



# Learning Series

Massachusetts Health Care Training Forum (MTF)  
Summer 2022

MassHealth and the Health Connector

# MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via [MAhealthconnector.org](http://MAhealthconnector.org)

# Agenda

**MAhealthconnector.org System Updates: Release 25 enhancements will go live July 27, 2022, which will include:**

- Establishing Pregnancy
- New SNAP Checkbox
- System Enhancements and Display:
  - Report A Change (RAC) Options
  - RFI Enhancements
  - Lawful Presence update
  - Ability to Update Information when HUB Services is Unavailable

# Extension of Post Partum Period

On April 1, 2022, MassHealth extended its postpartum coverage period to provide 12 months of coverage to individuals, regardless of immigration status, who were eligible for a Medicaid or CHIP benefit while pregnant

## Eligibility Criteria

- Individual was eligible for a Medicaid or CHIP benefit while pregnant
- After the 12-month postpartum period, individuals' will have their eligibility renewed, and notification of new eligibility status will be sent to the household
- The extension supports women that report the end of a pregnancy, with or without adding a child, and for women who do not report the end of a pregnancy
- R25 streamlines and enhances the user's ability to access the Report a Change (RAC) function in HIX to report a pregnancy, and add a newborn

# Extension of Post Partum Period: Sample Screenshot

## Change Your Information

**WARNING**  
To change your date of birth or Social Security number, call Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765). TTY 1-877-623-7773.

To make changes to your application, please check the box for all options that apply.

[Change contact information and preferences](#) ⓘ

- Add someone to your application or tell us if someone is now applying for coverage ⓘ
- Remove someone from your application or tell us if someone is no longer applying for coverage ⓘ
- Update income, additional questions about health insurance and health reimbursement arrangements ⓘ
- Change a status ⓘ
- Change name, sex or add SSN ⓘ
- Change home address ⓘ
- Change information about pregnancy ⓘ
- Change application type ⓘ
- Change information about past tax credits ⓘ

**Report Changes**

# New SNAP Checkbox

# New SNAP Checkbox

**In R25, applicants and members will have the option to have their MassHealth application or renewal serve as an application for SNAP benefits.**

- New checkbox option to apply for SNAP benefits will be on the “Do you need help paying for health coverage?” screen
- The “What happens after you apply for SNAP benefits?” will provide details of the next steps needed to complete the SNAP application
- In addition, the Department of Transitional Assistance (DTA) Rights and Responsibilities language is added to the “*Rights and Responsibilities*” screen when the user checks the SNAP checkbox. The applicant and member must complete the application by reviewing and signing and submitting the application

# New SNAP Checkbox (continued)

- When the checkbox is selected, and the application signed and submitted, MassHealth will transfer the head-of-household's information directly to DTA to initiate the SNAP application, including demographic and contact information
- DTA staff will outreach to the applicant to capture additional information required to complete the SNAP application and conduct the interview

The screenshot shows a web application interface for SNAP eligibility. At the top, there are navigation tabs: "Application Year 2021", "Start Your Application" (highlighted), "Family & Household", "Income", "Additional Questions", and "Review & Sign". The main heading is "Do you need help paying for health coverage?". Below this is a yellow callout box with the text: "There is currently no income limit for getting help with health coverage costs through the Health Connector. Choose 'Yes' to see if you qualify for financial help." Below the callout box are instructions: "When you see a star (\*), you must complete the field." and "When you see an i, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more." The main question is: "Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. \* i". There are three radio button options: "Yes, I want to see if I can get MassHealth or help paying for health care" (selected), "No, I don't want any help paying for health care i", and "I'm not sure i". Below this is a red-bordered box containing the "Supplemental Nutrition Assistance Program (SNAP)" section. It includes the text: "The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. i" and a checkbox with the text: "Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities and sign to proceed with the application." At the bottom of the form are two buttons: "Back" and "Save and Continue".



# New SNAP Checkbox: Next Steps

Do you need help paying for health coverage?

There is currently no income limit for getting help with health coverage costs through the Health Connector. Choose "Yes" to see if you qualify for financial help.

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.

