

HIX System Release Updates



Description

Release 24

Release date: December 17, 2021

On December 17, 2021, Release 24 was implemented in the online system at MAhealthconnector.org, commonly known as HIX. When you log in on or after a system release date, remember to make sure you clear your cache and cookies before opening up HIX.

This release will include the following updates:

- Updated Questions and User Interface (UI):
 - [MassHealth Disability Enhancement](#): On 2/1, HIX will display a new banner on the Account Dashboard for certain MassHealth members who have a determination based on Disability. The new banner will display for members ages 19-64 years who have MassHealth CommonHealth, Standard, or a Spenddown determination. The banner and pop up is informational. If a member has a Spend down determination, this will be displayed as “Deductible.” It will only display if the member is in an active Spenddown period or if the Spenddown period has not been expired for longer than 6 months.
 - [Lottery and Gambling Income](#): The Tax Cuts & Jobs Act introduced MAGI based methodology changes to count the qualified lottery and gambling winnings income in MAGI based income calculation. The rule will be added to this release, capturing all lottery and gambling winnings and their frequency. Lottery and gambling winnings of \$80,000 or greater with a frequency of “one-time” will be incorporated into the MAGI HH Income over several months for the recipient of this income based.
 - [Transitional Medical Assistance \(TMA\) Enhancements](#): Currently, Transitional Medical Assistance (TMA) benefits are provided to parents and caretaker relatives (of children younger than 19 years of age) and their children if the household income has increased due to a household member’s earnings from a job increasing. Federal regulations were updated and now the logic in the HIX will align with this update for TMA benefits. MassHealth will consider any change in the eligibility information that increases the MAGI FPL above 133%.

HIX System Release Updates



- [Duplicate Member Applications](#): The HIX system currently performs duplicate member checks for the initial application. This update will perform the duplicate member check for any Report a Change, QHP and Mixed Household renewal, MassHealth Renewal, and Periodic Data Matching processes in addition to initial applications.
- [Multi-Language Support](#): The HIX platform currently supports the display of certain contents in English and Spanish but may not display Spanish on certain third-party screens. In R24, the system will let the users select the language preference and display the screen content in the user's preferred language for contents related to ID proofing, in addition to third-party screens for Health Connector consumers.
- [HRA SEP Enhancements](#): Currently, if someone comes in during Closed Enrollment and reports having access to a Health Reimbursement Account (HRA) the applicant will require an Admin SEP to be provided to allow them to shop and enroll. With this update, the system determines whether an application is SEP eligible or not based on the answers provided against the set of newly added HRA questions on the "Qualifying Life Events" screen (Can I Shop? Questionnaire).
- [QHP Effective Date](#): The HIX system will now display "Not Applicable" against the qualified health plan (QHP) eligibility effective date element when the eligibility start date for the current year eligibility falls in the renewal year.
- [Health Equity Data \(related to race, ethnicity, and language\)](#): In this release, an additional text box option is added for questions related to Race and Ethnicity.
- [Language Updates for Rights and Responsibilities](#): The Rights and Responsibilities page has been updated to mirror the changes made to the paper application in early 2021. This update impact applicants and members seeking financial assistance only and does not apply to QHP consumers.

[MassHealth Disability Enhancement](#)

On 2/1, HIX will display a new banner on the *Account Dashboard* for certain MassHealth members who have a determination based on Disability. The new banner will display for members ages 19-64 years who have MassHealth CommonHealth, Standard, or a Spenddown determination. The banner and pop up is informational. If a member has a Spend down determination, this will be displayed as "Deductible." It will only display if the member is in an active Spenddown period or if the Spenddown period has not expired longer than 6 months.

HIX System Release Updates



MASSACHUSETTS
HEALTH
CONNECTOR

the right place for the right plan

Manage Customer

Create Customer Profile

My Account

Learn More

Get Assistance

0

Accessibility

Language: English

Notes

Cristin

Sign Out

Individuals on this account may have additional coverage based on a disability. [Click here](#) to learn more.

John Doe

Account Reference Id: RefID_1545076232328

[View Profile](#)

Application Status - 2022

Submitted

Updated: 01/25/2022 at 02:53PM CST

0 New Alerts

Next Renewal Date

07/01/2022

Reasonable Accommodations

None

Disability Message

John Doe has a verified disability b...

