

MassHealth



MassHealth

Massachusetts Health Care Training Forum (MTF)

October 2023

Updated 1/2024

Agenda

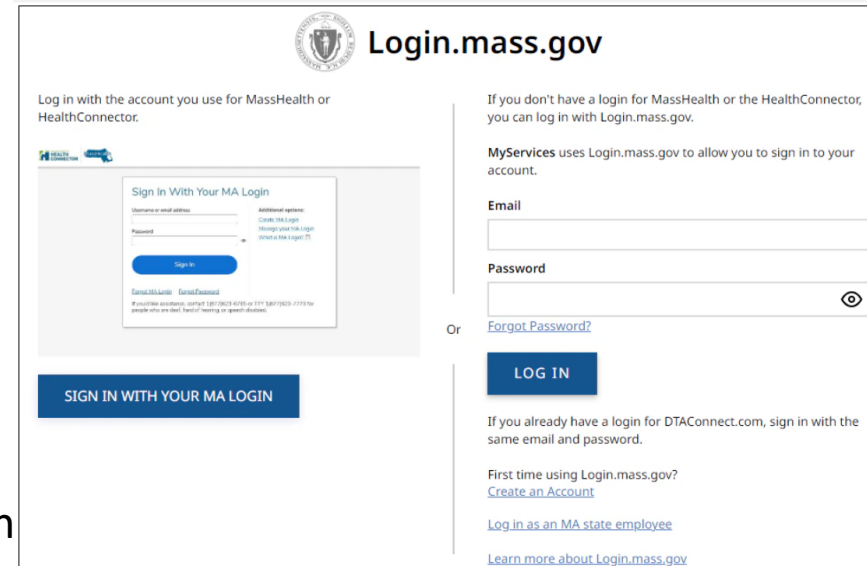
- MyServices Portal
- Updated Fair Hearing Form
- CommonHealth for Non-Working Individuals Over Age 65
- Revised ACA-3 and SACA-2 Applications
- Application Completion Tips and Reminders
 - Application Tips and Reminders
 - Immigration: Haitian and Cuban Entrants
- Revised Permission to Share (PSI) Form
- MassHealth Health Plans

MYSERVICES PORTAL

MyServices Portal

[MyServices](#) is a web portal designed for all applicants and members. With this portal, applicants and members can:

- review their contact information
- review eligibility status for MassHealth and the Health Connector
- review MassHealth enrollment information
- check the status of Requests for Information (RFIs) MassHealth sent
- get alerts about important events and actions to take
- review eligibility notices sent by MassHealth
- **MyServices is only available to members and applicants** and cannot be accessed by ARDs, PSIs, or Certified Assisters unless the member is present



Who Can Use MyServices

- Anyone who has an [MAhealthconnector](#) or [DTAConnect](#) account can use MyServices. This person could be:
 - **an account holder:** a person who has created an online account and may have applied for benefits for themselves or another person
 - **a head of household:** the person signing the application for benefits. Usually the account holder and the head of the household are the same person.
 - **a household member:** a person who is on the application but is not an account holder or the head of the household



MyServices: Create an Account



(slide 1 of 3)

- MassHealth members that already have a login for MA Login (HIX), can sign in with the same email and password
- Members that already have a login for DTACconnect.com, can sign in with the same email and password
- Create a MyServices Account

The screenshot shows the Login.mass.gov website. At the top left is the Massachusetts State Seal. The main heading is "Login.mass.gov". Below it, the text reads: "Log in with the account you use for MassHealth or HealthConnector." There is a "HEALTH CONNECTOR" logo. The central focus is a "Sign In With Your MA Login" form with fields for "Username or email address" and "Password", and a "Sign In" button. To the right of the form are links for "Forgot MA Login" and "Forgot Password". Below the form is a blue button that says "SIGN IN WITH YOUR MA LOGIN". To the right of the form, there is a section for users who don't have a login, with the text: "If you don't have a login for MassHealth or the HealthConnector, you can log in with Login.mass.gov." Below this is a "MyServices uses Login.mass.gov to allow you to sign in to your account." section, followed by "Email" and "Password" input fields, a "Forgot Password?" link, and a "LOG IN" button. At the bottom, there are links for "First time using Login.mass.gov? Create an Account", "Log in as an MA state employee", and "Learn more about Login.mass.gov".