Do you want to find out if you or your family can get help paying for some or all of your premium (cost) for health coverage? This could include MassHealth, ConnectorCare plans, and tax credits. \* ⓘ

Yes, I want to see if I can get MassHealth or help paying for health care

No, I don't want any help paying for health care ⓘ

I'm not sure ⓘ

**Supplemental Nutrition Assistance Program (SNAP)** ←

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month. ⓘ

Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities and sign to proceed with the application.

Checking this box does not submit the SNAP application to DTA until you read the DTA rights and responsibilities, sign, and submit.

What happens after you apply for SNAP benefits?

1. DTA will contact you to complete a phone interview.
2. DTA will work with you to verify information about your case.
3. You will get an Electronic Benefit Transfer (EBT) card to access benefits, if approved.
4. You will receive a notice about your decision within 30 days.

Save and Continue

Back

# New SNAP Checkbox: Rights & Responsibilities

## Rights and Responsibilities

This application will be used to determine eligibility for subsidized health care including Medicaid and Premium Tax Credit and state and federal subsidies administered through the Commonwealth of Massachusetts. This application will also be used to determine eligibility for Health Care.

SNAP benefits are eligible for individuals who are 18 years of age or older and who are U.S. citizens or lawful permanent residents. SNAP benefits may voluntarily participate in subsidized and supplemental training services through the SNAP Path to Work program.

### Citizenship Status

Under the rules of the household applying for DTA benefits, only U.S. citizens, or lawful permanent residents,

### Supplemental Nutrition Assistance Program

#### I understand that:

- DTA coverage for SNAP program in Massachusetts
- When I file an application with DTA, by phone, online, in person, or by mail, or file DTA, I have 30 days from the date I got my application to decide if I am eligible.
- If I am eligible for Supplemental Nutrition Assistance (SNAP), I can go to my local SNAP office to get an Electronic Benefit Transfer (EBT) card within 7 days from the date they get my application.
- I have signed to speak to a DTA supervisor if:
  - DTA says I am not eligible for emergency SNAP benefits, and I disagree.
  - I am eligible for emergency SNAP benefits, but do not get my benefits by the 7th day after I applied for SNAP.
  - I am eligible for emergency SNAP benefits, but do not get my benefits by the 7th day after I applied for SNAP.
- When I get SNAP, I have to meet certain rules. When I am approved for SNAP, DTA will give me a copy of the "Your Rights Know" brochure and the SNAP Program brochure. I will read the brochures or have someone read them to me. If I have any questions or need help reading or understanding the brochures, I can call 1-800-342-2383.
- Taking DTA about changes in my household:
  - If I am a SNAP recipient receiving benefits, I do not have to report small changes to DTA until the next Report or Recertification date. I should report larger changes to my caseworker.
  - If my household's income goes over the gross income threshold on my approval notice.
  - When I receive benefits for 180 days, I must report the monthly benefits to my caseworker over the threshold.
  - If I have to meet the Able-Bodied Adult Without Dependents (ABAWD) work rules, and the work hours drop below 20 hours per week.
  - If I am working for household, for a family, business, or under 18 years old, and my work hours change from week to week, the only thing I have to report are:
    - If someone starts working or
    - Someone stops working or
    - Someone gets an unpaid suspension.
- I have to report these changes by the 15th day of the month after the month of the change.
- If I get SNAP through my State SNAP, I do not have to report any changes to DTA.
- If I have income in my household or get a new household member or household, I must report such changes to DTA within 10 days of the change. When I report to the DTA, I must report all changes in my household under Transitional Aid to Families with Dependent Children (TAFCO) and Emergency Aid to the Elderly, Disabled, and Children (EADDC) before.
- I may get more benefits if I report and give EITF credits for the following, at any time:
  - Child or other dependent care costs, shelter costs, and/or utility costs.
  - Child support that has been paid to me or my household or that I have reported to my caseworker.
  - Medical costs for members of my household, including myself, who are old or sick or disabled.

- Work rules for SNAP clients:
  - If you get SNAP benefits and are between the ages of 18 and 19, you may need to meet general SNAP work rules, unless the ABAWD work rule, which you are exempt from, and members of my household if I need to meet any work rules, unless the exemption and, and what will happen if we do not meet the rule.
  - If you are under the SNAP work rules, you must:
    - Register for work at application and when you reapply for SNAP. You register when you sign the SNAP application or recertification form.
    - Give DTA information about your employment status when DTA asks.
    - Report to a caseworker if I receive DTA.
    - Accept a job offer, business one, if a good reason not to.
    - Work at a job for more than 10 hours a week without a good reason.
    - Get paid each week to see that 30 hours a week without a good reason.

