



MassHealth Application, Eligibility and Enrollment for Agencies Working with People Experiencing Homelessness

Agenda



MassHealth Eligibility Overview

How to Apply

MassHealth Renewals

Health Plans

Resources

Q & A

ELIGIBILITY OVERVIEW

Populations We Serve

- Individuals younger than age 65 and not living in or about to go into a nursing facility
- Individuals of **any age** who are
 - Parents of children younger than age 19
 - Adult relatives living with and taking care of children younger than 19 and neither parent is living in the home

ACA Population



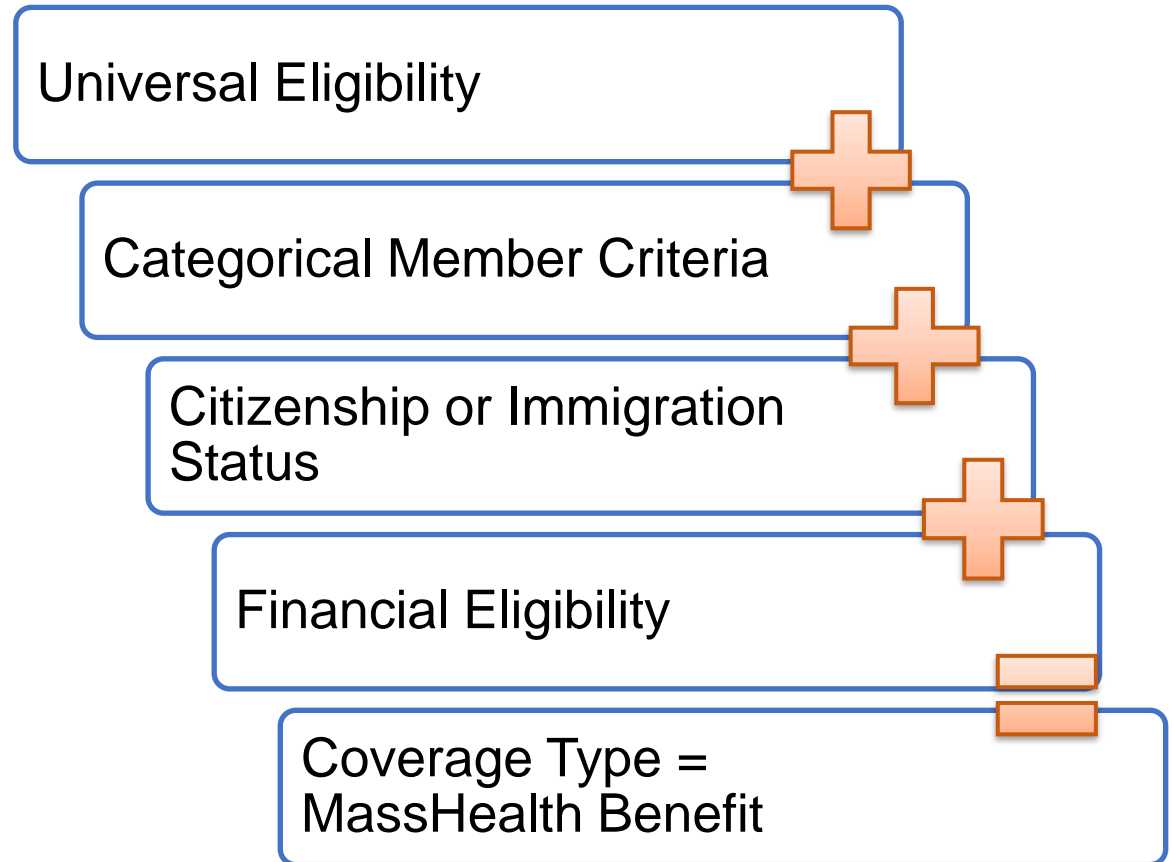
- Individuals older than age 65 and living at home
- Individuals of **any age** needing long-term-care services in a medical institution or nursing facility
- Individuals eligible under certain programs to get long-term-care services living at home
- Members of a married couple living with a spouse who is 65 years of age or older

SACA Population



Factors to Determine Eligibility

- Massachusetts Residency
- Members in your household
- Citizenship or Immigration Status
- Income
- Access to Health Insurance



Massachusetts Residency

STEP 1 Person 1. Tell us about yourself. Please print clearly.

We need one adult in the household to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) Form at the end of this application to establish a third-party contact.

