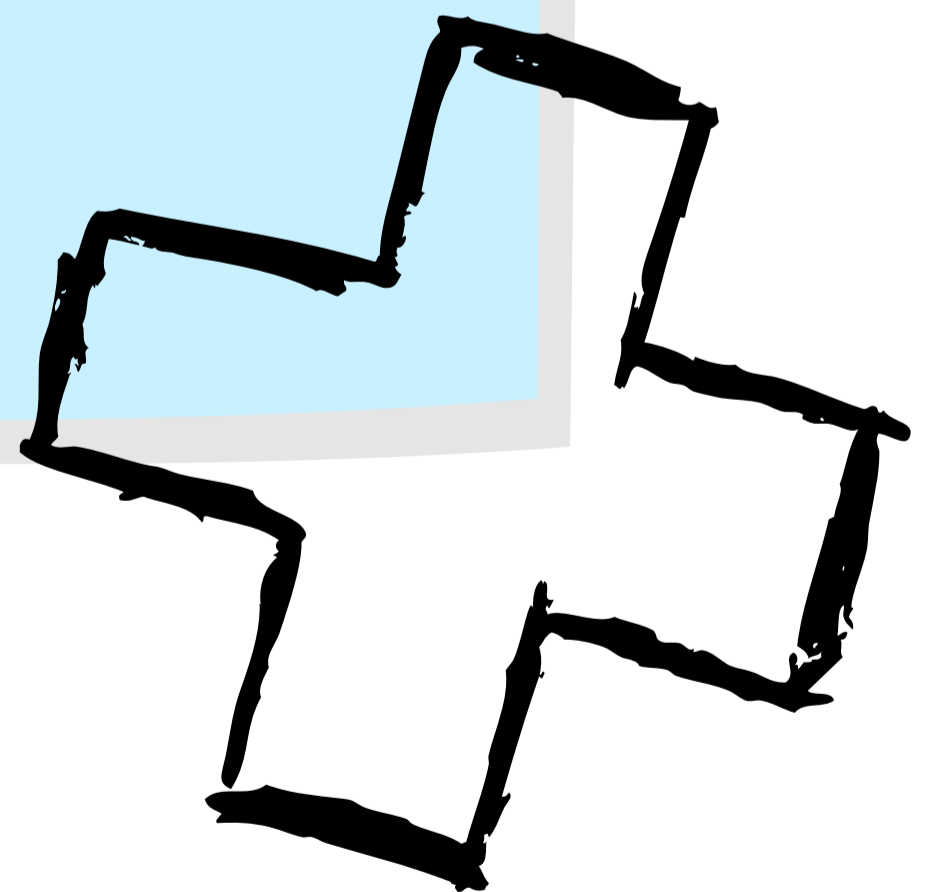
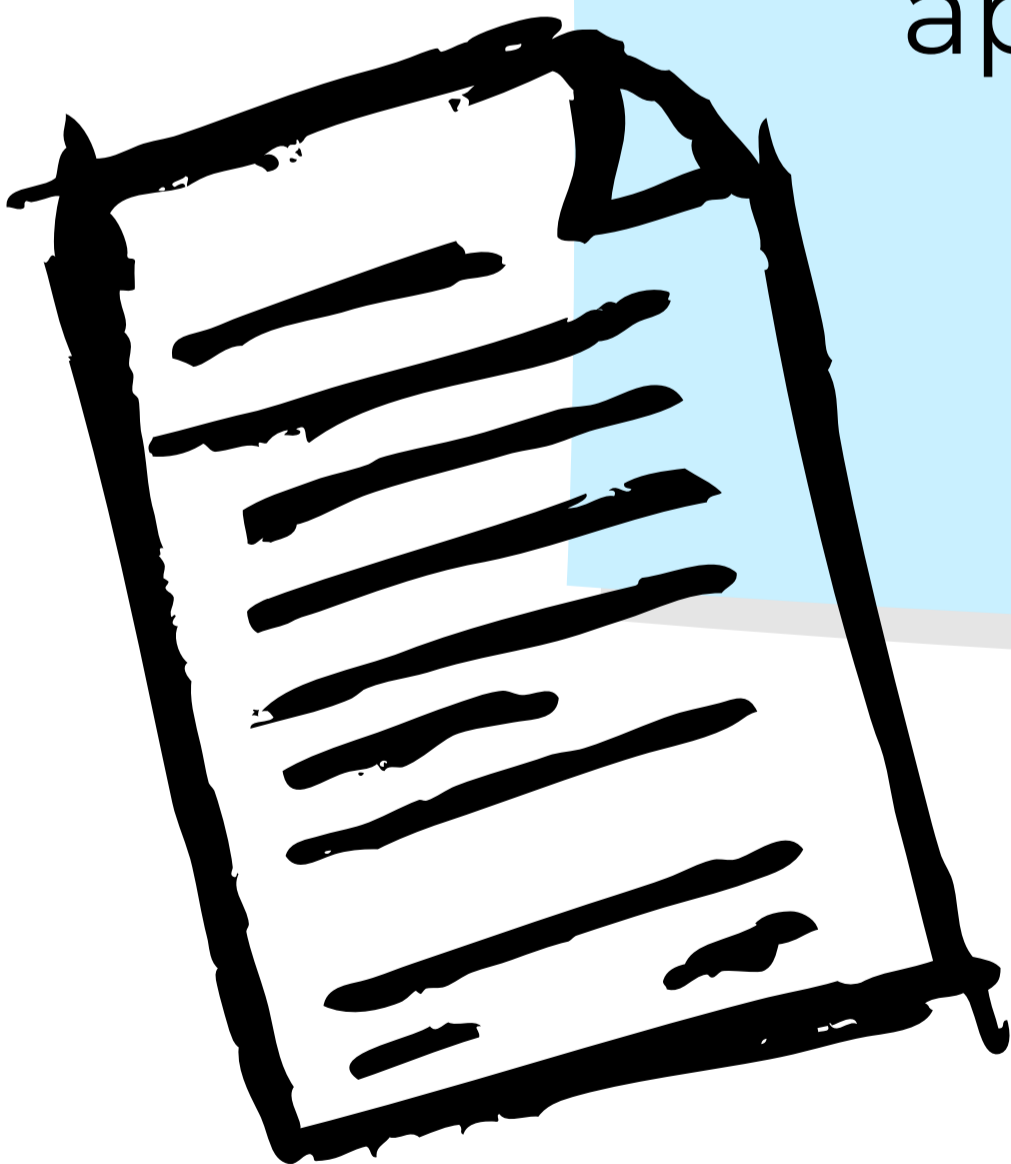


