



MA Health Care Learning Series

Massachusetts HealthCare Training Forum (MTF)

Summer 2024

MassHealth and the Health Connector

Agenda

- Health Connector Redeterminations and Renewals Process
- Health Connector ConnectorCare Premium Hardship Waiver Process
- Employer Sponsored Insurance (ESI) Verification Process and Noticing
- Income Verifications Forms for Applicants and Members
- MAhealthconnector.org System Updates

Poll Question 1

True or False: The Health Connector's Redeterminations and Renewals process takes place annually?

- True
- False

Poll Answer 1

True or False: The Health Connector's Redeterminations and Renewals process takes place annually?

- True
- False

True, these are annual processes in preparation for the Health Connectors Open Enrollment for coverage that will begin on January 1st of the following year.

Poll Question 2

True or False: The Health Connector's Premium Hardship Waiver program is available to anyone who is eligible for a Health Connector plan.

- True
- False

Poll Answer 2

True or False: The Health Connector's Premium Hardship Waiver program is available to anyone who is eligible for a Health Connector plan.

- True
- False

False: The Health Connector's premium hardship waiver program is only for ConnectorCare members who may need help with their ConnectorCare premium cost and who meet eligibility requirements.

Poll Question 3

True or False: If an employee is offered coverage that is NOT comprehensive and considered affordable by state standards, they must shop only with their employer's current carrier for coverage.

- True
- False

Poll Answer 3

True or False: If an employee is offered coverage that is NOT comprehensive and considered affordable by state standards, they must shop only with their employer's current carrier for coverage.

- True
- False

False: Employees who do not have access to comprehensive and affordable insurance company are allowed to shop for and enroll into plans available through the Health Connector or they can go directly to a carrier.

Poll Question 4

True or False: Sometimes applicants are asked to provide proof of income if the income they reported on their application doesn't match with state and federal income sources.

- True
- False

Poll Answer 4

True or False: Sometimes applicants are asked to provide proof of income if the income they reported on their application doesn't match with state and federal income sources.

- True
- False

True: Applicants may need to provide proof of income, and in some cases, applicants may not have documentation from an employer that they can provide.

Poll Question 5

True or False: The online application at MAhealthconnector.org is an integrated system - which means that an applicant can find out if they are eligible for MassHealth or Health Connector coverage.

- True
- False

Poll Answer 5

True or False: The online application at MAhealthconnector.org is an integrated system - which means that an applicant can find out if they are eligible for MassHealth or Health Connector coverage.

- True
- False

True: The application on MAhealthconnector.org, also known as HIX, will determine for MassHealth, Health Connector, Health Safety Net (HSN), and the Children's Medical Security Plan (CMSP) eligibility.



Health Connector Updates

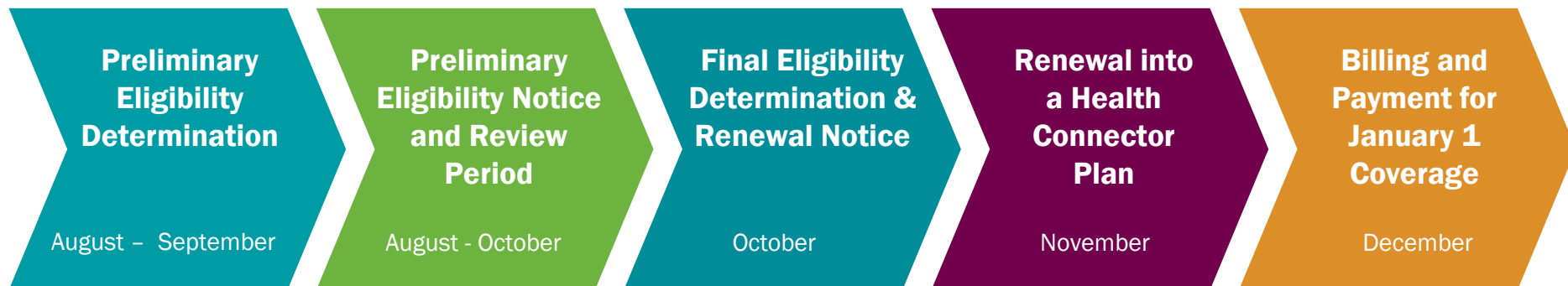


Health Connector Redeterminations & Renewals Process

Health Connector Annual Redeterminations & Renewals Processes

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year
- In August and September, the Health Connector will start preliminary eligibility determinations for actively enrolled Health Connector members and MassHealth members who are part of mixed households
- Be on the look out for more information (email updates through the MTF) about these processes and any plan changes that may be occurring for coverage. starting January 1, 2025





