



# Virtual Gateway



## Common Intake 4.7 Announcement

March 2010

**MassHealth  
Policy  
Questions?**

**Please call  
MassHealth  
Customer  
Service:  
1-800-841-2900  
TTY:  
1-800-497-4648**

**Virtual  
Gateway  
Questions?**

**Please call  
Virtual  
Gateway  
Customer  
Service:  
1-800-421-0938  
TTY:  
617-988-3301**

### Important Changes to Common Intake Health Assistance Questions and Screens, effective March 29, 2010:

**Update!**

The text and graphics on the **Application Instructions** page were updated to make it easier for users to understand and follow.

#### Application Instructions

##### General Instructions

Remember that submitting this electronic application is only the FIRST step in the application process. Please pay attention to the "Next Steps" page at the end of the application for specific instructions regarding each program.

##### Additional Instructions for Health Insurance and Health Assistance Programs



Individuals should NOT use this online application if they:

- Currently receive MassHealth, Commonwealth Care, or Health Safety Net services
- Have filled out an application within the last 12 months

Please check My Account Page (MAP) if you are not sure whether the applicant is currently receiving benefits or if an application was filled out within the last 12 months.



Applicants for MassHealth, Commonwealth Care, and Health Safety Net services must be provided with certain materials at the time of the application. Please provide the applicant with either the MassHealth Member Booklet or the MassHealth and You Guide at this time.



The applicant has reviewed the instruction sheet and was given the appropriate MassHealth information booklet and other associated materials.\*

##### Additional Instructions for SNAP



Individuals should NOT use this online application if they:

- Currently receive SNAP (Food Stamps) benefits
- Are part of a household that currently receives SNAP benefits
- Have applied for SNAP benefits within the last 30 days

DTA clients can contact their [local office](#) or Recipient Services at 1-800-445-6604 for assistance.

After submitting this application, applicants for SNAP will be contacted by their DTA case manager to schedule a mandatory interview. During this interview, applicants will find out what additional proofs they need to provide. Applicants must have this interview and provide their proofs before they can receive benefits.

In some situations, the applicant may be eligible to get SNAP benefits within seven days. At initial phone contact, the applicant's DTA case manager will ask questions about the applicant's situation to determine if he or she qualifies for [expedited](#) benefits.

Although DTA is required to accept [paper applications](#) that include only minimal information (name, address and signature), please try to answer all of the questions on the online application. The more information we have, the quicker we will be able to act on the application.

Cancel and Go Back

Save and Continue

## MassHealth Policy Questions?

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Update:

On the **Personal Information** page, the "school questions" noted below are now mandatory if the answer is Yes to "Is this person currently registered for at least 75% of a full-time curriculum at a college, university or other institution of high learning that grants a certificate, diploma, or degree?" question:

Is this person currently registered for at least 75% of a full-time curriculum at a college, university or other institution of higher learning that grants a certificate, diploma, or degree?*	Yes ▾
Is this person's school in Massachusetts?*	Yes ▾
Is this person planning on getting health insurance coverage from this school, but is waiting for the coverage to start?*	Yes ▾
What is the date that the school health insurance coverage will start?:*	02 / 19 / 2010
If 18 or older, is this person on active duty within the United States Armed Forces?▶	▾

Update:

On the **Additional Personal Information** page, the "accident or injury" question has been changed to: "Do you or any family member need health care because of an accident or injury?" In addition, the dropdown questions for this screen have also changed, as shown here:

<b>Additional Personal Information</b>			
Do you or any family member need health care because of an accident or injury?*			
Yes ▾			
Person applying because of an accident or injury?*	Do you get or want benefits because of an accident or injury that someone else might be responsible for?*	Has a lawsuit, a workers' compensation claim, or an insurance claim for an accident or injury been filed for you getting or wanting benefits?*	Do you have an injury, illness, or disability that was caused by someone else, or that could be covered by someone else's insurance or the family member's own insurance, other than health insurance (like homeowner's or auto insurance)?*
<input checked="" type="checkbox"/> John Doe	No ▾	Yes ▾	No ▾