MassHealth CommonHealth Coverage: A Guide to Getting Secondary Insurance

This guide is meant to assist anyone in understanding the MassHealth CommonHealth plan as a secondary insurance plan and guide you through the application process.



The Autism Program
AT BOSTON MEDICAL CENTER

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This guide uses QR codes!

Example:



Throughout this guide, all necessary links and forms will be available in the form of QR codes. To access them, open the camera app on your smart phone, aim it at the code, and follow the link that pops up! You can also click on the codes if you are viewing this guide on a computer.

**Note that some devices may require you to download a QR reader (free) from the app store*

What is MassHealth CommonHealth?

If your primary insurance plan does not cover the treatment that your child needs, or you want assistance with medical out-of-pocket costs, MassHealth CommonHealth coverage plan is an option as a **secondary** insurance. The insurance plan is **not a family plan** and would be specifically for the individual with a disability. A family **cannot** choose to drop the individual with a disability from private employer-paid insurance and rely solely on MassHealth CommonHealth.

MassHealth CommonHealth is always the "payer of last resort" and will cover most of what your primary insurance does not, so long as your provider accepts MassHealth.

Before applying, it is important to consider whether it is beneficial for your child to have a secondary insurance provider:



1. If you're applying to receive assistance in paying copayments (co-pays) for a treatment, **ensure that your service provider accepts MassHealth**. For example, if the individual receives Speech & Language therapy, the specific Therapist must accept MassHealth for you to receive co-pay assistance.



2. Compare your out-of-pocket costs **with and without** MassHealth CommonHealth. The cost for MassHealth CommonHealth is based on your family size and income and may include a monthly premium -- **it is not a free health plan**.



If you would like an estimate, call the Autism Insurance Resource Center at (774) 455-4056. You will need to provide your family size and total yearly income.

