




MassHealth
Community Health Center Bulletin 91
July 2018

TO: Community Health Centers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)**

Background

The Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) captures applicant information to determine eligibility for benefits as required by the Affordable Care Act (ACA). MassHealth, in conjunction with the Massachusetts Health Connector (the “Connector”) and the Health Safety Net (HSN), has updated the paper application for health benefits. These updates are intended to align the paper application with the online application from the state-based marketplace that is the “front door” for applying for assistance from MassHealth and the Connector. MAhealthconnector.org is the state-based marketplace where individuals in Massachusetts can apply for and purchase health care benefits.

The ACA-3, revised in July 2018, is intended for the following populations in Massachusetts:

- individuals younger than age 65 who do not need long-term-care services (either in a nursing facility or in the community);
- parents of children younger than age 19 and adult relatives living with or taking care of children younger than age 19 (regardless of the age of the parent or adult relative) when neither parent is living in the home; and
- individuals of any age who are disabled and who are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application or, if younger than age 65, are not working.

Individuals aged 65 or older, including those who are applying with individuals under the age of 65, and those of any age who need long-term-care services (either in a nursing facility or in the community) will need to fill out the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2).

Summary of Changes

This version of the ACA-3 includes the following changes.

- Updated the revision date to July 2018 as appropriate (Note: Authorized Representative Designation Form (ARD) at the end of the application is still dated 01/18, since it has not changed.).
- On page 1 of the application, the question about preferred language was changed. It now prompts individual responses for both spoken and written preferences.

(continued on next page)

Summary of Changes (*cont.*)

- For Person 1, Question 6, changes clarified that the statement referring to reconciliation of the advance premium tax credits (APTC) is optional.
- Question 6 was updated as follows:
 - Question 6a: (“Are you legally married?”): added the following text: “If you will file taxes as Head of Household, you should answer **No** to Question 6a (“Are you legally married?”). One way you may qualify as Head of Household is to live apart from your spouse and claim another person as a dependent.
 - Question 6a: (“Are you legally married?”): added “If **No**, skip to Question 6c.”
 - Added Question 6e: “Are you filing taxes separately because you are the victim of domestic abuse or abandonment?”
- In Question 11, the list of races/ethnicities was moved to page 22 and a reference to page 22 was included in the question. This change was made to save space in the application.
- In Question 19 (Incarceration), “Please select **No** if you will be released in the next 60 days” was reinstated.
- For each person, Questions 23 and 28 (“Is this a sheltered workshop?”) were deleted because sheltered workshops have been phased out. Subsequent questions were renumbered.
- In Question 31 (Other income), “taxable veteran’s benefits” and “taxable military retirement pay” were added. These had been previously deleted in error.
- Under the “I agree to the following statements” section:
 - deleted “...for the next three years...”
 - changed “...my tax liability for this year...” to “...my annual tax liability...” to improve readability.
- Supplement A: Health Coverage from Jobs
 - changed Question 15b to “Does the health plan offered by the employer meet the minimum value standard for coverage?”
 - changed Question 16a to “How much does the employee have to pay in premiums for the lowest-cost plan that meets the minimum value standard? Only tell us about the cost of the individual (self-only) health plans, not the cost of the family health plan. \$ _____.”

How to Apply

The updated paper application is currently available online at www.mass.gov/lists/masshealth-member-applications.

Individuals are encouraged to apply online at MAhealthconnector.org. Applying online may be the fastest way to get coverage.

To apply, members can also use any of the options below.

Mail the filled-out, signed application to

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780.

(continued on next page)

How to Apply (cont.)

Fax the filled-out, signed application to (857) 323-8300.

To apply by telephone, call the MassHealth Customer Service Center at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or (800) MA ENROLL ((800) 623-6765).

Visit a MassHealth Enrollment Center (MEC) to apply in person.

Supplies and Use of Revised Forms

The March 2018 version of the ACA-3 can continue to be used until supplies are exhausted.

Location of Printable Application on the MassHealth Website

The new ACA-3 and ACA-3-AP (Additional Persons) can be printed from the MassHealth website. Go to www.mass.gov/lists/masshealth-member-applications.

MassHealth Website

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins.

To [sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.