1. First name, middle name, last name, and suffix		2. Date of birth	
3. What is your email address?			
<input type="checkbox"/> No home address. Note: if you check this box, you must provide a mailing address.			
4. Street address		5. Apartment or unit number	
6. City	7. State	8. ZIP code	9. County
10. Mailing address <input type="checkbox"/> Check if same as home address.			11. Apartment or unit number
12. City	13. State	14. ZIP code	15. County
16. Phone number	17. Other phone number		18. # of people listed on the application
19. What is your preferred language, if not English? Spoken _____ Written _____ Preferred written language may be used by MassHealth and the Health Connector to communicate with you. If you do not answer, we will send your notices in English.			
20. Is anyone on this application in prison or jail? <input type="checkbox"/> Yes <input type="checkbox"/> No Please select No if this person will be released in the next 60 days. If Yes , who? Enter the name here: _____ If Yes , is this person awaiting trial? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The amount of help or type of program you may qualify for depends on the number of people in your household and their incomes. This information helps us make sure everyone gets the coverage they may be eligible for.

COMPLETE STEP 2 FOR YOURSELF and **ALL ADDITIONAL HOUSEHOLD MEMBERS** who live with you, or anyone on your same federal income tax return if you file one. If you do not file a tax return, remember to still add household members who live with you.

- Intend to reside in the Commonwealth, with or without a fixed address
 - If you do not have a fixed address, must attest to intent to stay in Massachusetts
- Entered the Commonwealth with a job commitment or are seeking employment

If you are experiencing homelessness and don't have a permanent home address, you should let us know. You can include this information on your MassHealth application or tell us over the phone.

- **Residential address:** If you're staying in a shelter, use the shelter's address as your residential address. If you are not in a shelter and are moving around, you can leave the residential address blank, but make sure you give us a mailing address.
- **Mailing address:** For the mailing address on your application, you can enter the address of any place where you can regularly receive mail. This could be the address of a friend, a family member, or someone else, including a person in a different state. You can leave this field blank if you've entered a residential address.

Financial Eligibility

ACA

- **Modified Adjusted Gross Income (MAGI):**
 - Household composition is used to determine financial eligibility for subsidized **Health Connector** plans including **Premium Tax Credits**, **ConnectorCare** and **Cost Sharing Reductions**.
 - An applicant's age, household size, demographic and immigration/citizenship status all influence how their income is evaluated and then compared with the Federal Poverty Level guidelines.

SACA

- **Income**
 - Single: \$1255 monthly*
 - Couple: \$1704 monthly*
- **Assets**
 - Single: \$2000
 - Couple: \$3000

** Updated annually*

Types of Assets



Cash



Vehicles



Bank Accounts



Real Estate



Securities



Life Insurance



Burial Plans



Annuities



Trusts

Continuous Eligibility

1

Continuous eligibility (CE) means that members retain coverage for a period of time, even if they experience changes in their circumstances that would impact eligibility

2

CE is a valuable tool that helps certain populations stay enrolled in the health coverage for which they are eligible and have consistent access to services

3

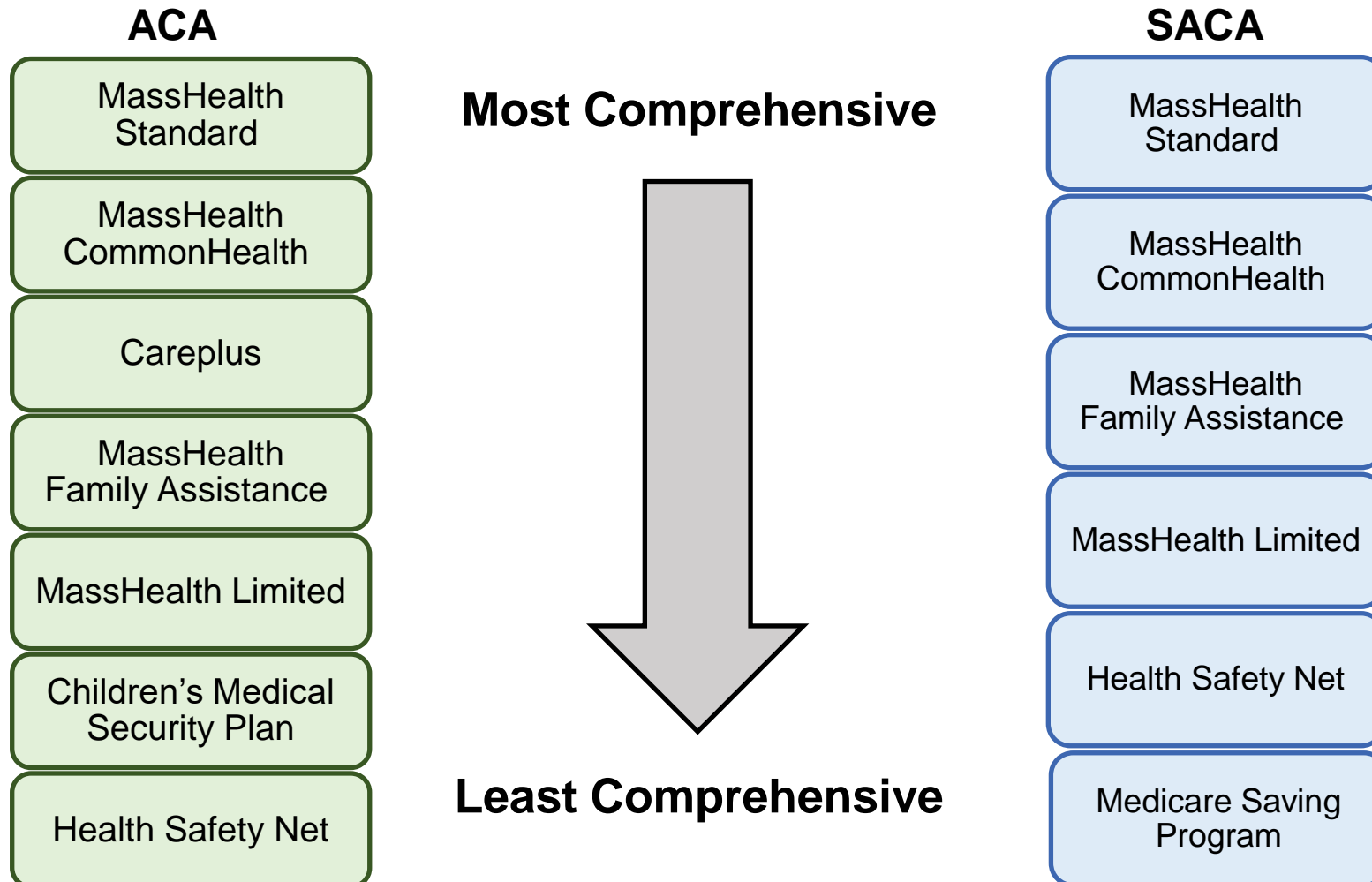
CE promotes health equity by limiting gaps in coverage for low-income children and adults who experience disproportionate rates of health disparities