Autism Insurance Resource Center
E. K. Shriver Center
University of Massachusetts
Medical School
55 Lake Avenue North, Suite S3-301
Worcester, MA 01655
(774) 455-4056
www.massairc.org
Email: info@disabilityinfo.org

You may be eligible for a monthly stipend to help offset your Masshealth CommonHealth monthly premium through the **Premium Assistance Program** (see page 9). Remember that MassHealth CommonHealth is a monthly plan, meaning that you are able to cancel at any time.



How do I apply?

The application process consists of three steps: (1) MassHealth Application For Health and Dental Benefits (ACA-3), (2) Disability Supplement (Child or Adult), and (3) Third Party Liability Form.



Reminder!

Open your camera or QR code reader to access the links below!



Online

**recommended method!*



Mail/Fax



In-Person



Phone

Visit

mahealthconnector.org/start

Create a profile and complete the application!

Print

bit.ly/masshealthapp



and mail to

Health Insurance
Processing Center
P.O. Box 4405
Taunton, MA 02780
FAX: 857-323-8300

Visit a MassHealth Enrollment

Center below:

45 Spruce Street,
Chelsea, MA 02150

88 Industry Avenue, Suite
D, Springfield, MA 01104

21 Spring Street, Suite 4,
Taunton, MA 02780

367 East Street,
Tewksbury, MA 01876

100 Hancock Street, 6th
Floor, Quincy, MA 02171

Call

(800) 841-2900 or
(877) MA-ENROL.

Interpreter Services available!

(TTY: (800) 497-4648 or
(877) 623-7773 for people
who are deaf, hard of hearing,
or speech disabled)

Mass Health has Certified
Application counselors
throughout the state. This is a
free service but you need to
make an appointment. Visit
bit.ly/mhassister
and click "Find an Enrollment
Assister" to schedule.

Print

Child Disability Supplement
(ages 17 and below)
bit.ly/mhchildsupp
or

Adult Disability Supplement
(ages 18 and up)
bit.ly/mhadultsupp



If you need help filling
out the form, you can
call the UMass Disability
Evaluation Services Help
Line at 1-888-497-9890.

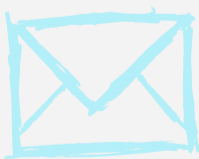


Send to:

Disability Evaluation Services/
UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796
OR
FAX: 774-455-8156

Print

Third Party Liability Form
bit.ly/masshealthtpl



Send to:

MassHealth Third Party Liability Unit
P.O. Box 921
Chelsea, MA 02150
OR
FAX: 617-357-7604

For steps 2 and 3, it is
highly recommended
that you send in the
forms through the
mail! Be sure to only
submit copies of
original documents
and don't forget
to make a copy of all
forms for your
records.

1 MassHealth Application For Health and Dental Benefits (ACA-3)

2 Disability Supplement

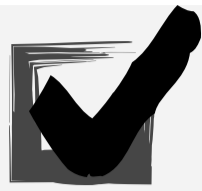
3 Third Party Liability Form

What you will need...

1 MassHealth Application For Health and Dental Benefits (ACA-3)

What you need to know to complete the application

- Social Security Number (SSN) for the **individual(s)** applying for coverage, date of birth of everyone living in the household, information about citizenship/national status or immigration status
- Household health coverage information:
 - If insured through an employer: Name of employer, Plan name, Policy number or member ID, address of employer and phone number, and a cost estimate for the individual employee only.
 - Insurance information for any additional plans (Do any members of your family have additional insurance other than through your/your partner's employer?)
- Financial information for everyone living in the household, broken down by person (see below)



What you need to send in with the application

Proof of Family Income

- ☐ Two recent **Pay Stubs** for all income
- OR

- ☐ Last years **Tax Returns** with W-2

Proof of Citizenship

- ☐ Copy of **Social Security Card** (see page 4)
- ☐ **Birth Certificate** for the individual applying

Proof of Identity

- ☐ **Government issued ID** (of parent/guardian, if applying for a child)
- ☐ Copy of **Utility Bill** (water, sewer, gas, electric, mortgage deed, copy of lease, statement from housing--can't be cable or cell phone bill)