- SNAP Rules:
  - Do not give, sell, or transfer or give information about SNAP benefits.
  - Do not trade or use SNAP benefits.
  - Do not use EBT cards to get SNAP benefits if you are not eligible for.
  - Do not use SNAP benefits to buy alcoholic drinks and tobacco.
  - Do not use personal state SNAP benefits or EBT card unless you are an authorized representative, or the recipient has given you permission to use their card as their helper.

- SNAP Program Violations:
  - Under the rules of the household applying for DTA benefits, only U.S. citizens, or lawful permanent residents, but persons will not be eligible for SNAP for one year after the first violation, two years after the second violation and forever after the third violation. That person may also be fined up to \$250,000, imprisoned up to 20 years, or both. They may also be subject to prosecution under Federal and State laws.
  - Violations include:
    - Committing a cash program Intentional Program Violation (IPV) they will be ineligible for SNAP for the same period they are ineligible for cash assistance.
    - Make a fraudulent statement about their identity or residency to get SNAP benefits. If the case law they will be ineligible for SNAP for ten years.
    - Make false or only SNAP benefits for a prohibited authorized legal change. They will be ineligible for SNAP for the same period as the first violation and forever after the second finding.
    - Third party or bill SNAP benefits for financial assistance on conditions. They will be ineligible for SNAP benefits.
    - Make receipt to use SNAP benefits to assist a contractor or a person that is not a contractor or a person.
    - The food purchased on credit they will be ineligible for SNAP.
    - Buy products with SNAP benefits to sell to third parties and make a profit and make a profit. They will be ineligible for SNAP.
    - Use SNAP benefits to buy alcohol, tobacco, or other prohibited items or services for a business. They will be ineligible for SNAP.
    - Violate prohibition or parole, where law enforcement is actively seeking to arrest them, they will be ineligible for SNAP.
    - Approved for parole with 7 CFR 272.1339 - and were convicted on an adult.
    - Approved parole with 7 CFR 272.1339 - and were convicted on an adult.
    - Revoke parole under 18 USC 3605.
    - Any offense under chapter 110 of the M.G.A.
    - A Federal or State offense involving sexual abuse, as defined in section 4000(2)(b) of the 1994 M.G.A. (42 U.S.C. 13202d) or
    - A Federal or State law determined by the Attorney General to be substantially similar to an offense described in the list.

- Non-Residential Statement:
  - In accordance with Federal child rights law and U.S. Department of Agriculture (USDA) regulations and policies, the USDA, its agencies, offices, and employees, and its contractors participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, marital status, sex of the child, or income or resources for any individual activity in any program or activity conducted or funded by USDA.
  - Persons with disabilities who require alternative means of communication for program information (Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they apply for benefits. Individuals who are deaf, who are blind, or have other disabilities may contact USDA through the Federal Relay Service at 1-800-877-3700. Additionally, program information may be made available in large print format from USDA.
  - To file a complaint contact the complainant.
  - Complete the USDA Program Discrimination Complaint Form (USDC-2027) found online at [www.ascpi.com/USDC-2027.pdf](http://www.ascpi.com/USDC-2027.pdf) and an copy to the Regional Office by calling 1-800-877-3700 or by mail.
  - Write a letter addressed to USDA and give the letter all of the information requested in the form.
  - Submit your complaint in writing to USDA.

This institution is an equal opportunity provider.

**Transitional Aid to Families with Dependent Children (TAFCO) and Emergency Aid to the Elderly, Disabled, and Children (EADDC)**  
TAFCO and EADDC are cash assistance programs. To see more and to apply for DTA coverage in your year use DTA online. This information only applies to households who are applying for or get TAFCO or EADDC.

**When do I need to tell DTA about changes in my household?**

I must tell DTA about changes that could affect my TAFCO or EADDC benefits within 10 days. Most that I do not have to tell DTA about a change in my earnings of less than \$200 per month. This includes changes in my income, assets, address, who I live with, family size, work, and health insurance.