Health Connector Premium Hardship Waiver Process Reminder

Health Connector Hardship Waiver Process Reminder

As you continue to help members who are transitioning from MassHealth coverage to Health Connector coverage, remember the Health Connector has an existing premium hardship waiver program for ConnectorCare members who may need help with their ConnectorCare premium cost.

1. Members must meet criteria to be granted a waiver or reduction of premiums
2. Before reviewing the hardship waiver criteria, review the member's application and make any updates that may impact eligibility
3. To review the policy and the criteria go to: <https://www.mahealthconnector.org/wp-content/uploads/NG-17-Waiver-or-Reduction-of-Premium.pdf>
4. To assist the member with the premium hardship waiver process, go to [Premium Payment Help Options – Massachusetts Health Connector \(mahealthconnector.org\)](#)

1. Hardship Waivers – General Eligibility

- Members and applicants who are eligible for or enrolled in a ConnectorCare plan may qualify for a premium waiver or reduction of premium via the hardship waiver process
- Members and applicants must also attest to and provide proof (in most circumstances) of their hardship
- An applicant does not need to be fully enrolled into a ConnectorCare plan to request a Waiver or Reduction of Premium, but they do need to have selected a ConnectorCare plan
- The member is not eligible if they're enrolled in or eligible for a Health Connector plan with APTCs or an unsubsidized plan
- Note that termed ConnectorCare members may also qualify for a premium waiver or reduction of premium via the hardship waiver process. If they are still eligible for ConnectorCare but has their enrollment termed, they can apply for a Premium Waiver and potentially have their past due balance waived if they have any

2. Review and Update the Member's Application

"If a member says their Health Connector premium is unaffordable, Assisters should first":

- Confirm their application is up to date by checking:
 - Income information, amounts, and sources
 - How many in the household are applying for coverage
 - And are they applying for financial assistance
- Review the list of allowable reasons with the member <https://www.mahealthconnector.org/wp-content/uploads/NG-17-Waiver-or-Reduction-of-Premium.pdf>

3. Examples of Financial Hardships



Homeless



Rent or Mortgage



Eviction or
Foreclosure
Notice



Utilities



Expenses



Bankruptcy

3a. Housing and Utility Related Questions

- Are you more than 30 days in arrears for paying their rent or mortgage?
- Have you received an eviction or foreclosure notice within the last 60 days?
- Have you received a shut-off notice, or has been shut off, or has a refusal to deliver essential utilities dated within the 60 days prior to application (gas, electric, oil, water, or landline telephone)?
- For each event the member states he or she is experiencing, they must submit evidence (proof of the hardship) that must include copies (not originals) of documentation such as bills, receipts, letters from a landlord, mortgage, utility company, etc.?