Financial Information

Income

TOTAL EXPECTED income for the current calendar year

- This includes wages/tips, social security benefits, self-employment, unemployment, retirement or pension, one time lump sum, capital gains, rental or royalty income, farming or fishing income, alimony received, or interest, dividends or other investment income **BEFORE** taxes
- Income effective date (i.e. date of hire at current job)

Deductions

TOTAL Deductions for current the calendar year

- Educator expenses, business expenses, health savings deductions, moving expenses related to a job change, deductible part of self-employment tax, self-employment health insurance, penalty on early withdrawal of savings, alimony paid, IRA deduction, student loan interest deduction, higher education tuition and fee's, and/or domestic production activities deduction

*If you pay for certain things that could be a deduction on a federal income tax return, state them as they may make **health care coverage cost a little lower!***

2 Disability Supplement

You will need:

- ☐ Copy of IFSP or IEP
- ☐ Copy of diagnostic report. It is a good idea to include assessments and evaluations completed in the last 2-3 years
- ☐ Complete and sign all medical release forms for all doctors and health care professionals (you will need their address, phone number, and last date seen)
- ☐ The individual's daily activities and (if applying as an adult) work history for the past 15 years

3 Third Party Liability Form

This document is to report any insurance plans you/your family currently has.

You will need:

- ☐ MassHealth ID or SSN of policyholder
- ☐ Name of employer and insurance company, plan name, policy number or member ID, address of employer, phone number of employer and insurance company
- ☐ (May need) Medicare information - Parts A, B, and C start and end date



Step 1: MassHealth Application (ACA-3).

Links for this section:

MassHealth Application
bit.ly/masshealthapp



MassHealth Member Booklet
bit.ly/mhmemberbooklet



Proof of Identity Guide
bit.ly/mhidproof



The first step in the process is to complete the MassHealth Application (ACA-3). **After gathering all documents** listed in the "What you will need" Section, please complete the application and reference the FAQs for help!



If you have any questions about supplemental documents, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648).

Who is included in the household?

Include your spouse or domestic partner, anyone you claim as dependents on your tax return, and anyone under age 19 who you take care of and lives with you.

What are the geographical requirements for applying?

In order to apply for MassHealth, the applicant must live in Massachusetts and have a Massachusetts address.

What if I/a household member does not have a SSN?

A SSN is required for **any** member applying for health coverage and **optional** for any member that isn't applying. If someone needs help getting a SSN, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) or go to socialsecurity.gov.

Why am I being asked about other health conditions (pregnant, HIV positive, etc.)?

This information about the applicant is used to determine eligibility for **additional financial assistance** associated with these conditions.

This application is for an adult and they would like a representative to help with the insurance process. Who can they contact for assistance?

If you would like a representative to help you fill out forms and act on your behalf, you must find someone and submit an Authorized Representative Designation Form. Please review the form (to the right) for additional information.

bit.ly/mhard



Didn't complete this online? Send to MassHealth at:



Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
FAX: 857-323-8300



Step 2: Disability Supplement

Note that you will initially receive a **denial** from MassHealth if you are over income for MassHealth. Don't worry! Follow up with either the Autism Insurance Resource Center or UMass Disability Evaluation Services at 1-888-497-9890.

Links for this section:

Child Disability Supplement

bit.ly/mhchildsupp



Adult Disability Supplement

bit.ly/mhadultsupp



To speed up the approval process, submit the supplement at the same time as the MassHealth application to their appropriate location! You **do not** need to wait for the receipt of the denial letter.

FAQs

Why am I getting a denial letter?

You will receive a denial because your family's income is too high to qualify for MassHealth General. Even though you get a rejection, the MassHealth Application (ACA-3) is needed in addition to the Disability Supplement for you to apply for MassHealth CommonHealth.

My child has other service providers. What information will I need about them?

You will be asked to provide their contact information including their phone number, name, and address.

My child receives therapy. What information will I need about them?