**How do I get health insurance?**

- If I get TAFCO or EADDC, I will get Medicaid benefits.
- If I am denied TAFCO or EADDC, MassHealth will use my information to see if I am eligible for health insurance.
- If my DTA stops, I need to apply for MassHealth separately. To ask for an application call 1-800-342-2383.
- If I get Medicaid, I have to meet certain rules.
- Medical coverage from another source for the medical care, and
- Medical coverage from the usual source of any child under age 18 with a MA Medicaid benefit.

**Are there special rules if I am eligible only because of an accident or injury?**

If my family gets benefits from MassHealth or DTA because of an accident or injury, I must use any money I get for the accident or injury to pay them back. The money could be from an insurance policy, a settlement, or any other source. This applies even if I do not know when the possible source of money is set.

**I agree to cooperate with MassHealth and DTA by:**

- Filing claims for money from other sources.
- Telling MassHealth and DTA right away about any change in work, assets, or other income I get from work.
- Giving MassHealth and DTA new information when I get it.
- If I do not cooperate, MassHealth and DTA may stop or deny my benefits. I agree that MassHealth and DTA may:
  - Have information about my benefits in order to collect money from my benefits.
  - Get all records about money I might get due to the accident or injury, such as records at the Department of Industrial Accidents.
  - If an employer (EADDC) I have a disability of at least 18 months old, I have to apply for Federal Supplemental Security Income (SSI) benefits. If I am approved for SSI benefits that cover the same time that I got EADDC, the Social Security Administration will send some of my retroactive SSI to repay the EADDC.

**Important Notice About the Law and Your Benefits**

- An Intentional Program Violation (IPV) is intentionally giving a false or misleading statement or misrepresenting, hiding, or withholding facts, either orally or in writing, in order to establish or maintain eligibility for TAFCO or EADDC benefits, or to get a value benefit to which I am not entitled. If I am found guilty of an IPV by a court of law, an administrative adjudication hearing, or by signing a waiver, I will be disqualified from receiving TAFCO or EADDC benefits for a period of:
  - 6 months for the first violation
  - 12 months for the second violation
  - Forever for the third violationIn addition, other laws may apply.

**Provisions on Where I Can Use My EBT Card**

I understand it is illegal to use TAFCO or EADDC funds (cash or an electronic benefit transfer (EBT) card) to pay for the following alcoholic beverages: tobacco products, lottery tickets, adult entertainment or amusements, gambling, flowers and arrangement, wedding services (floral, hair, beauty, catering, jewelry, invitations, etc.), video games or casinos (all full-blown casinos, recreational temporary cash-in-redemption times, three-card or ball games).

**Provisions on Where I Can Use My EBT Card**

I understand it is illegal to use my electronic benefit transfer (EBT) card at the following locations: adult bookstores; adult paraphernalia stores or adult entertainment and adult amusements; amusements, casinos, gambling casinos or gaming establishments; cruise ships; firearms dealers; jewelry stores; liquor stores; movie theaters or aesthetic shops; cash transferal agencies to foreign countries; recreational marijuana stores or tattoo parlors.

**Rules for prohibited EBT card cash purchases**

- Hot (Deli) food and payback DTA amount spent.
- Score Offset:** I must pay back DTA the amount spent and will lose cash benefits for two months.
- Third Offset:** I must pay back DTA the amount spent and will lose cash benefits permanently.

By signing this form, 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.

I agree

By signing this form, 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 of the Massachusetts and the Commonwealth.



# Enhanced Functionality for Report a Change (RAC)

# Enhanced Functionality for Report a Change (RAC) (continued)

In R25, the following enhancements was added to the system (HIX):

- New/Updated Report a Change (RAC) options will be:
  - **Home Address change** - allow users to change home address information by going through only those related screens
  - **Income change at the member level** - allow users to complete income updates only for selected individuals
  - **Change in Pregnancy Status** - allow users to change information about pregnancy by going through only those questions/screens which require information associated to the pregnancy in the application