[Show More](#)

Personal Information

Request for Information

0 active 0 inactive 0 expired 5 verified

Notices

0 Print Pending

Latest Eligibility

Eligibility ID: 203677358

[View All Eligibilities and Processes](#)

Member	Eligible For	Start Date
John Doe	ConnectorCare Plan Type 2B (Advance ...	03/01/2022
DOB: 1-1-1980	1X - Temporary Health Safety Net	01/15/2022
Medical ID:		
Connector ID		

MASSACHUSETTS
HEALTH
CONNECTOR

the right place for the right plan

Manage Customer

Create Customer Profile

My Account

Learn More

Get Assistance

0

Accessibility

Language: English

Notes

Cristin

Sign Out

Individuals on this account may have additional coverage based on a disability. [Click here](#) to learn more.

John Doe

Account Reference Id: RefID_1545076232328

[View Profile](#)

Application Status - 2022

Submitted

Updated: 01/25/2022 at 02:53PM CST

0 New Alerts

Next Renewal Date

07/01/2022

Reasonable Accommodations

None

Disability Message

John Doe has a verified disability b...

Additional Coverage

Below is the summary of the additional coverage for the member(s) of this application. More details will be included in the notice(s).

Member	Eligible For	Start Date
John Doe	CommonHealth (For more information about MassHealth CommonHealth including coverage dates and if you have to pay a monthly premium call 1-800-841-2900.)	01/09/2022

Latest Eligibility

Eligibility ID: 203677358

[View All Eligibilities and Processes](#)

Member	Eligible For	Start Date
John Doe	ConnectorCare Plan Type 2B (Advance ...	03/01/2022
DOB: 1-1-1980	1X - Temporary Health Safety Net	01/15/2022
Medical ID:		
Connector ID		

HIX System Release Updates



Member	Eligible For	Start Date
Joe Doe DOB: [redacted] Medicaid ID	Deductible (You may have to meet a deductible to become eligible for MassHealth CommonHealth. For more information about the deductible call 1-800-841-2900.)	01/09/2022

Lottery and Gambling Income

The Tax Cuts & Jobs Act introduced Modified Adjusted Gross Income (MAGI) based methodology changes to count the qualified lottery and gambling winnings income in MAGI based income calculation. The act requires that lottery and gambling winnings of \$80,000 or greater, which are received in a single payout, be counted not only in the month received, but over up to 120 months. This is applicable only for qualified lottery or gambling winnings received beginning on, or after, January 1, 2018.

In R24, the HIX system will have the capability to capture the Lottery and Gambling Winnings income as a new income source and count 'One time only' winnings in MAGI income.

The following updates will align with the federal tax law:

- A new checkbox for lottery and gambling winnings has been added to the *Income* section for the applicant or member to input income details such as:
 - Amount
 - Income Effective Date
 - Frequency

- Lottery or gambling winnings will be displayed on the following screens:
 - *Income* screen and the *Income Change* screen on the *Account Dashboard*
 - *Current Income Details* screen and *Income Summary* screen
 - Parent Mentor Compensation text added in the tooltip on the *Current Income* screen
 - *Review Application Screens*
 - *Application Summary* Tab for Eligibilities
- Lottery or gambling winnings will be used in program determination:
 - The system will calculate the current and projected income for the member(s) based on the amount received along with the lottery and gambling winnings income
 - If a member claims one-time only lottery and gambling winnings and the amount is over \$80k, the system will start using this amount in the current income calculation over multiple months depending on the amount
 - Winnings will be used in calculating projected income and tax household FPL percentage.
- **The system will redetermine eligibilities of the member based on the “One-Time Only Income” details** (this includes other sources of “One-Time Only Income” as well).

Notice Updates: Members will receive the following information in their Notice:

- Notice Type: Approvals, Terminations and Denials- New text are added for members who report one-time lottery and gambling winnings over \$80k includes the following:
 - Date on which the qualified winnings will no longer be counted
 - Opportunity to apply for a hardship exemption, including the process for applying
 - Information on how to apply and enroll in a Qualified Health Plan
- Request for Information (RFI): Proof of lottery and gambling winnings have been added to the list of verification items.