Update:

The following health insurance questions, as shown below, are now mandatory on the **Salary Wage Income Information** page:

<b>Salary Wage Income Information</b>			
Does anyone in the household currently have salary/wage income (including self-employment)?*			
Yes ▾			
Who has salary/wage income?*		John Doe ▾	
Employer Name:▶		BERTUCCI'S ▾	
Employer Telephone Number:▶		464 646 5333	
Is health insurance that would cover doctor's visits and hospitalizations currently offered (Answer Yes even if this person cannot get it now, chose not to sign up, or dropped the insurance that was available)?*		No ▾	
If health insurance is not currently offered, was it offered in the past six months?*		Yes ▾	
Employer Address: _____			

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**New!** A new **Rental Income** page has been created. It appears before the **Other Income Information** page. All questions related to rental income were pulled out of the **Other Income** pages and placed on this new page:

**Rental Income Information**

Does anyone in the household have rental income?\* Yes ▾

Who has rental income?\* John Doe ▾

Payment Period:\* Quarterly ▾

Amount of rental income:\* \$ 600

Is this rental income shared?\*" Yes ▾

**Note:** "Other" may represent more than 1 individual. Please select the total of other(s) ownership percentage.

Who shares the rental income?*	Percentage of Rental Income Received*
<input checked="" type="checkbox"/> John Doe	<span>30 ▾</span>
<input checked="" type="checkbox"/> Other	<span>70 ▾</span>

Save and Add Another

Cancel and Go Back Save and Continue

**Updated!** The "top-level" **Other Income Information** page will now be asked **separately** for **each individual** in the household:

**Other Income Information**

Please answer who in the household has other income

Name of the individual	Has other income?
John Doe*	<span>Yes ▾</span>

Cancel and Go Back Save and Continue

**Updated!** Based on the response to the top-level **Other Income** question, the **Other Income Details** page will display for each applicable individual:

**Other Income Details**

Who has other income?\* John Doe ▾

Other Income Category:\* Taxable refunds, credits, or offsets of state and local income taxes ▾

Other Income Type:\* Income Tax Refund ▾

Payment Period:\* Annually ▾

Amount of other income:\* \$ 2000

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Update:

On the **Other Income Details** page, the following questions will now be mandatory when "Other Income Type" response is "Unemployment Compensation":

**Other Income Details**

Who has other income?\*: Person One

Other Income Category\*: Unemployment compensation

Other Income Type\*: Unemployment Compensation

If income type is unemployment compensation, does this person's unemployment compensation check come from the State of Massachusetts?\*: Yes

If income type is unemployment compensation, in the 12 months before becoming unemployed, did this person work for an employer in Massachusetts, excluding federal employers such as the U.S. Postal Service?\*: No

Payment Period\*: Bi-weekly (every two weeks)

Amount of other income\*: \$ 588

Update:

The **Fishing Industry Insurance Access Information** page will now be mandatory for each individual in the household applying for MassHealth age 19 or older.

**Fishing Industry Insurance Access Information**

Please answer who in the household is earning 50% or more of their total income working in the commercial fishing industry or has a spouse earning 50% or more of their total income working in the commercial fishing industry:

Name of the individual*	Is the person earning 50% or more of their total income working in the commercial fishing industry or has a spouse earning 50% or more of their total income working in the commercial fishing industry?*
John Doe*	<span>Yes</span>

Cancel and Go Back Save and Continue

Update:

The **Armed Services Insurance Access Information** page will now be mandatory for each individual in the household applying for MassHealth age 19 or older. Based on the answer to the top question "Is ~ or ~'s spouse in one of the uniformed services on active duty, a retired military service member or a medal of honor recipient?", the additional mandatory questions, shown below, will be asked:

**Armed Services Insurance Access Information**

Is John Doe or John Doe's spouse in one of the uniformed services on active duty, a retired military service member or a medal of honor recipient?\*: Yes

Medal of Honor Recipient?*	In National Guard/Reserves?*	On Active Duty?*	Retired Service Member?*
<span>No</span>	<span>No</span>	<span>Yes</span>	<span>No</span>

Cancel and Go Back Save and Continue

**NOTE:** At least one of the answers to the additional mandatory questions above should be "Yes" since the top question was answered as Yes.