3b. Financial Questions

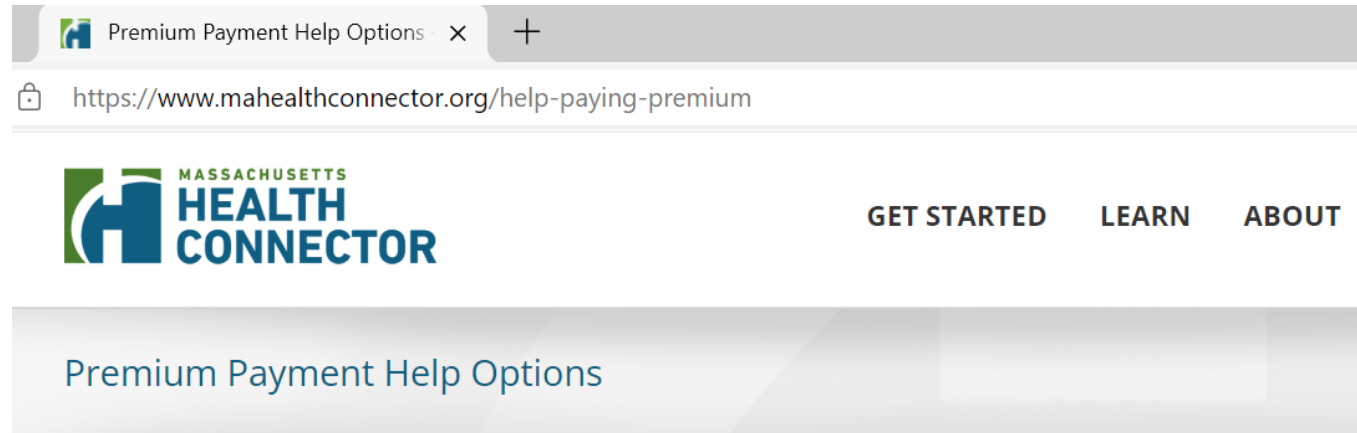
Have you incurred a significant, unexpected increase in essential expenses within the last 6 months resulting directly from the consequences of:

- Domestic violence
- The death of a spouse, family member, or partner that held primary responsibility for childcare
- Suddenly needing to provide full-time care for themselves, an aging family member, or for an extended illness of a child that requires a working parent to hire a full-time caretaker for the child
- If you or a person in your family suffered from a major illness, including COVID-19. This could include an increase in expenses related to the need to self-quarantine after risk of exposure to COVID-19. The increase in expenses could also be related to a working parent needing to leave employment or hire a full-time caregiver to provide care for a family member who is suffering from a major long illness
- Due to a fire, flood, natural disaster, or other unexpected natural or human-caused event. This could include circumstances due to the coronavirus (COVID-19) pandemic, such as facing large expenses after losing your income. The event caused your necessary personal expenses to become unaffordable, or it caused large damage to you, your home, your property or personal possessions

Have you filed for bankruptcy within the last 12 months and the debts have not yet been cleared?

4. Help the Member Apply for a Premium Hardship Waiver Process

To help the member with the hardship waiver process, go to [Premium Payment Help Options – Massachusetts Health Connector \(mahealthconnector.org\)](https://www.mahealthconnector.org/help-paying-premium)



Having trouble affording your health insurance premium?

You have options through the Health Connector.

If you are a currently enrolled in a health plan through the Health Connector and are experiencing financial hardship, you may have options to qualify for a lower health insurance premium.

Please choose from the options below and follow next steps to help you manage your health coverage.

- I'm making less money now because of a job loss or fewer hours worked. I'd like to see if I can qualify for a lower-cost Health Connector health plan going forward.
- I'm having a hard time paying my bill right now because of special circumstances. I'd like to see if I can get a hardship waiver or reduction to lower my premium for a limited period of time.

4b. Applications Available in English & Spanish

Applications can be downloaded or mailed to the member

Apply for a premium waiver or reduction

Are you a ConnectorCare member and already updated your income and find your premium is still unaffordable?

If you are experiencing extreme financial hardship and want to find out if you qualify for a waiver or reduction of your monthly insurance premium. If you qualify, you may be able to get up to an 12-month waiver (meaning you don't have to pay) or reduction (meaning you pay less) for the cost of your monthly premium. This could be for money that you owe the Health Connector for a previous balance, or money that you will owe for your future premium.

Download an application

 [Application for a Premium Waiver or Reduction](#)

 [Aplicación de un Reducción o Exención de Prima](#)

Would you like an application mailed to you?

Complete the form below by filling in the information for the **Primary Subscriber**.

* You can find the billing account number on your Health Connector Bill.

Billing Account Number

4c. How are Requests Processed?

- For Hardship Waiver requests, if documents submitted are acceptable, the Health Connector will calculate the new premium
- If documents are not acceptable, the Health Connector will outreach the member to request acceptable documents. Once a member submits proper documentation, process starts again
- There are exceptions for not requesting additional documentation along with a hardship or premium waiver application, for example if the member attests to being homeless or a victim of domestic violence, their attestation is proof of their request

5. How Long are Requests in Place?

- An approved premium hardship waiver may be authorized for up to 12 months
- A reduction or waiver for a prospective premium will begin on the 1st of the month of the next full billing cycle following the date the premium waiver was granted
- A prospective waiver or reduction can only be applied to the current enrollment year, meaning the member would need to reapply for a new enrollment year

Employer Sponsored Insurance (ESI) Verification Process and Noticing

Employer-Sponsored Insurance (ESI) Verification Process

Applicants and members who receive affordable employer-sponsored insurance (ESI) are not eligible for Advanced Premium Tax Credits (APTCs).