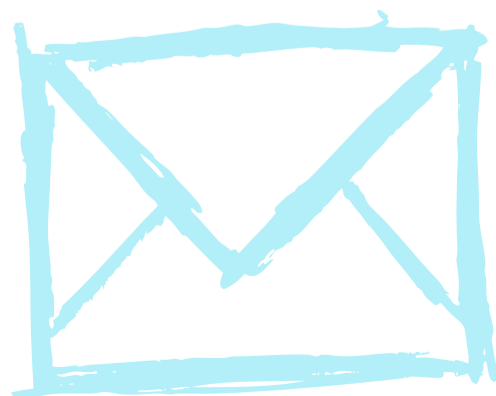
You will be asked to provide the name of the provider agency, as well as the number of visits per week at home and school.

My child is using medication and/or equipment. What information will I need about these?

You will be asked to provide the name, dosage, and frequency of all medications taken, as well as any equipment or supplies needed.

If you need help filling out the form, you can call the UMass Disability Evaluation Services Help Line at 1-888-497-9890.

Once completed, mail or fax your application, supplement, and release form(s) to:



Disability Evaluation Services / UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796
FAX: 774-455-8156

After you have sent in this information, a staff member from the UMass/Disability Evaluation Service may contact you if more information is needed.

Step 3: Third Party Liability Form

After your child has been approved for CommonHealth, you must complete the Third Party Liability form. This form confirms to MassHealth that you have primary or employer-sponsored health insurance.

Links for this section:

Third Party Liability Form

bit.ly/masshealthtpl



What if I don't have Medicare?

If you don't have Medicare, this part of the application does not apply to you and can be left blank (see highlighted section below).

MassHealth

Third Party Liability Indicator

Date: _____

Head of Household: _____ MassHealth ID No: _____ Telephone No.: () _____
(Last, First, MI)

(If you need more space to finish any section on this form, please use the back of this form.)

1. Medicare Information

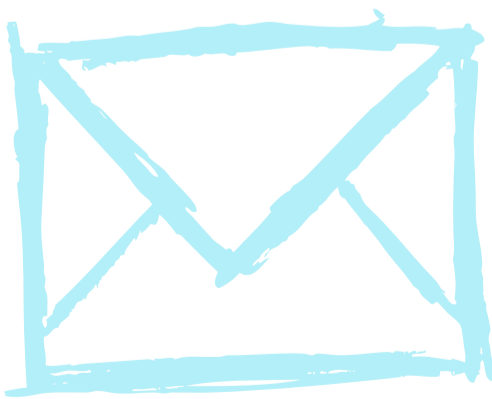
Name: _____ Claim No.: _____
(Last, First, MI)

Part A Start Date: _____ Part A End Date: _____

Part B Start Date: _____ Part B End Date: _____

Part C Carrier Name: _____ Start Date: _____ Part C End Date: _____

Once completed, mail or fax this form to:



MassHealth Third Party Liability Unit
P.O. Box 921
Chelsea, MA 02150
Tel.: 1-888-628-7526
Fax: 617-357-7604

Once this form is confirmed, benefits through the Mass Behavioral Health Partnership (MBHP) will be added to the CommonHealth plan. This will allow the individual to access therapies, like ABA.



Summary.

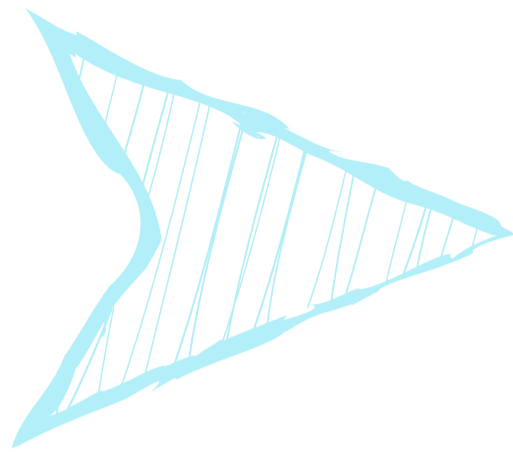
1 MassHealth Application (ACA-3)

Documents

- MassHealth Application (ACA-3)
- Proof of family income
- Proof of citizenship
- Proof of identity



Send this first.