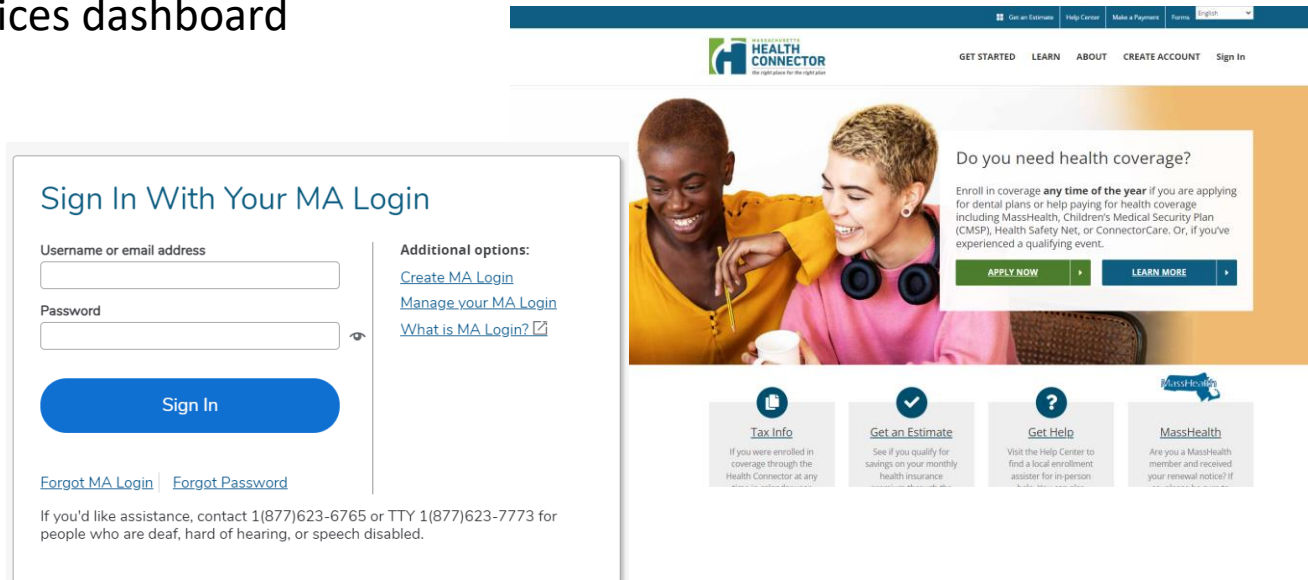
Best Practice

- Members **should not** use their work emails to create their MyServices account

MyServices: Create an Account (slide 2 of 3)

- Existing Members

- Members with an MA Login account through www.MAhealthconnector.org (see image below) or an account with login.mass.gov, we recommend using that account information to sign in to MyServices
- As an account holder, they will be prompted to enter their email address and password. Once logged in, the member will be redirected to the MyServices dashboard



The screenshot shows the MA Health Connector website interface. At the top, there is a navigation bar with links for 'Get an Estimate', 'Help Center', 'Make a Payment', 'Forms', and 'English'. Below this is the 'HEALTH CONNECTOR' logo and a secondary navigation bar with 'GET STARTED', 'LEARN', 'ABOUT', 'CREATE ACCOUNT', and 'Sign In'.

The main content area features a large banner with the text 'Do you need health coverage?' and a sub-header 'Enroll in coverage any time of the year if you are applying for dental plans or help paying for health coverage including MassHealth, Children's Medical Security Plan (CMSP), Health Safety Net, or ConnectorCare. Or, if you've experienced a qualifying event.' Below this banner are two buttons: 'APPLY NOW' and 'LEARN MORE'.