- If an applicant or member is not offered ESI or is offered an unaffordable plan, they may be eligible for APTCs if they meet other eligibility requirements
- The Health Connector does not have an electronic data source to verify access to ESI, so it relies on the information provided by applicants and members
- The Health Connector pulls a random sample of members from HIX who reported working at least 35 hours at a job and reported not having an offer of affordable ESI

ESI Verification Notices

- A notice will be sent to the Member to let them know that the Health Connector will contact their job to verify ESI access information
- This notice will instruct members to update their accounts with the correct ESI information, if needed
- Members must provide updates within three weeks of receiving notice
- The Health Connector will also contact the employers of these members via mail to verify whether the ESI information they provided in their application is correct

Note:

- The Health Connector will not update the Member's account without the member's consent
- Additional notices will also be sent to these members and all notices sent will be available for download and viewable in the Member Portal



Income Verifications for MassHealth and Health Connector Applicants & Members


Income Verification Forms


- Applicants and members may receive a Request of Information (RFI) notice for income when a data match does not occur, and verification of their income information is unavailable
- Proof of income is a requirement
- Income verification forms can be used to report: Self Employment income, Zero Income, or All other income types

Self-Employment Income Form

This form can be used when the applicant/member:

- Has no formalized documentation (self-employment ledger, profit, or loss statement, or previous 1040) showing their current self-employment income
- Does gig work (temporary short-term work like rideshare, food delivery, etc.) and does not have a bookkeeper
- Has fluctuations in income that are not easily represented via current documentation





Verification of Self-Employment Income

Use this form as proof of income for self-employment. Print Clear

You may use this form if:

- you do not have formalized, current documentation of your self-employment, or
- you engage in gig work (rideshare, food delivery, etc.) and do not have a bookkeeper.

SELF-EMPLOYMENT SUMMARY

Complete this summary based on your net monthly income. Net income is the amount of money that you have after paying your business expenses and your taxes.

If you are self-employed with more than one job, use a different row for each job under "Business name/type of work." If another member of your household is self-employed, they should fill out their own summary.

Head of Household Name:

Household Member Reporting Self-Employment on this form:

Reference ID/Member ID:

Phone Number: Today's Date:

Business name/ type of work	Timeframe you receive income from this work	Gross monthly income	Monthly expenses*	Average monthly income or loss (net)	Total (net) for the year
Example: Smith Snowplowing	Seasonal (Dec-Apr; 5 months)	\$6,000	\$500	(\$6,000-\$500)= \$5,500	(\$5,500 x5 months)= \$27,500

Attestation Form to Verify Income

This form is used to verify all forms of income and can be used when:

- Getting the needed documentation poses a safety risk
- Accessing the documentation is impossible due to circumstances outside of the member's control
- Documentation sent is repeatedly rejected and the member has no other acceptable proof of income
- Existing documentation is outdated or not representative of current income

MassHealth | **MASSACHUSETTS HEALTH CONNECTOR** | **Attestation Form to Verify Income**

[Print](#) [Clear](#)

Fill out this form if you cannot provide the documentation needed to verify your income. You should always try to provide formal documentation if you can. See income verification documents types at <https://www.mahealthconnector.org/verification-documents>. This form will be accepted if an individual has made a good-faith effort to get income documentation but cannot due to the examples below.

You may use this form if:

- getting the needed documentation poses a safety risk to you,
- accessing the document is impossible due to circumstances outside of your control, or
- you have sent documentation that has repeatedly been rejected and you have no other acceptable proof of this type of income

Head of Household Name: _____
Other Household Members: _____
Reference ID/Member ID: _____
Phone Number: _____ Today's Date: _____
What is your total expected income for the current calendar year as stated on your application \$ _____

Select one option below: I am completing this form because:

1. I cannot access documentation to prove my income (Examples: The document is being withheld or you will not have documentation until sometime in the future).

