



**Eligibility Operations Memo 18-01**  
**May 1, 2018**

TO: MassHealth Eligibility Operations Staff

FROM: Amy Dybas, Deputy Chief Operating Officer for Member Policy Implementation, Training, and Communications 

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](http://MAhealthconnector.org) is the state-based marketplace where individuals in Massachusetts can apply for and purchase health care benefits.

The ACA-3, revised in March 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 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 in mixed households, 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.

- On the second page of the instructions, in “General Instructions,” the final bullet was modified for provisional eligibility. Language is included to suggest that an applicant may want to send proof of income with the application.
- Added [masshealthchoices.com](http://masshealthchoices.com) to the “What happens next?” section.

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### **Summary of Changes (cont.)**

- Attached the updated Authorized Representative Designation Form (ARD (Rev. 01/18)).
- Removed specific years and replaced with more general language.
- Miscellaneous language and order changes.
  - Question 5: clarified language about needing a social security number for people who are not applying for themselves, but are applying for premium assistance for others;
  - Question 12: changed wording from “...even if you do not have a fixed address, or **you have** entered Massachusetts...” to “...even if you do not have a fixed address, or **have you** entered Massachusetts...”;
  - Question 31 Other income: accounted for possible losses on capital gains and farming and fishing income;
  - Question 32 Deductions: removed specific instructions for Persons 2 through 4 and referred to Person 1 for details;
  - Step 6-number 13: moved language about the Connector using financial information for three years from numbered section to the second bullet below “I agree to the following statements;”
  - Step 6: moved incarceration information from the “Rights and Responsibilities” section to Question 19 in the body of the application.

### **How to Apply**

The updated paper application is currently available online at [www.mass.gov/lists/masshealth-member-applications](http://www.mass.gov/lists/masshealth-member-applications).

Individuals are encouraged to apply online at [MAhealthconnector.org](http://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.

Fax the filled-out, signed application to 1-857-323-8300.

To apply by telephone, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or 1-800-MA ENROLL (1-800-623-6765).

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

### **Supplies and Use of Revised Forms**

When you receive a supply of the new ACA-3, please recycle all previous versions.

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### **Supplies and Use of Revised Forms (*cont.*)**

After May 31, 2018, previous versions of the application will be obsolete and the March 2018 version of the ACA-3 will be the only version of the application that will be accepted.

### **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](http://www.mass.gov/lists/masshealth-member-applications).

### **Questions**

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.