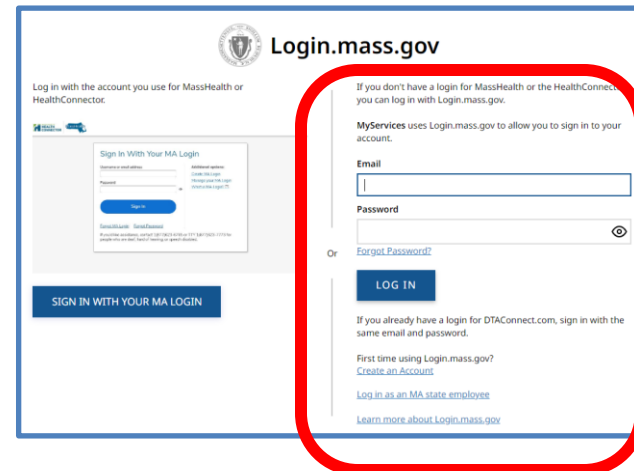
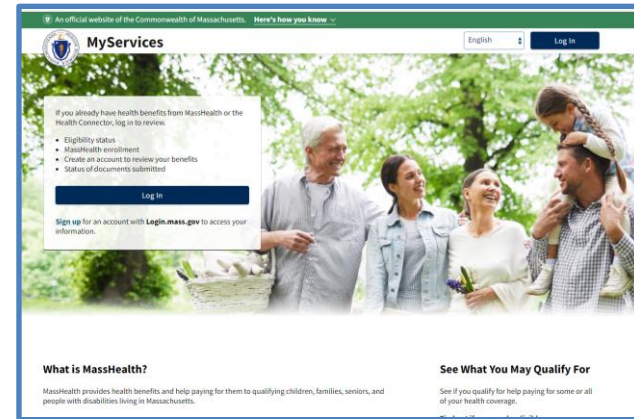
Below the banner is a row of four service tiles: 'Tax Info', 'Get an Estimate', 'Get Help', and 'MassHealth', each with a brief description of the service.

Overlaid on the left side of the screenshot is a 'Sign In With Your MA Login' form. The form includes fields for 'Username or email address' and 'Password', a 'Sign In' button, and links for 'Forgot MA Login' and 'Forgot Password'. To the right of the form are 'Additional options' with links for 'Create MA Login', 'Manage your MA Login', and 'What is MA Login?'. At the bottom of the form, there is contact information: 'If you'd like assistance, contact 1(877)623-6765 or TTY 1(877)623-7773 for people who are deaf, hard of hearing, or speech disabled.'

MyServices: Create an Account (slide 3 of 3)

- **New Members**

- Members can sign up for MyServices by clicking “Create an Account”
- They will be redirected to the login.mass.gov login screen and required to enter a valid email address. The system will verify the email address with a verification code sent to email on record. Member then enters the code on the login.mass.gov login screen to begin creating a profile
- Members can create a new profile whether or not they already have a MAhealthconnector or DTACONNECT account
- If the member sign up for services from MassHealth or DTA later, they can link those accounts to MyServices by entering their complete SSN or MassHealth ID in MyServices



MyServices App

- Available both on the web and mobile app for [Android](#) or [iOS](#)



MyServices.mass.gov 17+

MA Executive Office of Health and Human Services

Designed for iPad

Free



Google Play

Games

Apps

Movies & TV

Books

Kids



Store

Mac

iPad

iPhone

Watch

AirPods

TV & Home

Entertainm

Languages and Notices

- **Translated in six languages:** English, Spanish, Brazilian Portuguese, Traditional Chinese, Vietnamese, and Haitian Creole
- Fall 2023: MAhealthconnector.org or HIX notices will be available in Spanish, Haitian Creole, Portuguese, Simple Chinese, and Vietnamese
 - Members can Opt to receive their notices in those preferred languages
- Learn more about MyServices at [Learn about MyServices](#)



MAHEALTHCONNECTOR.ORG SYSTEM UPDATE

MAhealthconnector.org System Update



- A new multilanguage feature is now available
 - An individual will now be able to select “Portuguese” as their preferred language. This feature will allow members and applicants to complete their online application and receive notices in Portuguese, specifically in the Brazilian **Portuguese language**

The screenshot displays the MAhealthconnector.org website interface. At the top, there is a navigation bar with links for 'Get an Estimate', 'Help Center', 'Make a Payment', and 'Forms'. The 'Forms' dropdown menu is open, showing a list of languages: English (selected), Select Language, العربية, 简体中文, English, Kreyol ayisyen, Português, Español, and Tiếng Việt. The 'Português' option is highlighted. Below the navigation bar, the main content area features a large image of two young women smiling. To the right of the image, there is a text box asking 'Do you need health coverage?' and providing information about enrolling in coverage at any time of the year. Below this text are two buttons: 'APPLY NOW' and 'LEARN MORE'.