How Lottery and Gambling Income will be Calculated

The system will calculate the current and projected income for the member(s) based on the amount received along with the lottery and gambling winnings income. If a member claims one-time only lottery and gambling winnings, and the amount is over \$80k, the system will start using this amount in the current income calculation, over multiple months, depending on the amount.

Note: This calculation is **only** for the member who received the lottery and gambling winnings. However, other household members who has this individual’s income included in their MAGI

HIX System Release Updates



FPL calculation will continue to have the one-time income only counted in the month it is received

Examples:

1. Justin won a state lottery and received a lump-sum payment of \$70,000 on January 10, 2021. Since the amount is less than \$80,000, the system will count the complete \$70,000 in the current and projected income calculation for January and year 2021.
2. John won a state Lottery and received a lump-sum payment of \$84,000 on January 10, 2021. John submits an application on January 20, 2021, and self-attested 'one time only' lottery and gambling winnings income as \$84,000, month and year as January 2021. Since the lottery and gambling winnings amount is more than \$80,000, the system will divide the \$84,000 into 2 equal installments. \$42,000 is used for the *Current Income* calculation in January and February of 2021. The system will count the complete \$84,000 income for the *Projected Income* calculation for 2021.

Calculating Multiple Lottery and Gambling Winnings

The system will apply the lottery and gambling winnings methodology separately to each instance of winning in case a member or applicant attests to multiple lottery and gambling winnings. If multiple instances of lottery and gambling winnings are overlapped, the monthly amounts, for each winning, shall be counted all-at-once in the current income calculation for that month.

Safe Harbor Rule:

The safe harbor rule will not apply for members who fulfill all the following criteria:

- Member has self-attested at least one instance of 'one time only' lottery and gambling winnings Income
- The instance of the "one time only" lottery and gambling winnings income distribution is active.

Note: Active lottery and gambling winnings means that the divided lottery and gambling winnings income installment is applicable in the current month and year.

HIX System Release Updates



Lottery & gambling winnings will now be an option under Income Sources

Current Income

[More information on Income Sources](#)

Do not include any extra unemployment income benefits related to the COVID-19 pandemic when reporting your regular Unemployment Income (UI).

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.

Select Income Sources

Does June Rashid have any income? * ⓘ

☒ Yes ☐ No

Check all that apply. *

- ☐ Job
- ☐ Self-Employment
- ☐ Social Security Benefits
- ☐ Unemployment
- ☐ Retirement or Pension
- ☐ Capital Gains
- ☐ Interest, Dividends, or Other Investment Income
- ☐ Rental or Royalty Income
- ☐ Farming or Fishing Income
- ☐ Alimony Received
- ☒ Lottery and Gambling Winnings
- ☐ Other Income

[Save and Continue](#)

HIX System Release Updates



Once lottery & gambling winnings have been selected, the system will display a pull-down menu that includes options for effective date and frequency

Current Income

[More information on Income Sources](#)

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.

Lottery and Gambling Winnings Income 1

How much will June Rashid get from lottery and gambling winnings?
Non-Cash prizes are not counted as "Qualified Lottery and Gambling Winnings". Only tell us about the Lottery and Gambling Winnings amount. Please do not incorporate any losses while entering the Lottery and Gambling Winnings amount. **i**

Lottery and Gambling Winnings amount *
\$ 80000

Income Effective Date (MM/DD/YYYY) *
01/01/2021

How often does June Rashid get this amount? *

One time only

Select One

One time only

Weekly

Every two weeks

Twice a month

Monthly

Yearly

[Add Another](#)

How often does June Rashid get this amount? *

One time only

Which month and year did June Rashid earn this income?

Month * Year *

March 2021

Select

January

February

March

April

May

June

July

August

September

October

November

December

[Save and Continue](#)

Transitional Medical Assistance (TMA) Enhancements

Currently, Transitional Medical Assistance (TMA) benefits are provided to parents and caretaker relatives (of children younger than 19 years of age) and their children if the household income has increased due to a household member's earnings from a job increasing. To get TMA, the household must give MassHealth proof of the new income and when the increase began. Parents and caretaker relatives of children younger than 19 years of age who are 65 years of age or older may also get TMA.