2. Documentation to prove my income does not exist

Review the types of income listed in your *Request for Information*. Below, check off the types of income listed in your letter.

<input type="checkbox"/> Proof of Job Income (including employer, job name, address, hours worked)	<input type="checkbox"/> Proof of Income from Capital Gains (or Losses)	<input type="checkbox"/> Proof of Alimony Received
<input type="checkbox"/> Proof of Self Employment Income	<input type="checkbox"/> Proof of Income from Interest, Dividends, or Other Investment Income	<input type="checkbox"/> Proof of Income from Canceled Debts
<input type="checkbox"/> Proof of Social Security Benefits	<input type="checkbox"/> Proof of Rental or Royalty Income	<input type="checkbox"/> Proof of Income from Court Awards
<input type="checkbox"/> Proof of Unemployment Income	<input type="checkbox"/> Proof of Farming or Fishing Income	<input type="checkbox"/> Proof of Income for Jury Duty Pay
<input type="checkbox"/> Proof of Retirement or Pension Income		<input type="checkbox"/> Proof of Other Income from other source



Income Detail – for each income type listed on the *Request for Information* you received in the mail, include the dollar amount received and the frequency with which it is received (monthly, quarterly, seasonally, or one time only).

AFV-0822

Affidavit To Verify Zero Income

An affidavit can be used when:

- An individual is currently not working and was asked to submit proof that they have no income, they may submit a signed written statement (also called an “affidavit”). The affidavit does not have to be notarized
- These forms (English and Spanish) can be found at MAhealthconnector.org and the MassHealth websites, available languages: Chinese, Haitian Creole, Brazilian Portuguese, Spanish, and Vietnamese
- Resource:
 - MassHealth Member Forms | Mass.gov
 - [Verification Documents – Massachusetts Health Connector \(mahealthconnector.org\)](http://Verification Documents – Massachusetts Health Connector (mahealthconnector.org))

Affidavit to Verify Zero Income

When you send us this form, please include a copy of the letter that we sent you asking for proof of your income. The letter is called a “Request for Information.”

STEP 1 Tell us about yourself. Please print.

First name Middle initial Last name

Date of birth (MM/DD/YYYY) / / Ref ID (optional)

Social Security number MassHealth ID (optional)

STEP 2 Read and sign this form.

I do not receive any income at this time.

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge.

I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Applicant, member, or authorized representative signature Date (MM/DD/YYYY) / /

STEP 3 Return this signed form in one of these 3 ways.

1. FAX: (857) 323-8300

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

3. In person:

MassHealth Enrollment Centers		Health Connector Walk-in Centers
45 Spruce Street Chelsea, MA 02150	21 Spring Street, Suite 4 Taunton, MA 02780	133 Portland Street Boston, MA 02114
100 Hancock Street, 6th Floor Quincy, MA 02171	367 East Street Tewksbury, MA 01876	63 Main Street Brockton, MA 02301
88 Industry Avenue, Suite D Springfield, MA 01104	The Schrafft Center 529 Main Street, Floor M Charlestown, MA 02129	146 Main Street Worcester, MA 01608

Questions?

Call the Health Connector at (877) MA ENROLL, (877) 623-6765 or TTY: (877) 623-7773.
 Or call MassHealth at (800) 841-2900 or TTY: (800) 497-4648.

VF-21 (10/19)



MAhealthconnector.org System Updates

System Updates

MAhealthconnector.org is the single, integrated process to determine eligibility for the full range of health insurance programs including MassHealth, the Health Connector, HSN, and CMSP for applicants and members younger than 65.

EOHHS, MassHealth and the Health Connector are moving forward to Modernize the HIX system by streamlining and simplifying the member experience with the first significant system update on **July 25, 2024**.