Health Insurance
Processing Center
P.O. Box 4405
Taunton, MA 02780
FAX: 857-323-8300

*If not done online

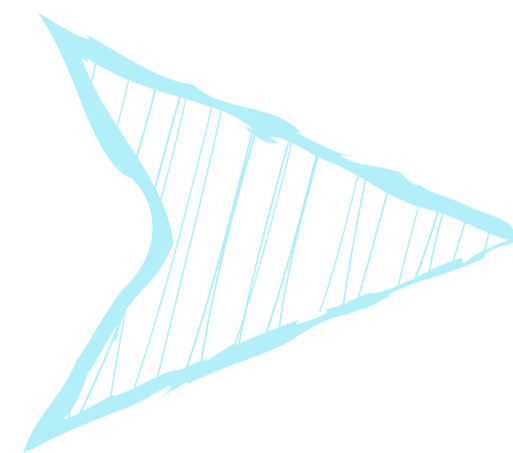
2 Disability Supplement

Documents

- Disability Supplement
- Medical release forms
- Copy of IEP
- Copy of diagnosis
- Other records that describe your child's condition(s)



Send this at the same time as the MassHealth Application (ACA-3).



Disability Evaluation Services/
UMASS Medical DES
P.O. Box 2796
Worcester, MA 01613-2796
FAX: 774-455-8156

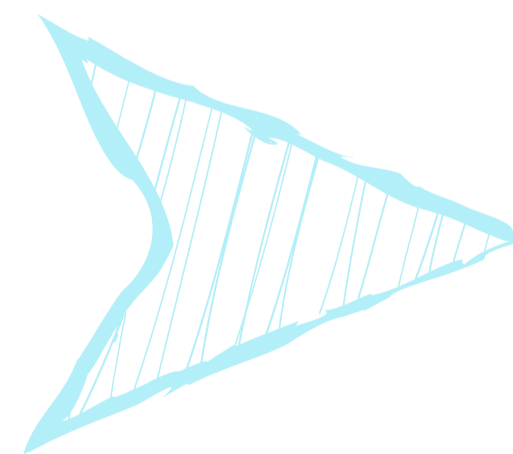
3 Third Party Liability Form

Documents

- Third Party Liability Form



Send this after your application has been approved.



MassHealth Third Party
Liability Unit
P.O. Box 921
Chelsea, MA 02150
Tel.: 1-888-628-7526
Fax: 617-357-7604



Treatment & Services

Once your child is approved for MassHealth CommonHealth plan, your child will be covered for the following services and treatment.

- ▶ Any medically necessary Medicaid-covered services that the employer health plan does not cover, including co-pays, co-insurance and deductibles, as long as the provider accepts MassHealth. These may include medical appointments, therapeutic care (like ABA), medical equipment, and prescriptions.

Autism Specific Services

- ▶ Applied Behavior Analysis (ABA) therapy for children under the age of 21. Note that co-pays will be covered for ABA, even if the ABA provider doesn't accept MassHealth.
- ▶ Co-pays and deductibles for ARICA* mandated treatments covered by private insurance.

**What is ARICA?*

ARICA (An Act Relative to Insurance Coverage for Autism) is a Massachusetts Law that requires private health insurance to cover the diagnosis and related treatments of Autism Spectrum Disorder.

For more information visit:

bit.ly/aricafaq

Children's Behavioral Health Initiative (CBHI)

Consumers can access other services for emotional and behavioral issues through the MassHealth Children's Behavioral Health Initiative program such as In-Home Therapy, In-Home Behavioral Services, and Therapeutic Mentors.

bit.ly/mhcbhi



Personal Care Attendant (PCA)

Program where a caregiver is paid an hourly rate to provide support with activities of daily living (ADLs). PCA is available to individuals of all ages who need hands-on support with multiple ADLs. Caregiver must be 14.5+ and not a spouse or legal guardian.

bit.ly/masspca



Adult Foster/Family Care (AFC)

Program where caregivers can receive a stipend for caring for an individual in their home. AFC is available for individuals 16+ through an approved service provider. Caregiver must be 18+, living with the individual, and not a spouse or legal guardian.

bit.ly/massaafc



Additional Financial Options

MassHealth Premium Assistance Program

The Premium Assistance Program provides monthly payments for eligible members to help pay for private insurance policies. You may qualify for premium assistance if:

- Your private health insurance coverage meets certain requirements called the Basic Benefit Level, and
- The person who has the health insurance policy lives with the eligible MassHealth member, and
- At least one person covered by the health insurance is eligible for premium assistance. This is based on the eligibility of the MassHealth member
- To see if your plan meets eligibility call 1-800-862-4840

bit.ly/mhpremiumassistance



Whether or not you decide to apply for MassHealth CommonHealth secondary insurance, the following grants and resources are available regardless of your insurance:

United Healthcare Children's Foundation

This foundation provides medical grants to qualified families to help pay for child health care services, such as speech, physical or occupational therapy, prescriptions, and medical equipment, such as wheelchairs, orthotics and hearing aids. Parents and legal guardians may apply for grants of up to \$5,000 for child medical services and equipment by completing an [online application](#).