MASSHEALTH FAIR HEARING

How to Appeal a MassHealth Decision



- As a MassHealth applicant or member, if you disagree with a MassHealth decision, or if MassHealth modify or deny a prior authorization (PA), the applicant or member have the right to appeal the decision
- How to appeal a MassHealth decision:
 - Complete and submit the Fair Hearing Request form within the timeframes listed on the form
 - If the applicant or member have a disability and need an accommodation in order to attend or participate in their hearing, they can send a [Request for Reasonable Accommodation form](#)
 - After the appeals form is submitted, the Board of Hearings will send a notice of the hearing date, time, and place at least 10 calendar days before the scheduled hearing date

Update: MassHealth Fair Hearing Rules

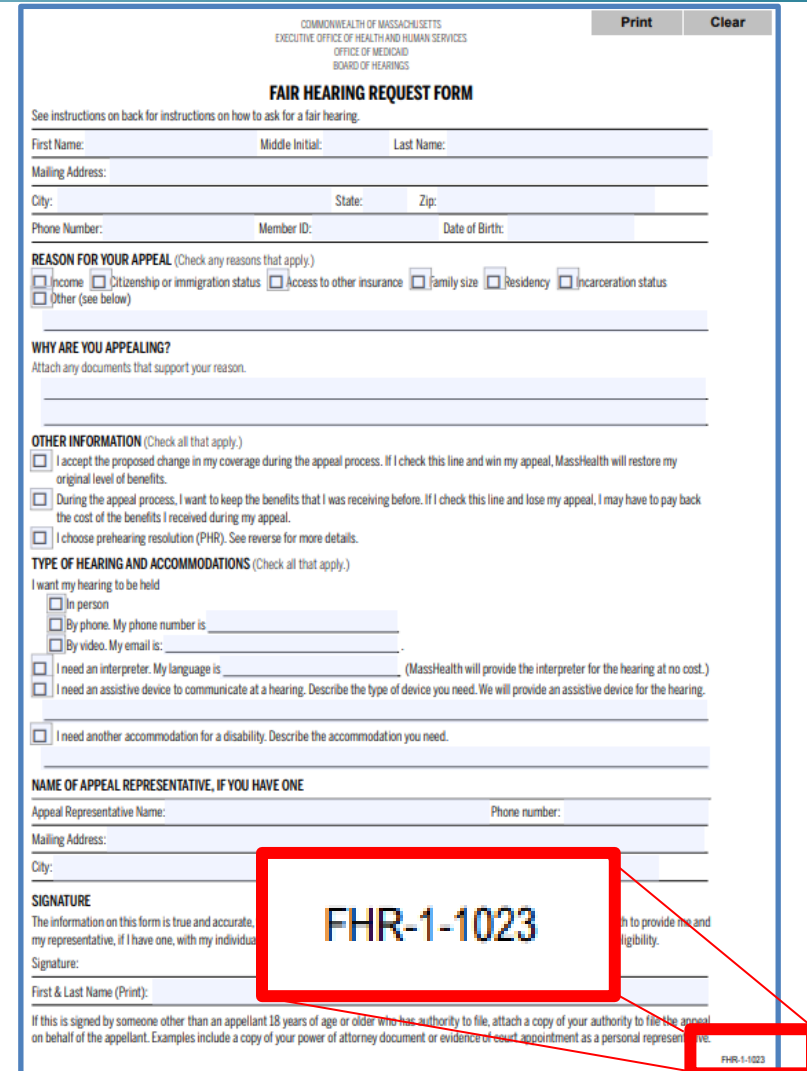


MassHealth regulation changes to [130 CMR 610.000](#): MassHealth: Fair Hearing Rules

- Changes include:
 - Extention of the timeframe to request a fair hearing from 30 to 60 days
 - The Board of Hearings must receive a completed, signed request within 60 calendar days after a member or applicant received notice from MassHealth of an intended action
 - Under limited circumstances, applicants or members will have 120 days to submit a request for fair hearing, such as if MassHealth failed to act on an application
 - Request a prehearing resolution (PHR)
 - A new option for resolving appeals before holding a formal fair hearing
 - If a matter cannot be resolved by PHR, then the member or applicant will continue to a formal hearing

Updated Fair Hearing Request Form

- Updates, include:
 - Updated language to align with extending to 60 days to request a fair hearing
 - Added an option to select prehearing resolution
 - Added explanation for an expedited hearing and prehearing resolution
 - Added section for “Type of Hearing and Accommodations” within “Other Information,” which now includes a video hearing as an option
- **After March 31, 2024**, previous versions of the FHR-1 will be obsolete, and the October 2023 version of the FHR-1 will be the only acceptable version



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID
BOARD OF HEARINGS

FAIR HEARING REQUEST FORM

See instructions on back for instructions on how to ask for a fair hearing.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Member ID: _____ Date of Birth: _____

REASON FOR YOUR APPEAL (Check any reasons that apply.)

