



MassHealth
Community Health Center Bulletin 81
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TO: Community Health Centers Participating in MassHealth

FROM: Kristin L. Thorn, Medicaid Director 

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

Introduction

MassHealth, in conjunction with the Massachusetts Health Connector and the Health Safety Net (HSN), has updated the paper application for health benefits. The new Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) is intended for the following populations in Massachusetts.

- Individuals under age 65 who are not in or entering a nursing facility
- Parents of children under age 19 and adult relatives living with or taking care of children under age 19 when neither parent is living in the home
- Disabled adults who are not working or who meet other working requirements described on the ACA-3 cover page

Individuals aged 65 or older, including those in mixed households, and those who need long-term-care services will need to fill out the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2).

The new ACA-3 captures applicant information to determine eligibility for benefits as required by the Affordable Care Act (ACA). This application is designed to align with the online state-based marketplace that will be the “front-door” for open enrollment starting on November 15, 2014. MAhealthconnector.org will be the state-based marketplace where individuals in Massachusetts can apply for and purchase health-care benefits.

Applying Online is the Fastest and Easiest Way to Get Coverage

The new paper application became available for use on October 15, 2014. However, beginning on November 15, 2014, individuals are encouraged to apply online at MAhealthconnector.org.

More Information about the ACA-3

The Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) allows applicants to apply for low- or no-cost coverage from MassHealth, including the Children’s Medical Security Plan (CMSP), the Health Connector, and the Health Safety Net (HSN). The application also reviews eligibility for affordable private health insurance plans that offer comprehensive coverage and tax credits that can help pay health insurance premiums.

More Information about the ACA-3 (cont.)

Demographic information is now requested at the individual level. The ACA requires complete demographic information for each individual applying as well as for those who are not applying, but are in the household. While some of the individual demographic questions are new under the ACA, other questions were previously asked at the household level. The application is divided into six steps and includes supplements such as the Authorized Representative Designation Form (ARD).

Step 1: This section captures the adult in the household who has been designated as the contact person for the application.

Step 2: This section captures information such as demographics, residency, citizenship and immigration status, and income. This step must be completed for each person in the household. **Applicants with more than three people in their household should include the Massachusetts Application for Health and Dental Coverage and Help Paying Costs Additional Persons form with their application.**

This form can be downloaded from the Applications and Member Forms page: www.mass.gov/eohhs/gov/departments/masshealth/applications-and-member-forms.html.

Step 3: This section captures whether anyone in the household is an American Indian or Alaska Native.

Step 4: This section captures whether anyone in the household is enrolled in health coverage now or has access to health coverage.

Step 5: This section details the applicants' Rights and Responsibilities and captures the signature of the contact person submitting the application on behalf of the household (or his or her authorized representative).

Step 6: This section provides information about Voter Registration and where to send the completed application.

Supplement A: Health Coverage from Jobs. This supplement only needs to be completed if someone in the household is eligible for health coverage from a job.

Supplement B: American Indian or Alaska Native Family Member (AI/AN). This supplement only needs to be completed if someone in the household is an American Indian or Alaska Native.

Supplement C: Authorized Representative Designation (ARD). Applicants can submit this form if they would like to designate an authorized representative to act on their behalf.

How to Apply

Applications may be submitted in any of the following ways.

How to Apply (cont.)

Sign in to, or create an online account at **MAhealthconnector.org**. **Applying online is the fastest way to get coverage.**

Mail the filled-out, signed paper applications to

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

Fax the filled-out, signed paper applications to 617-887-8770.

Call the MassHealth Customer Service Center at 1-800-847-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or 1-877-MA ENROLL (877-623-6765).

Visit a MassHealth Enrollment Center (MEC) to apply in person. See the member booklet for a list of MEC addresses.

The ACA-2

The ACA-2 was the application created for ACA open enrollment in October 2013. At that time, the Medical Benefit Request Form became obsolete. The ACA-2 was revised in January 2014, and updated with the federal poverty level amounts in March 2014.

After November 15, 2014, the ACA-2 application form will no longer be accepted.

Supplies and Use of Revised Forms

Supplies of the new ACA-3 and ACA-3-AP application forms are now available. To order supplies, call 1-800-841-2900, or e-mail your request to Publications@mahealth.net.

When you receive a supply of the new ACA-3 application form, please recycle all ACA-2 application forms. After November 15, 2014, the ACA-3 application form will be the only version of the application accepted.

Location of Printable Application on the MassHealth Website

The new ACA-3 application can be printed from the MassHealth website. Go to www.mass.gov/eohhs/gov/departments/masshealth/applications-and-member-forms.html.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to Providersupport@mahealth.net, or fax your inquiry to 617-988-8974.