Updated Federal regulations require MassHealth to consider any change in the eligibility information that increases the MAGI FPL above 133%.

To comply with the federal regulations, TMA eligibility will now account for increased MAGI FPL% for MassHealth members due to any reason such as unearned income increase, change in household composition, reverting to HUB income, or any program determination.

R24 will include the following system updates:

- New functionality will expand TMA criteria and determine TMA eligibility for increased MAGI FPL due to any change in circumstances such as:
 - unearned income increase
 - change in MAGI household composition
 - reverting to HUB income data
- The system will calculate the TMA period start date based on certain events, including:
 - Event date or paper application date (if available)
 - Program determination submission date (in case of any **event** change)
 - Income Effective Date (in case of any change in **income**)
- New effective date question for all unearned *Income Sources*

HIX System Release Updates



All earned and unearned Income will now have an effective date used for TMA calculation

Unearned's Current Income

[More information on Income Sources](#)

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.

Social Security Benefits Income 1

How much does Martin Unearned get from Social Security retirement, disability, or survivors benefits?

Note: Enter your gross social security amount (amount before Medicare premiums or other deductions).

Amount *
\$ 12

You don't need to tell us about Supplemental Security Income (SSI).

Income Effective Date (MM/DD/YYYY) *
02/02/2021

How often does Martin Unearned get this amount? *
Monthly

Add Another

Unemployment Income 1

How much does Martin Unearned get?

Amount *
\$ 18

Income Effective Date (MM/DD/YYYY) *
03/01/2021

How often does Martin Unearned get this amount? *
Weekly

Add Another

Duplicate Member Applications

The system currently performs duplicate member checks for the initial application only; and provides a warning or blocks the user, or member, if the member exists on another account. It does not perform the duplicate member check for any other process. R24 will allow the system to perform the duplicate member check (De-dup) for the following, in addition to the initial application:

- Any Report a Change
- QHP and Mixed Household renewal

HIX System Release Updates



- MassHealth Renewal
- Periodic Data Matching Processes

The following updates have been made to allow the system to prevent duplicate applications:

- The system will identify a duplicate member and block the user during an application submission process, if the following is true:
 - The application is currently being edited, either in a MassHealth Renewal process, Report a Change, a preliminary Health Connector and Mixed Household Renewal or during a periodic data match process
 - The application is seeking Financial Assistance
- When the user is editing an existing application, if at least one duplicate member information is found in the system, **the system will not allow the application to move forward to completion.** A banner message will display at the *Family and Household Summary and Rights and Responsibilities* screen.

The screenshot provides an example of the new banner message for when the system finds a duplicate application for the applying head of household.

The screenshot shows the 'Family & Household' step of the application process. A warning message is displayed in a white box with a blue border. The message states: 'Warning! You cannot continue with your application because some people on your application have already applied for health coverage through the Health Connector or MassHealth. To continue with your application, call either the Health Connector or MassHealth. You can call Health Connector 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. Call MassHealth Customer Service at 1-800-841-2900, or TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled.' The message has a 'Close' button in the bottom right corner. In the background, the application form is partially visible, showing the 'Family & Household' section with fields for 'John Wright (Head of Household)', 'Social Security Number', 'Applying for coverage?', and 'Incarcerated: No'. There are buttons for 'Edit Household', 'Back', and 'Close'.

HIX System Release Updates



Application Year 2021

Questions Review & Sign

Warning!

Some people on your application have already applied for health coverage through the Health Connector or MassHealth. Before you continue with your application, please call either the Health Connector or MassHealth.

You can call Health Connector 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.

Call MassHealth Customer Service at 1-800-841-2900, or TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled.

Continue Application Close

Save and Continue

Back

Banner message in the Rights and Responsibilities page

Application Year 2021 Start Your Application Family & Household Income Additional Questions Review & Sign

Rights and Responsibilities

When you see a star (*), ...

When you see an **!**, roll c

This application will b premium subsidies ad for Health Safety Net.