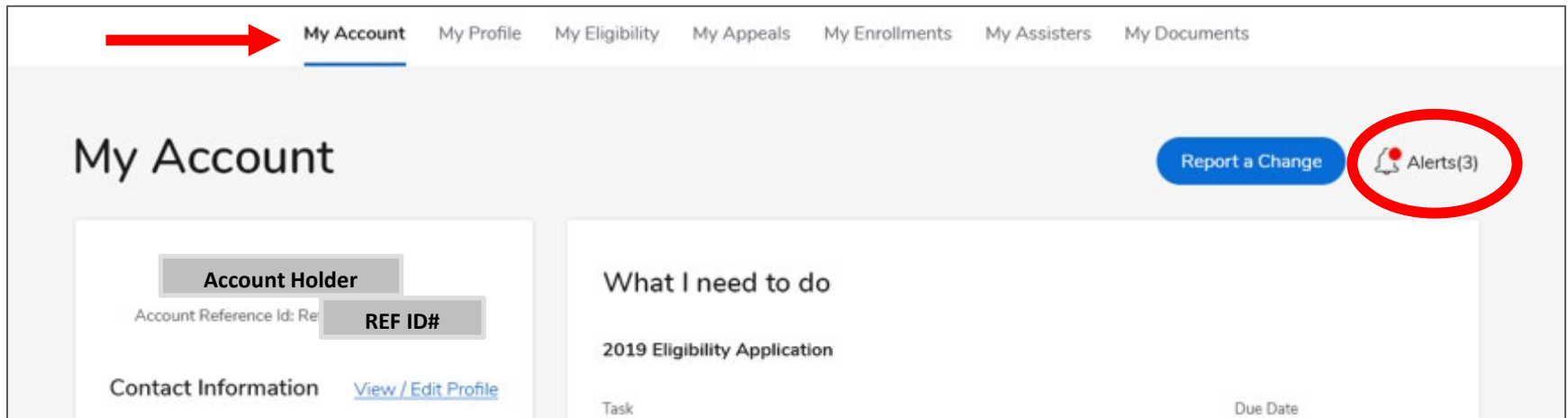
# System and Member Dashboard Enhancements

- New “Alert” icon
- RFI information
- Ability to continue with an application when HUB services are unavailable
  - In certain circumstances, user can still move through the application when the HUB is down and RFI will be sent
  - Not available for new applications
- MassHealth Appeals form will update to reflect a change in the time frame to file an appeal
  - Change from 30 days, members will now have 60 days to file an appeal with MassHealth Board of Hearing

# My Account: New “Alert” Icon

New “Alert” Icon will display in the top right corner of the screen which will feature alert information for the following items (if applicable):

- Home Address change
- TMA - if the member is currently in a TMA period and has active MassHealth Standard benefit
- MassHealth Self- Attested Disability



The screenshot displays the 'My Account' page of the MassHealth system. At the top, a navigation menu includes 'My Account', 'My Profile', 'My Eligibility', 'My Appeals', 'My Enrollments', 'My Assisters', and 'My Documents'. A red arrow points to the 'My Account' tab. Below the navigation, the page title 'My Account' is on the left, and a blue 'Report a Change' button and a red-bordered 'Alerts(3)' icon are on the right. The main content area is divided into two columns. The left column shows 'Account Holder' information with a redacted 'REF ID#' and 'Contact Information' with a 'View / Edit Profile' link. The right column is titled 'What I need to do' and lists a '2019 Eligibility Application' with a 'Task' and 'Due Date' column.

# RFI Information

- RFI information will be added to the "*What I need to do*" section for both SEP and non-SEP RFIs
  - RFI information will display with the due date or past due days for active, expired, or inactive RFI
- Additional links will be added to the "*What I need to do*" section.
  - Health Connector Enrollment links
  - Complete Expired Renewal link

# Enhanced Functionality: RAC

## Change Your Information

**WARNING**  
To change your date of birth or Social Security number, call Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), TTY 1-877-623-7773.

To make changes to your application, please check the box for all options that apply.

[Change contact information and preferences](#) ⓘ

- Add someone to your application or tell us if someone is now applying for coverage ⓘ
- Remove someone from your application or tell us if someone is no longer applying for coverage ⓘ
- Update income, additional questions about health insurance and health reimbursement arrangements ⓘ
- Change a status ⓘ
- Change name, sex or add SSN ⓘ
- Change home address ⓘ
- Change information about pregnancy ⓘ
- Change application type ⓘ
- Change information about past tax credits ⓘ

**Report Changes**

Income change

Home Address change

Pregnancy Status



# RAC – Report a Pregnancy

## Change Your Information

**WARNING**

To change your date of birth or Social Security number, call Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765). TTY 1-877-623-7773.