Income Citizenship or immigration status Access to other insurance Family size Residency Incarceration status
 Other (see below)

WHY ARE YOU APPEALING?
Attach any documents that support your reason.

OTHER INFORMATION (Check all that apply.)

I accept the proposed change in my coverage during the appeal process. If I check this line and win my appeal, MassHealth will restore my original level of benefits.

During the appeal process, I want to keep the benefits that I was receiving before. If I check this line and lose my appeal, I may have to pay back the cost of the benefits I received during my appeal.

I choose prehearing resolution (PHR). See reverse for more details.

TYPE OF HEARING AND ACCOMMODATIONS (Check all that apply.)

I want my hearing to be held

In person
 By phone. My phone number is _____
 By video. My email is: _____

I need an interpreter. My language is _____ (MassHealth will provide the interpreter for the hearing at no cost.)
 I need an assistive device to communicate at a hearing. Describe the type of device you need. We will provide an assistive device for the hearing.

I need another accommodation for a disability. Describe the accommodation you need.

NAME OF APPEAL REPRESENTATIVE, IF YOU HAVE ONE

Appeal Representative Name: _____ Phone number: _____

Mailing Address: _____

City: _____

SIGNATURE

The information on this form is true and accurate, and I am the appellant or my representative, if I have one, with my individual signature.

Signature: _____

First & Last Name (Print): _____

FHR-1-1023

If this is signed by someone other than an appellant 18 years of age or older who has authority to file, attach a copy of your authority to file the appeal on behalf of the appellant. Examples include a copy of your power of attorney document or evidence of court appointment as a personal representative.

FHR-1-1023

How to Appeal

Mail	Fax or E-fax	Phone
<p>Board of Hearings Office of Medicaid 100 Hancock St. 6th Floor Quincy, MA 02171</p>	<p>Office of Medicaid, Board of Hearings at 617-887-8797</p>	<p>Call MassHealth at 800- 841-2900, TDD/TTY: 711, to fill out your request for a fair hearing form by phone</p>

MASSHEALTH COMMONHEALTH FOR SENIORS

Changes to CommonHealth Eligibility for Seniors



In August, MassHealth announced changes to MassHealth CommonHealth eligibility for those age 65 and older:

- Members who were enrolled in MassHealth CommonHealth for at least ten years are now eligible to remain on MassHealth CommonHealth after turning 65 whether they work or not
 - Members over 65 who continue to work at least 40 hours per month may continue to receive CommonHealth if they are otherwise eligible

Applying for CommonHealth for Seniors



How to apply:

- Members who would like to apply for MassHealth CommonHealth under the new rules should fill out a renewal form for seniors over age 65 (SACA-2-ERV)
 - They should mark “CommonHealth” on the front of the form to specify that they are interested in apply for this program
- MassHealth will confirm that they are not otherwise eligible for MassHealth Standard
- If found eligible, CommonHealth members are subject to all other rules of the CommonHealth program found at 130 CMR 519.012(A)
- For more information, see Eligibility Operations Memo [23-19: Changes to MassHealth CommonHealth Eligibility for Seniors](#)

REVISED ACA-3 AND SACCA-2 APPLICATIONS

ACA-3 Application

Application for Health and Dental Coverage and Help Paying Costs (ACA-3)

- Who can use this application:
 - People younger than 65 who do not need long-term-care services (either in a nursing facility or in the community),
 - Parents of children younger than 19, and
 - Adult relatives living with or taking care of children younger than 19 (regardless of the age of the parent or adult relative) when neither parent is living in the home



Application for Seniors and People Needing Long-Term-Care Services (SACA-2)



Who can use this application:

- A person who is 65 years of age or older and who is living at home and
 - is not the parent of a child younger than 19 years of age who lives with the person; or
 - is 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
- Is disabled and is either employed 40 hours or more a month or is currently employed and has been employed for at least 240 hours in the six months immediately before the month of application; or
- A person of any age who needs long-term-care services in a medical institution or a nursing facility; or
- A person who is eligible under certain programs to get long-term care services to live at home; or
- A member of a married couple living together and
 - both spouses are applying for health coverage;
 - there are no children younger than 19 years of age living with the couple; and
 - one spouse is 65 years of age or older and the other spouse is younger than 65 years of age

Updates to the ACA-3 and SACA-2 Application



Updates include:

- ACA-3 application: Added language to previous medical bill to align with the online application
- ACA-3 and SACA-2 revisions include:
 - Health equity questions for each person
 - Updates to the race and ethnicity options

4. What was your sex assigned at birth? Male Female.

This is usually the sex that was originally listed on your birth certificate.