On behalf of myself an

1. MassHealth may req MassHealth payment
2. Employers of eligible community health ce
3. I may have to pay a p the State deducting t not have to pay pre
4. MassHealth has the

persons enrolled in MassHealth programs. Such third parties may include other health insurers, spouses, parents obligated to pay for medical support, or individuals obligated to pay under accident settlements. Eligible persons must cooperate with MassHealth in establishing third party support and obtaining third-party payments for themselves and anyone whose rights they can legally assign. Eligible persons may be exempted from this obligation if they believe and tell MassHealth that cooperation could result in harm to them or anyone whose rights they can legally assign.

5. A parent and/or guardian of minor children must agree to cooperate with state efforts to collect medical support from an absent parent unless they believe and tell MassHealth that cooperation will harm the children or the parent or guardian.

6. Eligible persons who are injured in an accident, or in some other way, and get money from a third party because of that accident or injury must use that money to repay MassHealth or the Health Safety Net for certain services provided.

7. Eligible persons must tell MassHealth or the Health Safety Net, in writing, within 10 calendar days, or as soon as possible, about any insurance claims or lawsuit filed because of an accident or injury.

Warning!

You cannot continue with your application because some people on your application have already applied for health coverage through the Health Connector or MassHealth. To continue with your application, call either the Health Connector or MassHealth.

You can call Health Connector 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.

Call MassHealth Customer Service at 1-800-841-2900, or TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled.