- Following any systems release or update, members with an account and Assisters should clear their cache or internet history before accessing the online application or the Assister Portal for a better web experience (if you need assistance, please check with your PC support team)
 - For more technical information, visit the [Getting Started Guide](#): scroll down to choose the subsection: How to clear your browser's cache (history/memory)

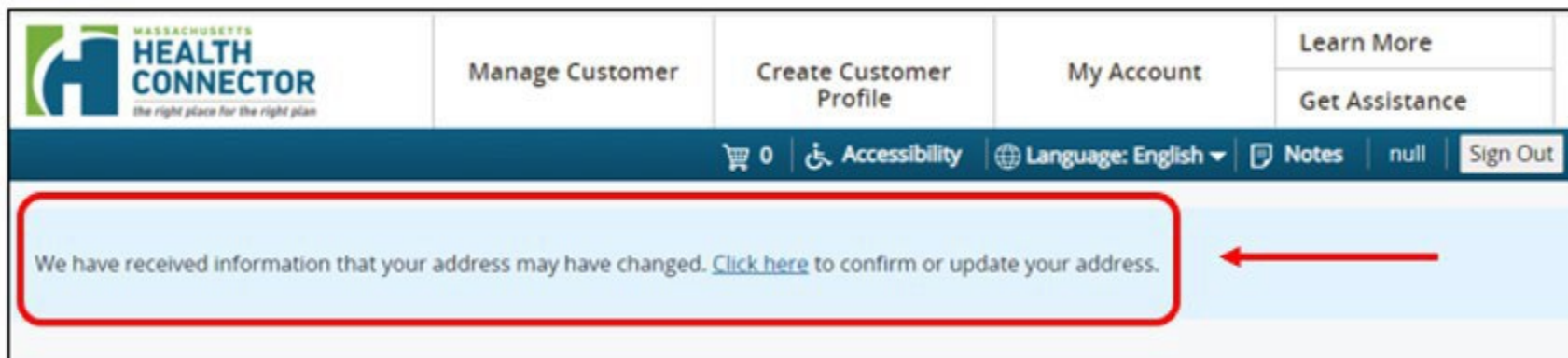
What to Expect: Updates

Updates will include:

- Address Change
- User Interface Updates

Updating Mailing Address

- In R28, a banner message alerted the member or account holder they need to confirm or update their mailing address within 15 days. In R29, members will now have **30 days** to update or confirm their mailing address information



- The *Click here* hyperlink will navigate users to the **Eligibility Application** screen with further instructions to review/update/confirm the address information. If they need to make a change, instructions is provided for the user to the Report a Change feature

Address Change

New banner message on the Eligibility Application screen, if member/account holder does not respond within the timeframe provided, a termination notice will be sent for one of the following reasons:

- “Whereabouts unknown”
- “Moved out of state”

The screenshot displays the 'Eligibility Application' page. At the top right, there is a button labeled 'Back to Account Dashboard'. A light blue banner contains the text: 'We have received information that the address of a member in your may have changed. Please edit the application below to review and update the Home Address and/or Mailing Address.' Below this banner, a red-bordered box highlights the following text: 'It is important to update your information throughout the year. If any of the information about you or the people in your household changed, you should update your application as soon as possible. To make changes to your application, under **Actions**, click on **Edit Application** to get started. Once you make your changes, you must continue all the way through the **Review & Sign** page and click "Submit" in order to save your changes. Next Renewal Date: In Progress'. At the bottom of the page, there is a dropdown menu for 'Year 2024' and the text 'Eligibility RefID: RefID_'.

Returned MassHealth Renewal Notice Due to Incorrect Mailing Address

Renewal notices returned to MassHealth, with missed renewal deadline

- MassHealth receives a lot of return mail, such as for RFI notices, address updates, renewal, etc. due to incorrect mailing address
- MassHealth will attempt to alert members of the need to update mailing address by: email, text, or notice (using the new address)
- When a renewal notice is returned to MassHealth, R29 will display the new banner message alerting the member/account holder they need to update/confirm the mailing address
 - Members have 30-days to update/confirm the information
 - Members need to contact MassHealth (phone, letter, or in-person) to request reinstatement of their benefits
 - If they qualify for reinstatement, a new renewal packet will be sent to the member using the confirmed/updated mailing address, and they will have 45 days to submit the renewal