Continuous Eligibility Populations

- **Members released from jail or prison**
 - Provides 12-months continuous eligibility to adults under age 65 upon release from public institution for the first year they return to the community
- **Verified Homeless Adults**
 - Provides 24-months continuous eligibility to adults under age 65 who are verified homeless for 6+ months through HMIS in the Rehousing Data Collective
- **Children**
 - Provides 12-months continuous eligibility to children under age 19
- **Pregnant Individuals**
 - Provides 12 months of continuous coverage following the end of pregnancy, no matter your immigration status or how the pregnancy ends

MassHealth Coverage Types

Each coverage type represents a different level of health benefits. The coverage type is determined by categorical and financial standards.



HOW TO APPLY

ACA: How to Apply for Coverage



Online at MAhealthconnector.org



Call MassHealth at 1-800-841-2900 (TTY: 711)



Mail: Health Insurance Processing Center
P.O. Box 4405 Taunton, MA 02760



Fax: 1-857-323-8300



Apply with a [Certified Assister](#) Or at a [MassHealth Enrollment Center \(MEC\)](#)

You can [schedule](#) a phone or video appointment with a MassHealth staff

SACA: How to Apply for Coverage



Call MassHealth at 1-800-841-2900 (TTY: 711)



Web portal: Complete Adobe Sign [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services](#)



Mail: MassHealth Enrollment Center Central Processing Unit
P.O. Box 290794 Charlestown, MA 02129



Fax: 617-887-8799




Apply with a [Certified Assister](#) near you or at a [MassHealth Enrollment Center \(MEC\)](#)

Permission to Share Form

- Permission to Share ([PSI](#)) Form
 - This form gives MassHealth permission to give MassHealth permission to talk with another person or organization about the applicant or member's eligibility, share copies of their eligibility notices with them, or share copies of your records with another person or organization.

MASSHEALTH
Permission to Share Information (PSI) Form



Use this form if you want to give MassHealth permission to

- talk with another person or organization about your eligibility,
- share copies of your eligibility notices with them, or
- share copies of your records with another person or organization.

Complete all questions under Section 2 if you want to give MassHealth permission to talk with another person or organization about your eligibility and to share copies of your eligibility notices with them. (Do not complete Section 3 unless you are asking MassHealth to share written copies of your records.) This person or organization could be someone like:

- a family member, friend, or other trusted person,
- someone who helps take care of you,
- someone who helps you fill out MassHealth forms, or
- a social worker, lawyer, or health care advocacy group.