Close

xx Credits and state determine eligibility

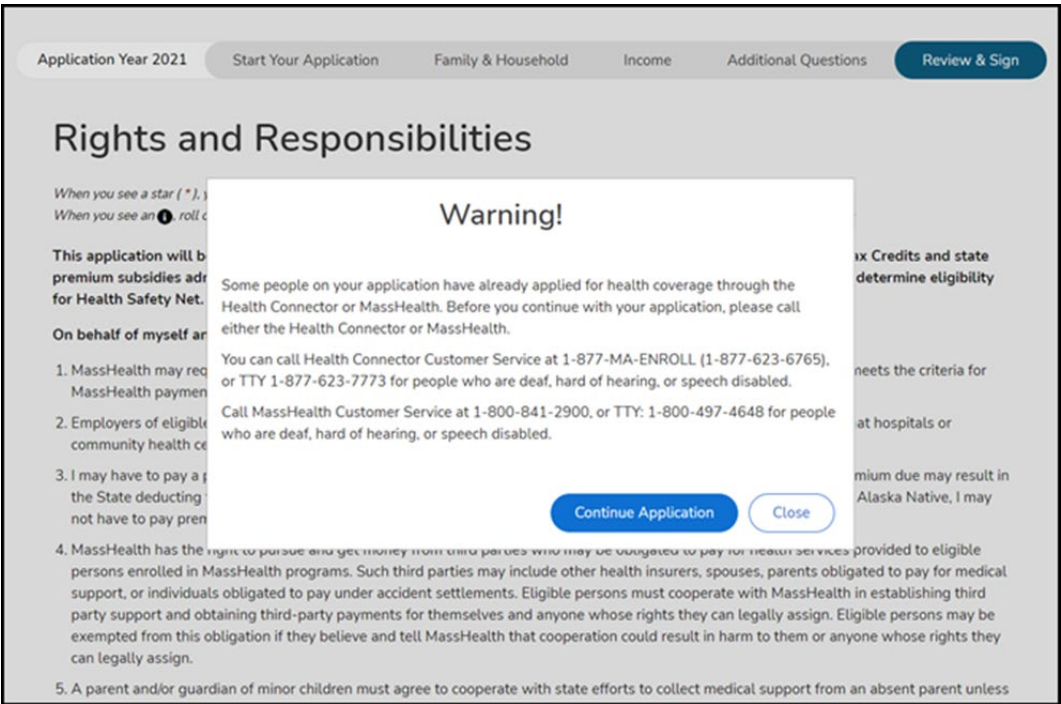
neets the criteria for

at hospitals or

mium due may result in Alaska Native, I may

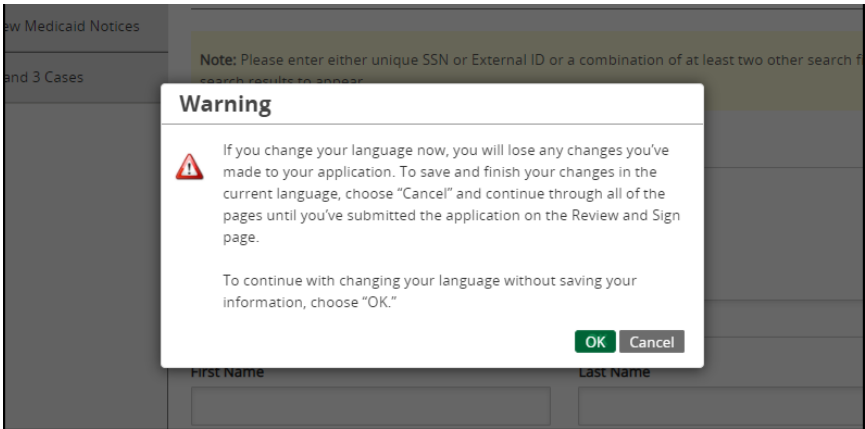
provided to eligible

HIX System Release Updates



Multi-Language Support

The HIX platform currently supports the display of certain contents in English and Spanish but may not display Spanish on certain third-party screens. In R24, the system will enable the users to select the language preference and display the screen content in the user’s preferred language related to ID proofing, in addition to third party screens for Health Connector consumers.



HIX System Release Updates



Note, if the user selects to change the language while making an update, they will lose any changes made to the page. The user should *Save*, and finish making changes in the current language. Once the user moves to the next page, the user can select to change the language and continue to go through all of the pages of the application making sure they submit the application on the *Review and Sign* page.

HRA SEP Enhancements

As described above, currently, if someone comes in during Closed Enrollment and reports having access to a Health Reimbursement Account (HRA), the applicant will require an Admin SEP to be provided to allow them to shop and enroll. With this update, the system determines whether an application is SEP eligible or not based on the answers provided against the set of newly added HRA questions on the “Qualifying Life Events” screen (Can I Shop? Questionnaire).

The screenshot shows the 'Qualifying Life Events' form. At the top, there is a warning box stating: 'Warning: You cannot change input for immigration question since everyone in your household is a US Citizen'. Below this, a instruction says: 'Please choose any of the options below to qualify for coverage outside of the Open Enrollment period.' The form contains several questions with radio button options. The question 'Did someone in the household have an update or expecting an update in the Health Reimbursement Arrangement (HRA) through their job, or the job of another person, like a spouse or parent?' is highlighted with a red rectangular box. The 'No' option for this question is selected. Other questions include: 'Did anyone in your household have a change to their available health coverage...', 'Did anyone in your household who was not previously a lawfully present immigrant become lawfully present immigrant?', 'Did anyone in your household recently move to Massachusetts...', 'Was anyone in your household recently released from prison...', and 'Is anyone in your household a victim of domestic abuse or abandonment?'. A 'Save and Continue' button is at the bottom.

Qualifying Life Events [Learn more about Qualifying Events](#)

Warning:
You cannot change input for immigration question since everyone in your household is a US Citizen

Please choose any of the options below to qualify for coverage outside of the Open Enrollment period.

Did anyone in your household have a change to their available health coverage, or does anyone expect to have a change soon? * ⓘ
Note: If coverage that will end soon is from MassHealth, enter today's date below. If MassHealth coverage has already ended, enter the last date of coverage below.
☐ Yes ☒ No

Did someone in the household have an update or expecting an update in the Health Reimbursement Arrangement (HRA) through their job, or the job of another person, like a spouse or parent? * ⓘ
☐ Yes ☒ No

Did anyone in your household who was not previously a lawfully present immigrant become lawfully present immigrant? * ⓘ
☐ Yes ☒ No

Did anyone in your household recently move to Massachusetts, or will anyone move to Massachusetts soon? * ⓘ
☐ Yes ☒ No

Was anyone in your household recently released from prison or about to be released from prison within the next 60 days? * ⓘ
☐ Yes ☒ No

Is anyone in your household a victim of domestic abuse or abandonment? * ⓘ
☐ Yes ☒ No

Save and Continue

HIX System Release Updates




QHP Effective Date

As noted above, the HIX system will now display “Not Applicable” against the qualified health plan (QHP) eligibility effective date element when the eligibility start date for the current year eligibility falls in the renewal year.

