for the time period (per week, per month, etc.) for the questions below.

# SACA Application Revision: April 2019 (cont.)

- Deductions: Removed selection for:
  - Domestic Production Activities deduction
- Other Income: Deleted text “month received” for each type of other income (Pg. 5 & 10 Q27, Q37)
  - Previous text: Social Security benefits \$\_\_\_\_\_ How often/**month received?** \_\_\_\_\_
- New Section for One Time Income (pg. 6 & 10 Q. 29, Q30, Q39, Q 40)

## ONE-TIME-ONLY INCOME

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39. Has or will this person receive income during this calendar year as a one-time only payment?  Yes  No

Examples might be a lump-sum pension payment or a one-time capital gain.

If Yes: Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Month Received \_\_\_\_\_ Year received \_\_\_\_\_

40. Will this person receive income during the next calendar year as a one-time only payment?  Yes  No

If Yes: Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Month Received \_\_\_\_\_ Year received \_\_\_\_\_

# SACA Application Revision: April 2019 (cont.)

- Addition of Emancipated Minor section (pg. 18)

## Sign this application.

By signing this application below, I hereby certify under the pains and penalties of perjury that the submissions and statements I have made in this application are true and complete to the best of my knowledge, and I agree to accept and comply with the above rights and responsibilities.

**Important:** If you are submitting this application as an authorized representative, you must submit an **Authorized Representative Designation Form (ARD)** to us or have a form on record for us to process this application. The ARD is at the end of this application.

Signature of Person 1 or authorized representative or responsible party .....	Print name
	Date

If you are under 18 years of age, are you an emancipated minor?  Yes  No

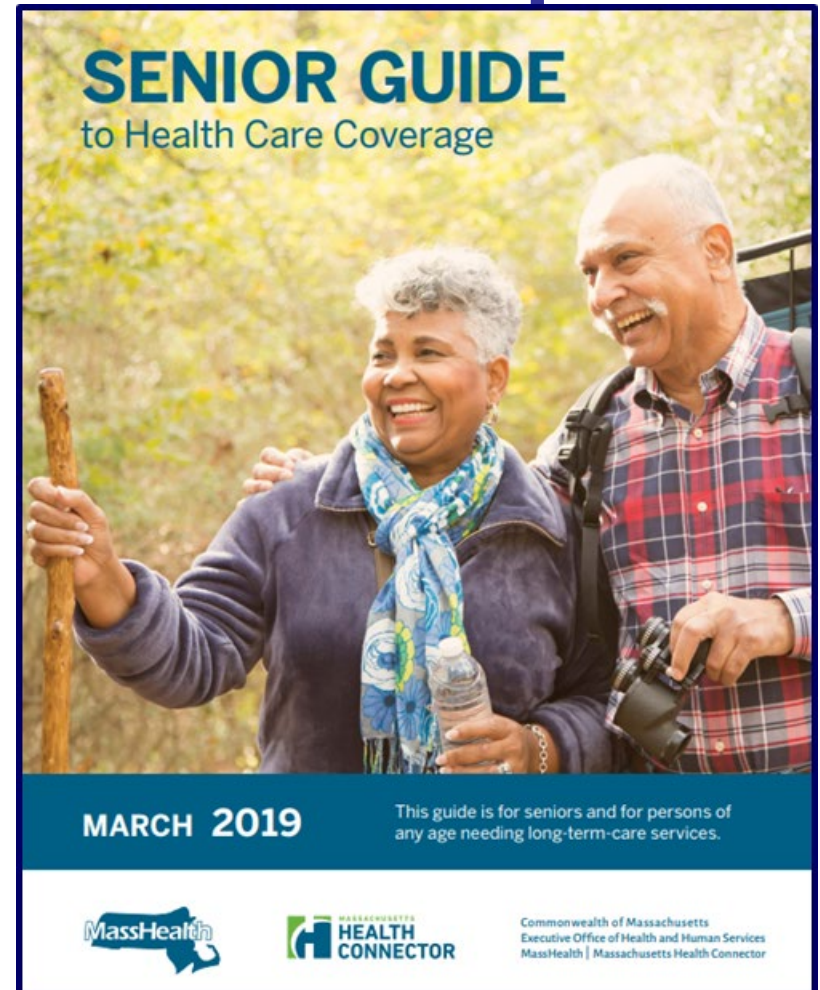
If **No**, we need a responsible party who is at least 18 years old to sign this application on your behalf. Please provide that person's information below.