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Updated!

The text and graphics on the **Confirmation of Submittal and Next Steps** page were updated to make it easier for users to understand and follow.

Confirmation of Submittal and Next Steps	
<b>An application has been submitted for the following people and programs listed below. Please follow the 'Next Steps' instructions for each program in order to complete the application process.</b>	
<b>Application Number:</b>	161879
<b>Head of Household Name:</b>	John Doe
<b>Date of Birth:</b>	09/12/1974
<b>Date Submitted:</b>	02/03/2010
<b>Health Insurance and Health Assistance Programs (MassHealth, Commonwealth Care, Health Safety Net)</b>	
<b>Applicant(s) Name</b> <input checked="" type="checkbox"/> John Doe	
<b>Next Steps</b>	
<input checked="" type="checkbox"/> Please submit the proofs listed under the "Required Proof(s)" section below by mailing or faxing them to the office listed under "Program Contact Information". When we receive your application, we will review it along with your proofs, and send you a written notice within 10 days if you need to send us more information.	
<input checked="" type="checkbox"/> When sending the proofs to us, it is important to write on each page of all the documents your SSN or "application number," which is given to you when you apply. This will help us process your application more quickly.	
<input checked="" type="checkbox"/> We will send all eligibility notices about all members of your household only to the person who is listed on your application as the "Head of Household". If you have named an "eligibility representative" on the MassHealth Eligibility Representative Designation form (ERD), we will also send copies of all eligibility notices to that person.	
<input checked="" type="checkbox"/> If you want us to send copies of your household's eligibility notices to anyone else, such as a hospital, for a certain period of time, complete the MassHealth Permission to Share form (PSI).	
<input checked="" type="checkbox"/> The type of Health Insurance and Health Assistance you receive depends on your family size, income information about any other health insurance you may have, identity and citizen status, immigration status, and other circumstances. We will give you the most complete coverage type for which you qualify.	
<input checked="" type="checkbox"/> The information you give to us is kept confidential as required by state and federal laws.	
<b>Required Proof(s)</b>	
Please submit the proofs listed under each applicant's name. You can see a complete list of accepted proofs by clicking the link(s) below or scrolling to the bottom of the screen.	
<b>For John Doe</b>	
<input checked="" type="checkbox"/> <a href="#">Verification for Other Income</a> Most recent Federal 1040 Tax Return, or other proof of your other income.	
<input checked="" type="checkbox"/> <a href="#">Verification for U.S. Citizenship/National Status</a> US Passport, Certificate of US citizenship, Certificate of naturalization or other proof of your citizenship.	
<input checked="" type="checkbox"/> <a href="#">Verification for Wage Income</a> Recent pay stubs (2 from past 6 months for MassHealth, 4 from past 6 weeks for SNAP, and 1 from past 30 days for WIC), or other proof of wage income.	
<input checked="" type="checkbox"/> <a href="#">Verification for Name/Identity</a> Passport, Driver's License, Military ID, School ID, or other proof of your identity.	
<b>Additional Information</b>	
<input checked="" type="checkbox"/> If you have any problem getting the proofs you need for the Health Insurance and Health Assistance Programs, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).	
<b>Program Contact Information</b>	
<input checked="" type="checkbox"/> <b>Revere MEC</b> 300 Ocean Ave Ste 4000 Revere, MA 02151 Tel: 800-322-1448 Tel: 877-668-4499 Fax: 781-485-3405	
<b>Proof/Verification Documents</b>	
<input checked="" type="checkbox"/> <b>Verification for Other Income</b>	
All Types: Most recent Federal 1040 Tax Return Form with any attachments - not accepted by DTA	
Child Support or Alimony: Signed statement indicating amount of child support, photocopy of court order (not accepted by DTA), copies of checks, child support verification from DOR	
Separate Support: Verification of terms of support agreement, i.e. court documents (for Housing only)	
Income from investments and trust income: Most recent Federal 1040 Tax Return or year-end financial statement	
Pension or Annuities: Photocopy of award letter or check stubs.	
Public Assistance: EAEDC, RRP or TAFDC - photocopy of the check or direct deposit statement (not accepted by Housing)	
Rental income: Copy of lease agreement (or for Housing, 1040 with schedule E), canceled check, or statement from tenant showing amount of rent paid, mortgage statement showing principal and interest, tax bill, owner's insurance, water, and sewerage bills.	
For MassHealth: For PERSONS AGED 65 or older who are not required to file annual income tax returns may submit rental income verifications allowing MassHealth to determine net rental income. Suggested verifications can be: Copy of lease agreement, canceled check, or statement from tenant showing amount of rent paid, mortgage statement showing principal and interest, tax bill, owner's insurance, water, and sewerage bills.	
For PERSONS under the age of 65, rental income is verified via most recent Federal 1040 Tax Return.	
Unemployment Compensation: copy of check (not accepted by Housing)	
Veteran Benefits: copy of check (not accepted by Housing)	
Worker's compensation: copy of check (not accepted by Housing) or benefit award letter	
Public Assistance: EAEDC, RRP or TAFDC - copy of award letter (for Housing only)	
Unemployment Compensation: copy of benefits letter (for Housing only)	
Veteran Benefits: copy of benefits letter (for Housing only)	
Gambling or Lottery Winnings: tax forms 1099-g, K-1, and any other applicable tax reporting form (for Housing only)	
Regularly Recurring Contributions or Gifts: Notarized statement providing amount and frequency, Notarized letter from the source of the contribution or gift, copy of checks received (for Housing only)	
Capital Gain: Statement of taxable capital gain, 1099-S, and any applicable tax reporting forms (for Housing only)	
Statement from DCF identifying child and amount for Foster Care (for Housing only)	