Note: In this example, note that the application was submitted on 11/24/2020. The eligibility effective date would be 01/01/2021. Since the effective date falls within the renewal year, the Qualified Health Plan Eligibility Effective Date will display as “Not Applicable.”




2020 Eligibility Results

[Back to Eligibility Applications](#) [Show Medicaid Household Detail](#)

When you see an , roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us.

If you are eligible for any Medicaid Plans they will be displayed under “You qualify for these program” column. To know more about the Medicaid plans, [click here](#).

Household 1- Test TestThree	
Eligibility Details	
Date your application was submitted	Nov 24, 2020
Federal Poverty Level (FPL) based on your self-reported income 	144.12% What is this?
Federal Poverty Level (FPL) used to decide your Program Eligibility	144.12%
Qualified Health Plan Eligibility Effective Date	Not Applicable 
You qualify for tax credit 	
This household qualifies for an Advance Premium Tax Credit to help lower monthly health coverage costs.	
The maximum monthly tax credit amount: \$ 0.00	

The date is shown as 'Not Applicable' since the program begin date falls in the renewal year. Please refer to the renewal year eligibility to know the start date of the program.

Health Equity Data (related to race, ethnicity, and language):

The Commonwealth is focused on understanding health disparities and health inequities among Health Connector and MassHealth members; updates have been made in R24 to incorporate improvements in health equity data collection.

The following updates have been made to the Race, Ethnicity, and Language Options:

- A new text box will inform users why and how MassHealth and the Health Connector will use this data.
- Applicants and members may select “Choose not to answer” for questions related to Race, Ethnicity, and Language.

HIX System Release Updates



Kim CAC - Ethnicity & Race (optional)

Please help us support equity initiatives

MassHealth and the Health Connector are committed to providing equitable care for all members regardless of race, ethnicity, or language spoken. Please consider completing these questions to help us meet your language and cultural needs. Know that your response is voluntary, confidential, will not impact your eligibility, nor be used for any discriminatory purpose.

While providing ethnicity and race information is optional, it is strongly encouraged. If you do not want to share this information, please select the "Choose not to answer" option. If no selection is made, the application will record your ethnicity and race as "unknown".

Is Kim CAC of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No ☐ Choose not to answer

Race: (check all that apply.)

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Black or African American

☐ Chinese

☐ Filipino

☐ Guamanian or Chamorro

☐ Japanese

☐ Korean

☐ Native Hawaiian

☐ Other Asian

☐ Other Pacific Islander

☐ Samoan

☐ Vietnamese

☐ White or Caucasian

☐ Other:

Enter other race

☐ Choose not to answer

[Language Updates for Rights and Responsibilities](#)

The Rights and Responsibilities page is updated to include language for estate recovery to mirror the changes made to the paper application in early 2021. This update impact applicants and members seeking financial assistance only and does not apply to QHP consumers.

Application Year 2021 Start Your Application Family & Household Income Additional Questions Review & Sign

Rights and Responsibilities

When you see a star (), you must complete the field.
When you see an eye icon, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.*

This application will be used to determine eligibility for subsidized health care including MassHealth and Premium Tax Credits and state premium subsidies administered through the Commonwealth of Massachusetts. This application will also be used to determine eligibility for Health Safety Net.