OPTIONAL: MassHealth is committed to providing equitable care for all members regardless of race, ethnicity, gender, sexual orientation or language spoken. Please complete questions 5 through 9 to help us meet your language and cultural needs. Your response is voluntary, and will not impact your eligibility or be used for any discriminatory purpose.

5. Which best describes your current gender identity?

Gender identity is how a person defines and understands their gender as a man, a woman, nonbinary, gender nonconforming, transgender, or something else. Select up to five options.

- Male Female Transgender man/trans man Transgender woman/trans woman
 Genderqueer/gender nonconforming/nonbinary/neither exclusively male nor female
 Gender Identity not listed Please specify _____ Don't know Choose not to answer

Updates to the ACA-3 and SACA-2 Application (continued)



6. Which of these describes your current sexual orientation?

Sexual orientation describes how a person defines their physical and/or emotional attraction to others. Select up to five options.

- Straight or Heterosexual Lesbian or Gay Bisexual Queer, pansexual, or questioning
 Sexual Orientation is not listed Please specify _____ Don't know Choose not to answer

7. Are you of Hispanic or Latino origin or descent?

Hispanic or Latino refers to someone of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

- Yes, Hispanic or Latino No, Non-Hispanic or Latino Don't know Choose not to answer

8. Race (see page 27) _____

Race refers to a person's self-identification with one or more social groups. You may report multiple races.

9. Ethnicity (see page 27) _____

Ethnicity refers to your background, heritage, culture, ancestry, or the country where you or your family were born.

- Updates to the Department of Transitional Assistance Rights and Responsibilities language for the SNAP program

Resources - Revised ACA-3 and SACA-2 Applications



- Supplies and Use of Revised Forms: Use of the March 2023 version of the ACA-3 will be accepted through 2024

[MassHealth Member Library](#)

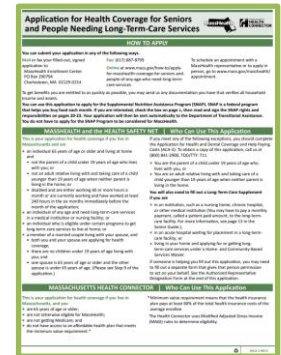
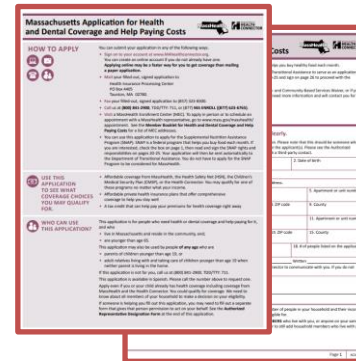
- ACA-3 and SACA-2 Applications materials
[Applications to become a MassHealth member](#)

- ACA and SACA Member Booklet

[MassHealth Member Guides and Handbooks](#)

- Member Forms

[MassHealth Member Forms](#)



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

Cuban and Haitian Entrants

- Certain Persons Residing Under the Color of Law (PRUCOL), including Haitian/Cuban entrants are MassHealth eligible
- **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

Cuban and Haitian Entrants: RFI

- If an immigration status cannot be verified by data match and/or if an applicant or member cannot provide documentation, a Request for Information (RFI) will be sent out and give the applicant or member 90 days to verify their immigration status
 - Reasonable opportunity extension: If an individual is having difficulty providing the requested documentation, they may request a 90- day reasonable opportunity extension
 - The request must be made before the original RFI period expires
- **Additional resources:** MassHealth Operations Memo
 - [PRUCOL Verification](#) to learn more about PRUCOLs and verifications they can submit to verify that they are permanently residing in the US under color of law (PRUCOL) for purposes of MassHealth eligibility
 - [Eligibility Rules for Cuban and Haitian Entrants](#) for detail examples of Cuban and Haitian nationals who qualify as Cuban and Haitian entrants, including granted parolees, those with pending asylum applications or currently in removal proceedings

PERMISSION TO SHARE INFORMATION (PSI) FORM

MassHealth PSI Form

MassHealth Permission to Share Information (PSI) Form

- Use this form if you want to give MassHealth permission to
 - talk with another person or organization about your eligibility,
 - share copies of your eligibility notices with them, or
 - share copies of your records with another person or organization

MASSHEALTH
Permission to Share Information (PSI) Form

Use this form if you want to give MassHealth permission to


- talk with another person or organization about your eligibility,
- share copies of your eligibility notices with them, or
- share copies of your records with another person or organization.