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**New!** The [Virtual Gateway Self Service](#) page is a new page where consumers are now directed to from [www.mass.gov](http://www.mass.gov), [SNAP Benefits Page](#), and the [MassHealth website](#). Consumers have the choice on this page of screening for potential program eligibility, applying for SNAP, or registering/logging into the new public facing My Account Page.

Executive Office of Health and Human Services (EOHHS)  
Virtual Gateway Self Service





**Welcome to the Virtual Gateway!**

- Screening** : To see if you may be eligible for Food Assistance, Health Assistance, or other public benefits, click on Screening. It's easy and anonymous. For a detailed list of benefits, visit our [Catalog of Services](#)
- Apply for Benefits** : To apply for Food Assistance (SNAP, formerly the Food Stamps Program), click on Apply for Benefits. For details about SNAP, visit the [Food Assistance page](#).
- My Account Page** : To get information about your Food, Cash, or Health Assistance Benefits online, click on My Account Page. If you are the head of your family's household, you can use EAEDC benefits. For more detailed information, see the [My Account Page Overview](#).

Screening	Apply	My Account Page
		
See if you may be eligible for benefits.	Apply for the Supplemental Nutrition Assistance Program/SNAP (formerly the Food Stamps Program). If you have already started and want to finish, or want to view a completed online application, <a href="#">Login to Access the Application</a> .	Check the status of your Health, Food or Cash Assistance benefits.

[Access Provider Login](#)

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For more information, see the [Common Intake Provider Newsletter \(March 2010\)](#) or visit the new page at: [www.mass.gov/vg/selfservice](http://www.mass.gov/vg/selfservice).