On behalf of myself and all persons listed on this application I understand, represent and agree as follows:

- MassHealth may require eligible persons to enroll in available employer-sponsored health insurance if that insurance meets the criteria for MassHealth payment of premium assistance.
- Employers of eligible persons may be notified and billed in accordance with MassHealth regulations for any services that hospitals or community health centers provide to such persons that are paid for by the Health Safety Net.
- I may have to pay a premium for health coverage for myself and others listed on this application. Failure to pay any premium due may result in the State deducting the amount owed from the tax refunds of responsible persons. If I am a certain American Indian or Alaska Native, I may not have to pay premiums for MassHealth.
- MassHealth has the right to pursue and get money from third parties who may be obligated to pay for health services provided to eligible persons enrolled in MassHealth programs. Such third parties may include other health insurers, spouses, parents obligated to pay for medical support, or individuals obligated to pay under accident settlements. Eligible persons must cooperate with MassHealth in establishing third party support and obtaining third-party payments for themselves and anyone whose rights they can legally assign. Eligible persons may be exempted from this obligation if they believe and tell MassHealth that cooperation could result in harm to them or anyone whose rights they can legally assign.
- A parent and/or guardian of minor children must agree to cooperate with state efforts to collect medical support from an absent parent unless they believe and tell MassHealth that cooperation will harm the children or the parent or guardian.
- Eligible persons who are injured in an accident, or in some other way, and get money from a third party because of that accident or injury must use that money to repay MassHealth or the Health Safety Net for certain services provided.
- Eligible persons must tell MassHealth or the Health Safety Net, in writing, within 10 calendar days, or as soon as possible, about any insurance claims or lawsuit filed because of an accident or injury.
- The status of this application may be shared with a hospital, community health center, other medical provider or federal or state agencies when necessary for treatment, payment, operations or the administration of the programs listed above.
- To the extent permitted by law, after notice and an opportunity to appeal, MassHealth may place a lien against any real estate owned by eligible MassHealth members or in which the member has a legal interest, if the individual is receiving long-term care in a nursing facility or other medical institution and MassHealth determines that the member is not reasonably expected to return home. If MassHealth puts a lien

services provided.

- To the extent permitted by law, and unless exceptions apply, for any eligible person age 55 or older, or any eligible person regardless of age for whom MassHealth helps pay for long-term care in a nursing home or other medical institution, MassHealth will seek money from the eligible person's estate after death for the total cost of care. For more information on estate recovery, visit www.mass.gov/estatercovery.
- Eligible persons must tell the health care program(s) in which they enroll about any changes in their or their household's income or

information on this application and any supplements to it within 10 calendar days of learning of the change. Eligible persons can make changes by calling (800)-841-2900 (TTY: (800)-497-4648 for people who are deaf, hard of hearing, or speech disabled). A change in information could affect eligibility for such persons or for persons in their household.

You can also be report changes in any of the following ways.

- Sign onto your account at mahealthconnector.org. You can create an online account if you don't already have one.
- Send the change information to
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780.
- Fax the change information to (857)-323-8300.

- MassHealth, the Massachusetts Health Connector, and the Health Safety Net will obtain from eligible persons' current and former employers and health insurers all information about health insurance coverage for such persons. This includes, but is not limited to, information about policies, premiums, co-insurance, deductibles, and covered benefits that are, may be, or should have been available to such persons or members of their household.
- MassHealth, the Massachusetts Health Connector and the Health Safety Net may get records or data about persons listed on this application from federal and state data sources and programs, such as the Social Security Administration, the Internal Revenue Service, the Department of Homeland Security, the Department of Revenue, and the Registry of Motor Vehicles, as well as private data sources, including financial institutions 1) to prove any information given on this application and any supplements, or other information given once a person becomes a member, 2) to document medical services claimed or provided to such persons, and 3) to support continued eligibility.
- In connection with the eligibility and enrollment process, MassHealth, the Massachusetts Health Connector, and the Health Safety Net may send notices that contain personal information about persons listed on this application to other persons on this application, or otherwise communicate such information to such persons.
- Under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by going to www.hhs.gov/ocr/office/file.
- I agree to allow the Massachusetts Health Connector to use income data, including information from tax returns, to determine my eligibility in future years. Review the Health Connector [Privacy Policy](#) for more information about how the Health Connector uses tax information. The Massachusetts Health Connector will send me a notice and let me make changes to my eligibility application. I understand that if I am eligible for an Advance Premium Tax Credit (APTC) and/or ConnectorCare, these payments will be made directly to my selected insurance carrier(s). Acceptance of APTC and/or ConnectorCare may impact my annual tax liability. I will be given the option to apply all, some, or none of any APTC amount I may be eligible for to my monthly premium.

☐ I agree *