Complete all questions under Section 3 if you want to give MassHealth permission to share copies of your records with another person or organization. (Complete Section 3 only if you are asking MassHealth to share written copies of your records.) The information included in your records may include:

- MassHealth claims showing services you have received
- Past MassHealth applications and related information you've sent to us
- Past MassHealth notices that have been sent to you

Do not use this form if you want

- information about yourself,
- copies of your own records,
- information about your children under age 18. (You can usually get this without filling out any forms.),
- your eligibility and payment information to be shared with your health care provider. (Your health care provider can get information about your MassHealth eligibility and payment for services provided to you without you filling out any forms.), or
- to create an appeal representative status related to a Fair Hearing. (You should fill out the appropriate sections on the Fair Hearings Request (FHR-1) form OR complete a current Authorized Representative Designation (ARD) form. Current versions of both forms are available at www.mass.gov/service-details/masshealth-member-forms.)

Important: If you decide you want to fill out this form, you must fill out all applicable sections. Please print clearly and remember to **sign and date Section 7**. If a legal representative is completing this form, they must **sign and date Section 8**.

SECTION 1 Name of MassHealth applicant or member

I give permission for MassHealth and its representatives to share the information listed in Section 2 or Section 3 about:

Name of applicant or member whose information is to be shared*

Street*	City*	State*	Zip*
Date of birth*			
Telephone number			
MassHealth ID number (if you have one)*			

Please Note: Fields with an asterisk * are required. If you do not have a MassHealth ID number, you can give us the last four digits of your social security number (SSN), if you have one.

SECTION 2 Permission for MassHealth to talk about your eligibility details and share copies of your eligibility notices

The person or organization that you write in Section 4 will be able to contact MassHealth to receive information described by the checked box below.

☐ I give MassHealth permission to do the following:

- talk about my eligibility details,
- talk about my MassHealth benefits, and
- share copies of eligibility notices with the person or organization written in **Section 4**.

Please note. These notices may contain financial information. Check this box only if you want the person or organization in Section 4 to be able to contact MassHealth to get eligibility information and get copies of your eligibility notices.

If you check this box, MassHealth will send copies of your eligibility notices to the person or organization in Section 4. They can also ask for copies of your eligibility notices. These notices have information about all members of a household. If you check this box, each member of your household who is 18 years or older will have to complete and sign a separate PSI form.

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Authorized Representative Designation Form

Authorized Representative Designation Form



You can submit this form if you would like to designate an authorized representative to act on your behalf. If an authorized representative signed your application for you, or if you are an authorized representative applying on behalf of someone else, you **MUST** submit this form for the application to be processed.

You do not need to fill out this form if you live in an institution and want copies of eligibility notices sent to you and to your spouse who still lives at home. We will do that automatically.

Note: An authorized representative has the authority to act on an applicant's or member's behalf in all matters with MassHealth and the Health Connector, and will receive personal information about the applicant or member until we receive a cancellation notice terminating their authority, or upon the death of the applicant or member. Their authority will not automatically terminate once we process your application.

You can choose someone to help you.

You may choose an authorized representative to help you get health care coverage through programs offered by MassHealth and the Health Connector. You can do this by filling out this form (the Authorized Representative Designation Form). You or a representative can sign for yourself and for any of your dependent children under the age of 18 for whom you are the custodial parent. **You are not required to have a representative in order to apply for or receive benefits.**

Who can help me?

1. An authorized representative can be a friend, family member, relative, or other person or organization of your choosing who agrees to help you. It is up to you to choose an authorized representative if you want one. Neither MassHealth nor the Health Connector will choose an authorized representative for you. You must designate in writing (fill out Section I, Part A) the person or organization who you want to be your authorized representative. Your authorized representative must also fill out Section I, Part B. We sometimes refer to this person or organization as a "Section I authorized representative."
2. If you cannot designate an authorized representative in writing and you do not have an existing authorized representative or other person who is authorized by law to act on your behalf, a person (not an organization) who certifies that they will act responsibly on your behalf can be your authorized representative if that person fills out Section II of this form. We sometimes refer to this person as a "Section II authorized representative."
3. An authorized representative can also be someone who has been appointed by law to act on your behalf, or on behalf of the estate of an applicant or member who has died. This person must fill out Section III and either you or this person must submit to us, together with this form, a copy of the applicable legal document stating that this person has authority to represent you, or the estate of a deceased applicant or member. We sometimes refer to this person as a "Section III authorized representative."
4. A **Section III** authorized representative may be a legal guardian, conservator, holder of power of attorney, or health care proxy, or, if the applicant or member has died, the personal representative of the estate.

What can an authorized representative do?

A **Section I or II** authorized representative may

- fill out your application or renewal forms;
- fill out other MassHealth or Health Connector eligibility or enrollment forms;
- give proof of information reported on these forms;
- report changes in income, address, or other circumstances;
- get copies of all of your MassHealth and Health Connector eligibility and enrollment notices; and
- act on your behalf in all other matters with MassHealth and the Health Connector.

What a **Section III** authorized representative is authorized to do for you (or for the estate of a deceased applicant or member) will depend on the wording of the legal appointment.