Complete all questions under Section 2 if you want to give MassHealth permission to talk with another person or organization about your eligibility and to share copies of your eligibility notices with them. (Do not complete Section 3 unless you are asking MassHealth to share written copies of your records.) This person or organization could be someone like:

- a family member, friend, or other trusted person,
- someone who helps take care of you,
- someone who helps you fill out MassHealth forms, or
- a social worker, lawyer, or health care advocacy group.

Complete all questions under Section 3 if you want to give MassHealth permission to share copies of your records with another person or organization. (Complete Section 3 only if you are asking MassHealth to share written copies of your records.) The information included in your records may include:

- MassHealth claims showing services you have received
- Past MassHealth applications and related information you've sent to us
- Past MassHealth notices that have been sent to you



Do not use this form if you want

- information about yourself,
- copies of your own records,
- information about your children under age 18. (You can usually get this without filling out any forms.),
- your eligibility and payment information to be shared with your health care provider. (Your health care provider can get information about your MassHealth eligibility and payment for services provided to you without you filling out any forms.), or
- to create an appeal representative status related to a Fair Hearing. (You should fill out the appropriate sections on the Fair Hearings Request (FHR-1) form OR complete a current Authorized Representative Designation (ARD) form. Current versions of both forms are available at www.mass.gov/service-details/masshealth-member-forms.)

Important: If you decide you want to fill out this form, you must fill out all applicable sections. Please print clearly and remember to **sign and date Section 7**. If a legal representative is completing this form, they must **sign and date Section 8**.

SECTION 1 Name of MassHealth applicant or member

I give permission for MassHealth and its representatives to share the information listed in Section 2 or Section 3 about:

Name of applicant or member whose information is to be shared*

Street*	City*	State*	Zip*
Date of birth*	Telephone number		

MassHealth ID number (if you have one)*

Please Note: Fields with an asterisk * are required. If you do not have a MassHealth ID number, you can give us the last four digits of your social security number (SSN), if you have one.

SECTION 2 Permission for MassHealth to talk about your eligibility details and share copies of your eligibility notices

The person or organization that you write in Section 4 will be able to contact MassHealth to receive information described by the checked box below.

I give MassHealth permission to do the following:

- talk about my eligibility details,
- talk about my MassHealth benefits, and
- share copies of eligibility notices with the person or organization written in **Section 4**.

Please note: These notices may contain financial information. Check this box only if you want the person or organization in Section 4 to be able to contact MassHealth to get eligibility information and get copies of your eligibility notices.

If you check this box, MassHealth will send copies of your eligibility notices to the person or organization in Section 4. They can also ask for copies of your eligibility notices. These notices have information about all members of a household. If you check this box, each member of your household who is 18 years or older must complete a separate PSI form.

Page 1

PSI-0223

Page 1 | PSI-0223

PSI-0223 | Page 2

Permission to Share (PSI) Form

- Completing the form:
 - **Section 2:** Complete all questions in Section 2 to give MassHealth permission to talk with another person or organization about eligibility information and to share copies of eligibility notices
 - **Section 3: Only** complete to give MassHealth permission to share written copies of records such as claims showing services received, **past MassHealth applications and related information**, past notices sent from MassHealth
 - If checked, can be emailed to MassHealth's Privacy Office
 - **Section 4:** Complete all, identifying the individual or organization information is to be shared with
 - **Section 5:** Tell us why you want to share the information listed in Section 1 or 3
 - **Section 6:** The PSI ends in 12 months unless a different date is noted (date prior to the 12th month)
 - **Section 7:** Required applicant or member signature

Permission to Share (PSI) Form



(continued)

How to cancel the PSI

- Applicants or members may cancel this permission **at any time by sending a letter** to: Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780
- **For Certified Assistors**, the PSI form is optional and completed upon the request of the applicant or member
- No don't submit a pre-filled form
- Resource: [Permission to Share Information \(PSI\) Form](#)

MASSHEALTH HEALTH PLAN UPDATE (ACO PLANS)

Who's Eligible to Enroll?