To make changes to your application, please check the box for all options that apply.

[Change contact information and preferences](#) ⓘ

Add someone to your application or tell us if someone is now applying for coverage ⓘ

Remove someone from your application or tell us if someone is no longer applying for coverage ⓘ

Update income, additional questions about health insurance and health reimbursement arrangements ⓘ

Change a status ⓘ

Change name, sex or add SSN ⓘ

Change home address ⓘ

Change information about pregnancy ⓘ

Change application type ⓘ

## Add a new household member(s)

When you see a star (\*), you must complete the field.

Do you want to add a newborn(s) to this household? \*

Yes  No

Save and Continue

Back

# RAC – Report a Pregnancy: Additional Questions

Application Year 2019    Family & Household    Review & Sign

## Any Other Changes?

*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.*

Do you need to report any other changes? Selecting 'Yes' will bring you back to the Change your Information screen and allow you to select other changes like adding a member or removing a member, changing status and more. \*

Yes     No

Save and Continue

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# Lawful Presence Update

The online application will have an option/document type for applicants who do not have the required citizenship document(s) details

An applicant can attest to being naturalized and say they have a document but not the details at that moment, this will allow them to bypass the question and complete the application

Note: Request for information (RFI) will be sent to the member despite the option selected

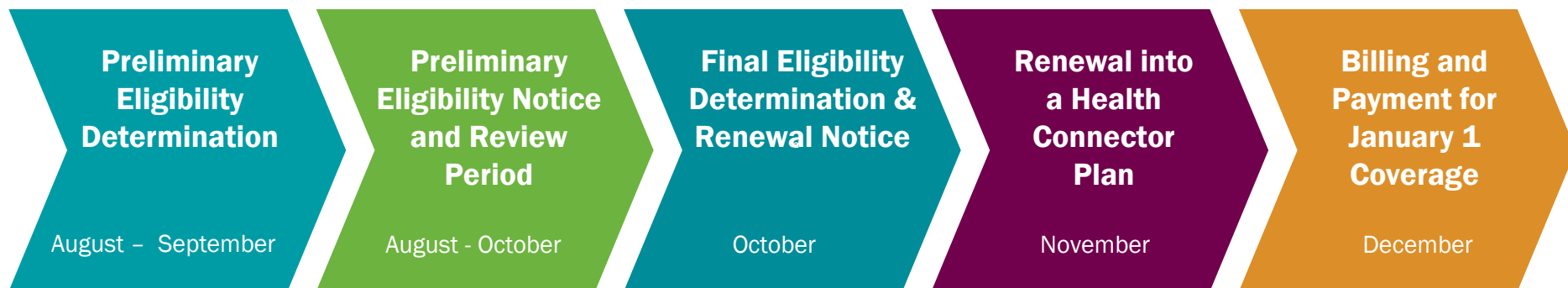
The screenshot shows the 'Family & Household' section of the 'Application Year 2022' form. The title is 'Citizenship/Immigration Status'. Below the title is a link for 'More information on Immigration Document Types'. The form includes instructions: 'When you see a star (\*), you must complete the field. When you see an i, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.' The first question is 'Is [redacted] a U.S. Citizen or U.S. National?' with radio buttons for 'Yes' (selected) and 'No'. The second question is 'Is [redacted] a naturalized, derived, or acquired citizen?' with radio buttons for 'Yes' (selected) and 'No'. Under 'Document Type (Select One)', there are three options: 'Naturalization certificate' (unselected), 'Certificate of citizenship' (unselected), and '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.' (selected and highlighted with a red box). Each option has associated input fields for 'Alien Number' and 'Naturalization Certificate Number' or 'Citizenship Number'. A 'Save and Continue' button is at the bottom, and a 'Back' button is at the bottom left.

# Health Connector Annual Redeterminations and Renewals Process

# Health Connector Annual Redeterminations & Renewals Processes (continued)

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year
- In August and September, the Health Connector will start preliminary eligibility determinations for actively enrolled Health Connector members and Health Connector members who are part of mixed households
- Be on the look out for more information (email updates through the MTF listserv) about these processes and any plan changes that may be occurring for coverage starting January 1, 2023





**Questions?**