Please note: Eligibility notices may include information about other members of an applicant's or member's household. If there are multiple people in your household we may not be able to send copies of some of your notices to your authorized representative unless each household member has also designated the same authorized representative by completing a separate Authorized Representative Designation Form.

Authorized Representative (ARD) Form

- This form allows an individual or organization designated by the member or applicant to act on their behalf to help the applicant or member get health care coverage through programs offered by MassHealth and the Health Connector

RENEWALS

MassHealth Renewal Overview

- MassHealth is required to renew households annually
- For ACA Households will either be renewed either:
 - Automatically via systematic auto renewal
 - Asked to complete a pre-populated renewal form within 45 days
- Applicants over 65 can renew online, over the phone or by paper

Massachusetts Renewal Application for Health and Dental Coverage and Help Paying Costs

HEALTH CONNECTOR | MassHealth

Instructions

1. Read the information listed in this renewal application about you and the members of your household carefully. If the information is incorrect, cross it out and write the correct information in the **Updated Information** column. If there is missing information for you or your household members write it in the **Updated Information** column.
2. "No Data Available" next to a question means that you need to answer the question when you applied for and you have new information to report, write it in the **Updated Information** column.
3. Answer **all** questions for you and your household.
4. If you have a new household member, fill out all the information in your envelope called the **Massachusetts Application for Health Insurance—Additional Persons**.
5. **IMPORTANT:** You must sign the last page of the application. **It cannot be processed if it is not signed.**
6. Send **ALL PAGES** to:
Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
Fax to 1-857-323-8300

Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

Please Print Clearly. Be sure to answer all questions. Fill out all parts of the application, along with all supplements that apply. If you need more space, attach a separate piece of paper to the application. Put Person 1's name and social security number at the top of any attached paper. For each member in your household, please put the name(s) of the individual(s) under the program or programs they want to apply for. Please see the Senior Guide to learn more about coverage under these programs.

Please list the names of everyone who is applying for health coverage on this application.

☐ **MassHealth or the Health Safety Net (HSN)**
(If living at home, in a rest home, an assisted living facility, a continuing care retirement community, or life care community, fill out this application and any supplements that apply to you or any household member.) MassHealth will check if anyone applying for health coverage on this application is eligible for MassHealth or the HSN.

You: _____
Spouse: _____

☐ **Long-Term Care and/or Home- and Community-Based Services Waiver**
(If applying for or getting long-term-care services at home under an HCBS Waiver, or in a nursing home or chronic hospital, fill out this application and any supplements that apply to you or any household member, including all or part of the Long-Term-Care Supplement.)

You: _____
Spouse: _____

☐ **Health Connector Programs**
Health coverage through the Massachusetts Health Connector is not MassHealth. If you have Medicare, you will not be eligible for any cost sharing or Advance Premium Tax Credits, and you cannot purchase a plan through the Health Connector, unless you were enrolled in a Health Connector plan when you became eligible for Medicare. The only time you should apply for Health Connector programs if you have Medicare is if you are not enrolled in Medicare yet but would have to pay for your Medicare Part A premium. In this case, you may be eligible for a Health Connector plan.

You: _____
Spouse: _____

NOTE: PACE – Program of All-Inclusive Care for the Elderly
Some MassHealth members may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE), which provides members access to a wide range of medical, social, recreational, and wellness services through a center-based model. See page 10 of the Senior Guide for more information.

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 on pages 18-23 and sign on page 24 to proceed with the application.

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

STEP 1 Person 1 (YOU)—Tell us about YOURSELF.

We need one adult to be the contact person for your application. Please note that this should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). Please see the Authorized Representative Designation (ARD) at the end of this application, to establish a third-party contact.

1. First name, middle name, last name, and suffix		2. Date of birth (mm/dd/yy)	
3. Street address <input type="checkbox"/> Check this box if homeless. You must provide a mailing address.		4. Apartment or unit number	
5. City	6. State	7. ZIP code	8. County
9. Is this a hospital, nursing facility, or other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, facility name			
10. Mailing address <input type="checkbox"/> Check if same as street address.			11. Apartment or unit number
12. City	13. State	14. ZIP code	15. County

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How to Report A Change

Online at MAhealthconnector.org

Call 1-800-841-2900 (TTY: 711)

Mail: Health Insurance Processing Center PO Box
4405 Taunton MA 02780

Fax 857-323-8300

In-Person at any of the MECs

Schedule a phone or video appointment with
MassHealth

Any changes (address, household size, income, etc) should be reported to MassHealth within 10 days