MassHealth members eligible to enroll in a MassHealth ACO, MCO, or the PCC Plan:

- Under 65, no Third Party Liability (TPL) (including Medicare)
- Live in the community (for example, not in a nursing facility)
- In the following MassHealth Coverage Types:
 - MassHealth Standard
 - MassHealth CommonHealth
 - MassHealth CarePlus
 - MassHealth Family Assistance

Note: For additional details see 130 CMR 508.001-002

Service Area Update on 1/1/24

UPDATE

The following new service areas will be offered by MassHealth starting on January 1, 2024

WellSense Health Plan	Will be in the following service area
WellSense Community Alliance	Oak Bluffs
Boston Children’s ACO	Athol, Gloucester, Greenfield, and Pittsfield
East Boston Neighborhood Health WellSense Alliance	Lynn

The following health plan will no longer be offered by MassHealth in the following service area starting on January 1, 2024

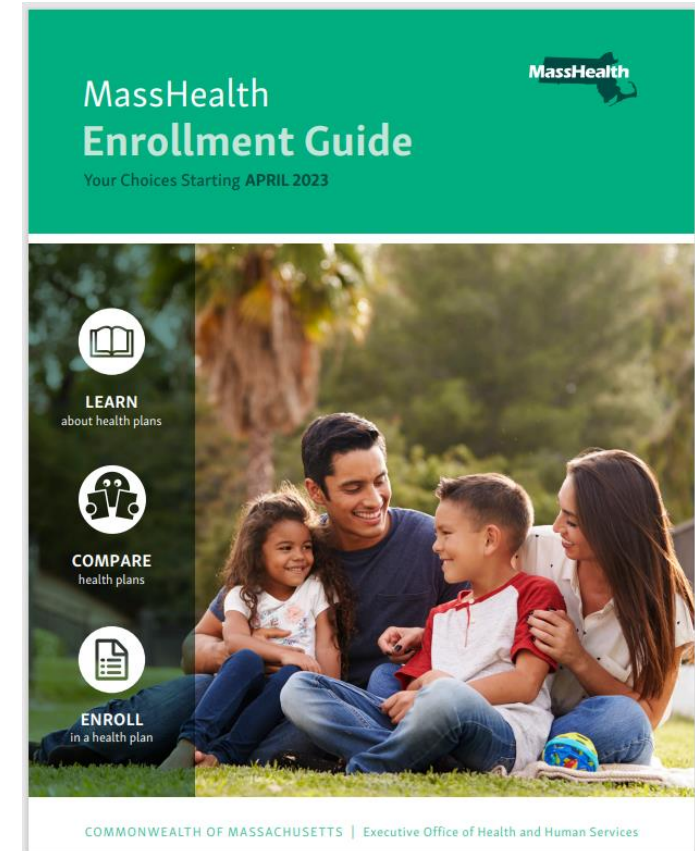
WellSense Health Plan	Will no longer be in the following service area
WellSense Care Alliance	Wareham

Resources - MassHealth Health Plan Update (ACO Plans)



- Learn, Compare, Enroll at [MassHealthChoices.com](https://www.masshealthchoices.com)
- [MassHealth Enrollment Guide](#)
- Call MassHealth at (800) 841-2900, TDD/TTY: 711

MassHealth Customer Service is open
Monday – Friday, 8 am to 5 pm



Question Received

- Is there any policy change for frequency of COVID Testing? Are referrals required for Urgent Care visits? When will referrals become effective?
 - Referrals are not required of a provider enrolled as an Urgent Care. This information is available in the All Provider Regulations Subchapter 5: [Administrative and Billing Regulations 130 CMR 450.118 part J5](#), listing the services that do not require a referral. Item V specifies that Urgent care services do not require a referral.
 - Updates on Referrals: [All Provider Bulletin 371](#)
 - **UPDATE** [Sign up](#) to receive email notification when new MassHealth provider bulletins and transmittal letters are published
- **To learn more**, register for the **MassHealth Training Forum Provider Updates webinar**. Presented by MassHealth Provider Relations and Business Services and Supports (BSS)
 - [Tuesday, October 24 from 10:00am - 12:00pm](#)
 - [Thursday, October 26 from 2:00pm - 4:00pm](#)

MTF Survey

- MTF Survey will be sent to all MTF participants in the coming week
- Purpose – engage participants regarding future events/meetings
- Respond by November 17, 2023

Thank You!