First name	Middle name	Last name	Suffix
Social Security Number		Relationship to you	Date of birth

**NOTE: Recycle the October 2018 version of the SACA-2 and SACA-1 and use the March 2019 version.**

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

- Revisions include:
  - Section 1: MassHealth Income and Asset chart deleted; incorporated web links to eligibility figures throughout booklet.
  - Deductions-MAGI: Updated language to moving expenses: Only applies to active duty serve members only
  - Section 6: Addition of CommonHealth Program (p. 26)



# SACA Member Booklet Revision: April 2019

- Section 3 (pg. 19):
  - “How do I tell MassHealth that I am now getting or think I need PCA services?”: Updated language and added the link to PCA Supplement
  - Deleted FPL income chart
- Where to Get Help: Expanded the list of when to contact the Health Connector Customer Service: (pg. 44)
- **New** informational flyer about the SNAP program.

# Where to Send Completed Paper Applications

- Mail or fax completed **subsidized applications** to:

Health Insurance Processing Center  
 P.O. Box 4405  
 Taunton, MA 02780  
 FAX: 857-323-8300

- **SACA-2 applications** can be mailed to:

Central Processing Unit  
 P.O. Box 290794  
 Charlestown, MA 02129-0214  
 FAX: (617-887-8799)

**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](http://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**

- 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

**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
  - 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

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**

# 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](mailto: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)
  - Quantity requested
  - Name of the person, organization, and shipping address
  - A direct phone number in case there is a question about the order

# UPDATE: SACA RENEWAL FORM

# SACA Renewal Form: Update

- The MER (MassHealth Eligibility Review) form will be replaced by the Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (**SACA-2-ERV**) for the annual eligibility review process of non-MAGI members.
- MassHealth will no longer distribute the Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services (MER) form after March 31, 2019.
- Effective June 1, 2019, MassHealth will no longer accept the MassHealth Eligibility Review (MER) form.

# ONE CARE UPDATE

# One Care Plan Procurement Released

- On Monday, February 11<sup>th</sup>, MassHealth released the Request for Responses (RFR) for One Care Plans.
- Selected Respondents that enter contracts with EOHHS and CMS and successfully complete Readiness Review would accept enrollments effective January 1, 2021.
- One Care Procurement Timeline:
  - RFR Issued: February 11, 2019
  - Respondents' Conferences Held: March 11, 2019
  - Written Inquiries Were Due: March 29, 2019
  - Letter of Intent Due: April 30, 2019
  - **Respondents' Responses Due: 4:00 p.m. (EST) May 24, 2019**
  - Anticipated Date for Selection Announcement: Early Fall 2019
  - Anticipated Contract Execution Date: Late Spring/Summer 2020
  - **Anticipated Service Start Date: January 1, 2021**
- The RFR is published on COMMBUYS at <http://www.commbuys.com> under COMMBUYS Bid Number BD-18-1039-EHS01-EHS02-20518.

# Reminder: One Care is now available in Bristol County!

- Eligible members who live in Bristol County can now enroll in One Care through Commonwealth Care Alliance (CCA)
- Reminder - how to enroll in One Care:
  - There are three ways to enroll in One Care:
    1. Enroll online by visiting the One Care website: [www.mass.gov/one-care](http://www.mass.gov/one-care), and clicking on the “I’m ready to enroll in One Care!” section.
    2. Fill out and mail or fax the paper One Care Enrollment Decision Form (also available for download from the One Care website)
    3. Call the MassHealth Customer Service Center
  - Members may enroll in, change plans, or disenroll from, One Care at anytime
    - Enrollments (and disenrollments) are effective the first day of the following month.
    - For example, if a member enrolls anytime in January (e.g., January 3<sup>rd</sup> or January 23<sup>rd</sup>), the enrollment would take effect February 1.

# One Care

MassHealth+Medicare  
Bringing your care together

VISIT US ONLINE

[www.mass.gov/one-care](http://www.mass.gov/one-care)

EMAIL US

[OneCare@state.ma.us](mailto:OneCare@state.ma.us)

**Questions?**