MassHealth Renewal Resources

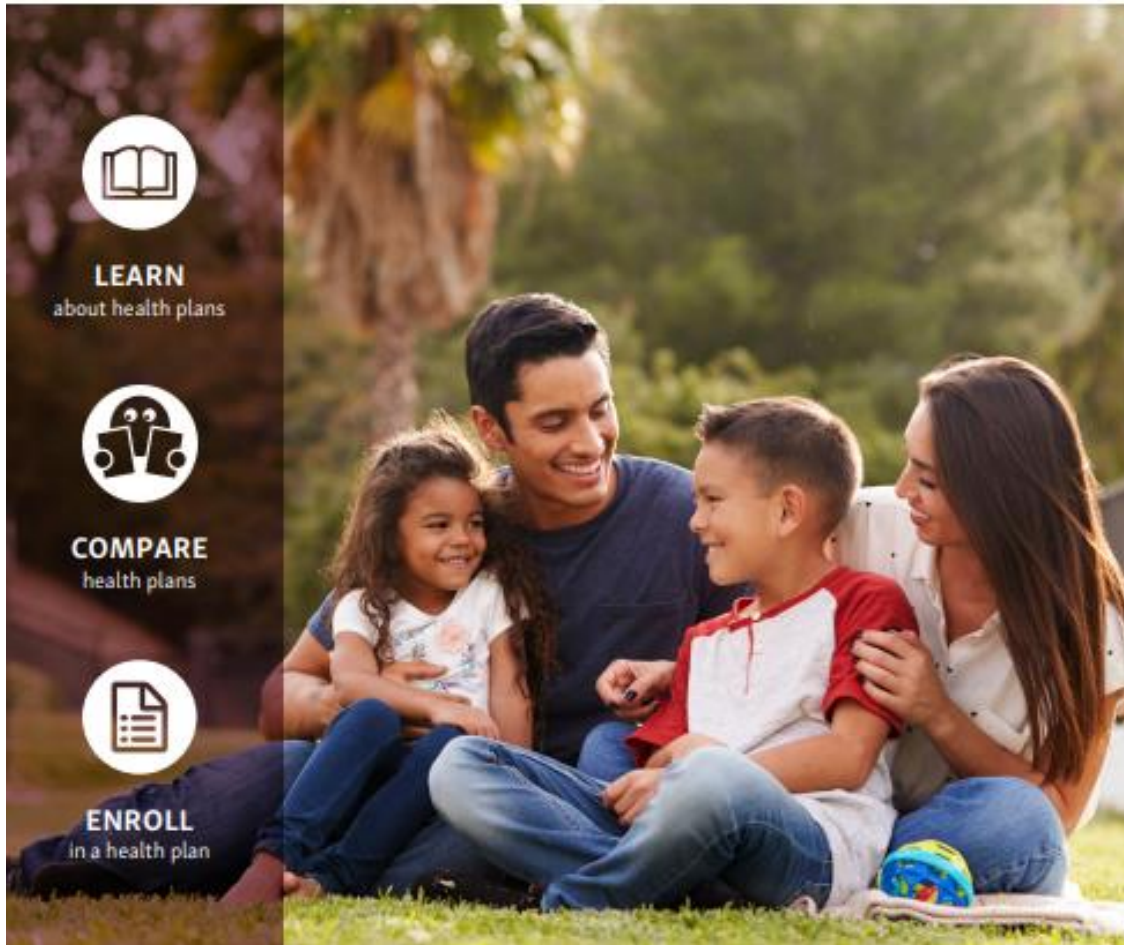
Learn more about how members can renew their coverage:

- [Renew your coverage for MassHealth, the Health Safety Net, or the Children's Medical Security Plan](#)
 - [Frequently asked questions for MassHealth members younger than 65](#)
- [Renew your MassHealth coverage for seniors and people who need long-term-care services](#)
 - [Frequently asked questions for MassHealth members aged 65 and older](#)



MASSHEALTH HEALTH PLANS

MassHealth Managed-Care Eligible Members



Members who are managed care eligible can select from the following types of plans:

- [Accountable Care Partnership Plan](#)
- [Primary Care ACO](#)
- [Managed Care Organization \(MCO\)](#)
- [Primary Care Clinician \(PCC\) Plan](#)

Covered Services



Acute in-patient care



Behavioral health



Prescriptions



Vision



Dental

Full list provided: [Chart of MassHealth Covered Services](#)

Health Plan Enrollment Periods

When to enroll in a MassHealth health plan for those experiencing homelessness?

- Once a member is considered MassHealth eligible and can enroll in a managed care plan, they have 14 days to select a plan or they will be auto-assigned

When can someone change health plan?

- MassHealth members who are experiencing homelessness can change their health plan and doctor at any time.

Have you moved?

- You may need to change your health plan to be closer to your doctors.
- If you have moved, your primary care doctor or other providers may now be far from you, or they may not be available in your area. If you need to change your health plan, you have options. Your MassHealth eligibility and benefits will stay the same, even if you decide to change your health plan.
- [Tell us](#) anytime you have a new address to make sure you get your MassHealth card and other important paperwork. To report an address change, go to this page.