*To be eligible for grants, children must be 16 years of age or younger. Families must meet economic guidelines, reside in the United States, and be covered by a commercial health insurance plan, which may be either an employer-sponsored plan or one purchased directly from a private insurer.

Able Accounts

ABLE accounts are tax-advantaged accounts specifically designed to support savings to cover expenses incurred by or on behalf of individuals with disabilities. In Massachusetts, ABLE Accounts are administered by Fidelity Investments, available under "[Able Accounts](#)" on the Fidelity website.

Other Grant Programs

Various grant programs are available to help fund services for individuals with disabilities and their families. The available grants typically change from time to time, so we encourage families to research current information about grants through local sources and contacts. disabilityinfo.org also has information on grants and funding sources.

Flexible Spending Accounts & Health Savings Accounts

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are two ways that people can set aside money for many types of health care expenses and avoid paying income taxes on the amounts they set aside. Both FSAs and HSAs can cover a wide variety of out-of-pocket health expenses, including copayments, coinsurance, and deductibles, dental and vision care, and medical supplies and equipment. See the next page for more information!

Support Services

The following Autism Resource Centers are available to assist you in accessing some of the resources and opportunities listed in this guide.

Not sure which one serves you best? Call!



1 - Autism Alliance

1881 Worcester Rd, Suite 100A, Framingham, MA 01701,

Phone: (508) 652-9900

<http://www.autismalliance.org>

Covering MetroWest



2 - HMEA's Autism Resource Central

71 Sterling Street, West Boylston, MA 01583 Phone: (508) 835-4278

<http://www.autismresourcecentral.org>

Covering Central MA



3 - The Autism Support Center

6 Southside Road, Danvers, MA 01923, Phone: (978) 777-9135

<https://ne-arc.org/services/autism-services/autism-support-center>

Covering Northeastern MA



4 - Community Autism Resources

33 James Reynolds Rd. Unit C, Swansea, MA 02777, Phone: (508) 379-0371

<http://www.community-autism-resources.com>

Covering Southeastern MA



5 - Autism Connections (Pathlight)... formerly known as Community Resources for People with Autism (ACL)

116 Pleasant St. Suite 366, Easthampton, MA 01027, Phone: (413) 529-2428

<https://pathlightgroup.org/programs-and-services/autism-connections>

Covering Western MA



6 - The Family Autism Center (The Arc of South Norfolk)

789 Clapboardtree Street, Westwood, MA 02090, Phone: (781) 762-4001

<http://www.arcsouthnorfolk.org/family-autism-center.html>

Covering Norfolk County/South West MA



7 - TILL, Inc. - Autism Support Center

20 Eastbrook Rd. Dedham, MA 02026, Phone: (781) 302-4600

http://www.tillinc.org/autism_support.html

Covering Metro Boston



Resources & References

Autism Insurance Resource Center

E. K. Shriver Center
University of Massachusetts Medical School
55 Lake Avenue North, Suite S3-301
Worcester, MA 01655
(774) 455-4056
www.massairc.org
Email: info@disabilityinfo.org

For help with filling out the application:

MassHealth Customer Service

1-800-841-2900
(TTY: 1-800-497-4648)

For help with filling out/providing
supplemental forms and documents:

UMass Disability Evaluation Services

1- 888-497-9890

The Autism Program at BMC

801 Albany Street
Boston, MA 02119
(617) 414-3842
www.bmc.org/autism
Email: autismprogram@BMC.org

This guide was developed by the BMC Autism Program staff and January 2020 Intern Haley "Kanoë" Evile (MIT), in collaboration with the Autism Insurance Resource Center.



The Autism Program
AT BOSTON MEDICAL CENTER