If I have Medicare and MassHealth, do I need to enroll in a health plan?

- If you are member with Medicare and MassHealth, you are not required to select a health plan. However, you do have the option of enrolling in [One Care](#), Senior Care Options ([SCO](#)) or Program of All-inclusive Care for the Elderly ([PACE](#)). These programs provide additional services.

One Care

One Care Covered Services



No copayments



One person to coordinate your care and help you manage your physical, mental health, substance use, and community supports needs, so you can get the care that's right for you



A personal care plan to make sure you're getting care based on your needs and preferences



All prescriptions through one plan—over-the-counter drugs and products, such as vitamins, medicine to treat allergies, nicotine patches, and hydrocortisone cream



Dental services, including routine cleanings, x-rays, fillings, dentures, crowns, and root canals



Vision services, including exams, eyeglasses, and contact lenses



Community support services to help you with everyday activities and skills so you can live independently, manage chronic conditions, and participate fully in your community



Behavioral health services to support you in the community and help you in your recovery goals



Non-medical transportation to and from community services, activities, and other resources so that you can participate fully in the community



An LTS Coordinator to work with you to get the right community services to support your goals in wellness, community participation, recovery, and independence



Medical equipment, supplies, replacement parts, training, modifications, and repairs



Personal assistance services that can provide hands-on care, prompting/cueing, and monitoring to help you with everyday activities, including getting dressed, eating, taking a bath, and laundry, so that you can live independently at home

One Care is a way to get your MassHealth and Medicare benefits together.

One Care offers services that you can't get when your MassHealth and Medicare benefits are separate. With One Care, you have one plan, one card, and one person to coordinate your care.

You can enroll in OneCare if you:

- are between the ages of 21 and 64,
- have a disability
- have Medicare Parts A and B
- qualify for Medicare Part D (drug coverage)
- have MassHealth Standard or MassHealth CommonHealth
- live in an area covered by a One Care plan.

Senior Care Options (SCO)

Senior Care Options (SCO) is a comprehensive health plan. SCO covers all of the services normally paid for through Medicare and MassHealth. This plan provides services to members through a senior care organization and its network of providers. SCO offers the opportunity to receive quality health care by combining health services with social support services. It does this by coordinating care and specialized geriatric support services, along with respite care for families and caregivers. SCO offers an important advantage for eligible members over traditional fee-for-service care. There are no copays for members enrolled in SCO.

Enrollment is open to MassHealth Standard members who meet the following criteria:

- are aged 65 or older;
- live at home or in a long-term-care facility (member cannot be an inpatient at a chronic or rehabilitation hospital or reside in an intermediate care facility for people with intellectual disabilities);
- are not subject to a six-month deductible period under MassHealth regulations at; and
- live in an area served by a SCO plan.

Program of All-inclusive Care for the Elderly (PACE)

The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes. The PACE model is centered on the core belief that given a choice, most elders, the disabled, and their families would choose to receive care in their homes and communities rather than in a nursing home.

To enroll in PACE you must:

- Be 55 or older
- Live in the service area of a PACE organization
- Be certified by the state as eligible for nursing home care
- Live in the community (not a nursing home)
- Be able to live safely in the community, and
- Agree to receive health services exclusively through the PACE organization.

MassHealth income and asset rules for PACE include the following:

- Countable income must not be greater than 300% of the federal benefit rate. The monthly premium charged to a PACE enrollee is based upon income.
- Countable assets must not be greater than \$2,000.

NOTE: if you are married, your spouse's income and assets are not counted.

RESOURCES

MassHealth Verification Forms

**Incarceration
Status**

**Massachusetts
Residency Affidavit**

**Affidavit to Verify
Zero Income**

**Affidavit for
Self Employment
Income**

**Noncustodial
Parent Form**

- These forms can assist with verifying some types of information MassHealth has sent a Request for Information regarding.
- This is not a complete list of acceptable verifications but are forms that MassHealth provides as a template.

MassHealth Enrollment Centers (MECs)

- All [MassHealth Enrollment Centers \(MECs\)](#) are open for walk-ins
- There's also the MassHealth Online Appointment Service available
 - The Online Member Portal will let member's schedule phone appointments or video appointments
 - Schedule appointments for the following services:

Assistance with new applications & renewal forms	Reporting a change: address, family size, income, pregnancy, newborn or other
Verifications	General questions

Online Appointment Scheduling Service

- The portal enables appointment scheduling for 2 business days from the current date and 20 business days into the future
- Individuals may also cancel an appointment directly through the portal
- In-Person appointments are available to be scheduled with the Springfield Office ONLY
- Go to www.mass.gov/masshealth/appointment to schedule a phone or video appointment or scan the QR code



Enrollment Assisters

Certified Application Counselors

The Commonwealth has approximately 1,500 Certified Application Counselor (CACs) spread across nearly all hospitals and Community Health Centers

Navigators

The Commonwealth has selected and Certified 22 Navigator organizations

Go to [Enrollment Assister Search – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org)

If you are interested in becoming a CAC organization and what it entails, email

MAhealthconnectorTraining@MassMail.State.MA.US

My Ombudsman: For Help Accessing Services



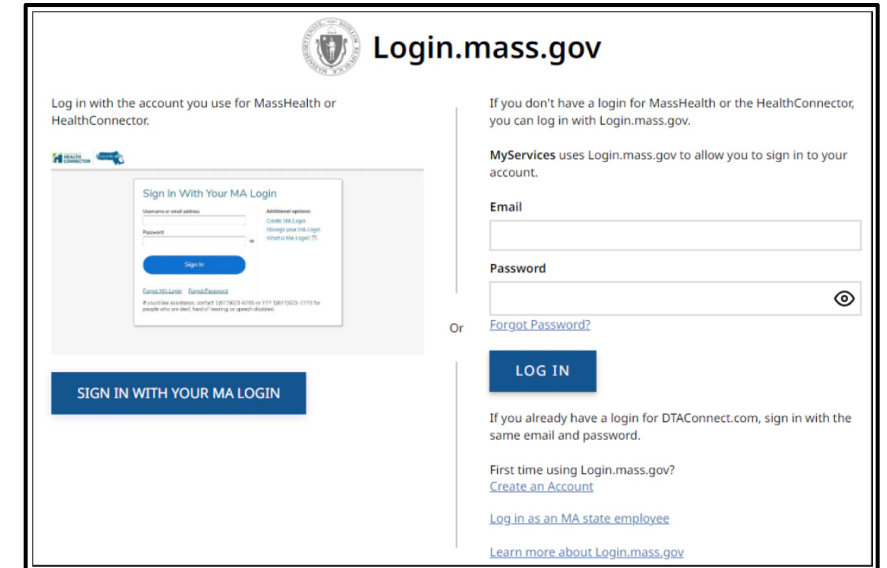
My Ombudsman is an independent organization that helps MassHealth members, including their families and caregivers, address concerns or questions that may impact their experience with a MassHealth health plan or their ability to access their health plan benefits and services

- Contact Information
 - Phone: 855-781-9898
 - Videophone: 339-224-6831
 - Website: <https://www.myombudsman.org/>
 - Email: info@myombudsman.org

Available language support (in-house staff): American Sign Language (ASL), Haitian-Creole, Portuguese, and Spanish. Interpreter services for other languages available as needed

MyServices Portal

- [MyServices](#) is a web portal designed for all applicants and members. With this portal, applicants and members can review:
 - Demographic information
 - Eligibility status
 - MassHealth enrollment information
 - Notices MassHealth sent
 - Receive alerts about important events and actions to take
- Website is translated in six languages: English, Spanish, Brazilian Portuguese, Traditional Chinese, Vietnamese, and Haitian Creole



The screenshot shows the Login.mass.gov website. At the top is the Massachusetts state seal and the text "Login.mass.gov". Below this, there are two main login paths. The left path is for users with a MassHealth or HealthConnector account, featuring a "Sign In With Your MA Login" box with fields for "Username or email address" and "Password", and a "Sign In" button. Below this box is a large blue button labeled "SIGN IN WITH YOUR MA LOGIN". The right path is for users without a login, with the text "If you don't have a login for MassHealth or the HealthConnector, you can log in with Login.mass.gov." and "MyServices uses Login.mass.gov to allow you to sign in to your account." This path includes fields for "Email" and "Password", a "Forgot Password?" link, and a blue "LOG IN" button. At the bottom right, there are links for "First time using Login.mass.gov? Create an Account", "Log in as an MA state employee", and "Learn more about Login.mass.gov".



MassHealth Self-Service System

NO TIME TO WAIT?

Use the MassHealth self-service system to....

- 1 ■ **Verify your MassHealth coverage or health plan coverage**
- **Request an application**
- **Confirm transportation benefits (PT-1 form)**
- 4 ■ **Get premium billing information**

This service is available 24 hours a day, seven days a week. If you need to speak with someone, our Customer Service representatives are available Monday through Friday from 8 a.m. till 5 p.m.

Call **1-800-841-2900 (TTY: 1-800-497-4648)**
and follow the option to the information you want.

WE'RE READY TO HELP!

Certified Application Counselors (CACs): When calling this Interactive Voice Response (IVR) System, you must be actively working with a member. The member must already be on the phone or physically with you when you call the IVR System.

PT-1 refers to authorization for non-emergency transportation



Thank you!