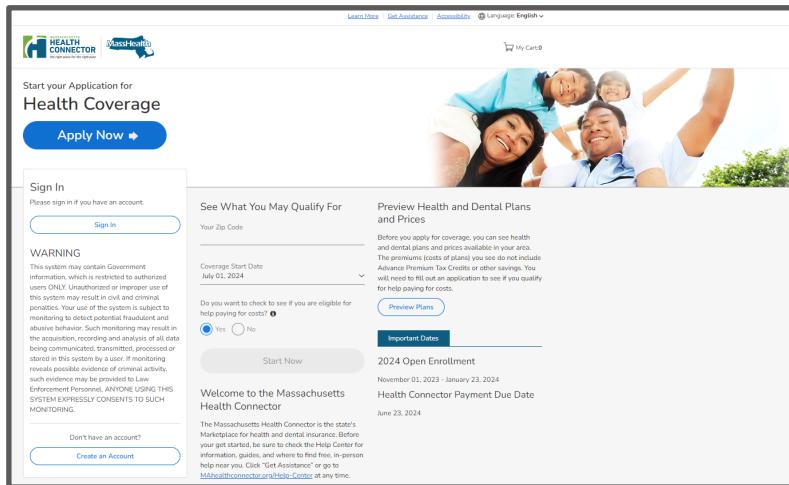
What to Expect: User Interface Updates

Updates will include:

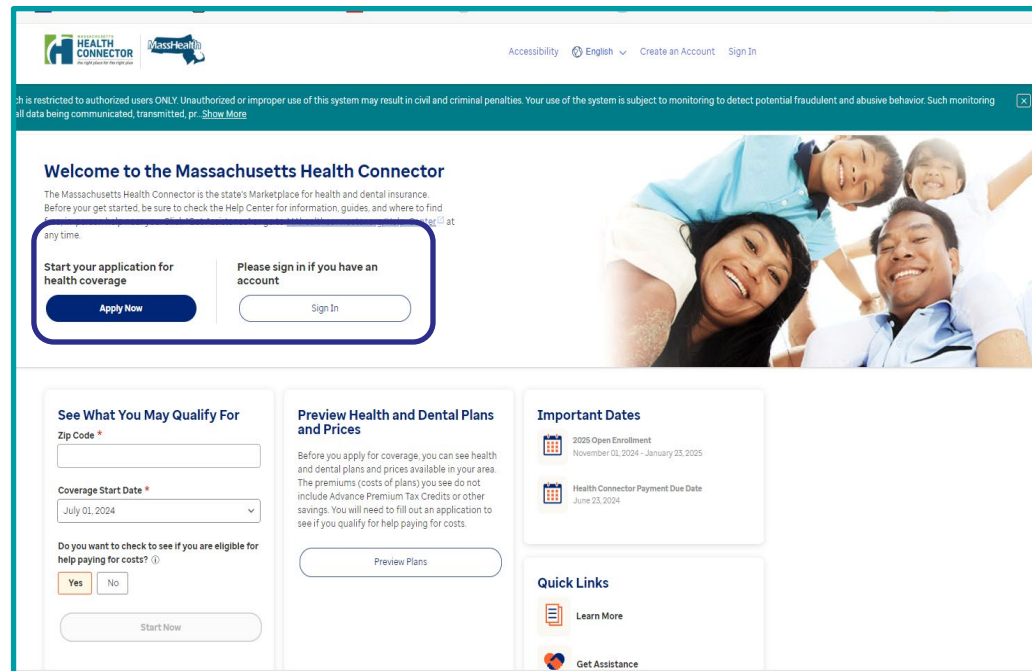
- User Interface Updates:
 - Plain language and accessibility improvements
 - Less text on main screens
 - Improved user interface – more streamlined, intuitive to use
 - New tool tip area for complex topics and other opportunities for users to learn more, if needed
 - Modern user interface for members and Assisters

System Updates: Sample Landing Page

Before Update



New Interface



Sample Screenshot: Welcome Screen

HEALTH CONNECTOR

Accessibility Get Assistance English Notifications

Dashboard Applications Plans Documents Assisters Appeals Enrollment and Notices

Welcome [Redacted] (RefID [Redacted])

Next Steps

Year 2024

Task: Complete Application
Due Date: --
[Complete Application](#)

Documents you need to provide

[Redacted] (DOB: January 1st, 1990)
Task: Provide Proof of Income
Due Date: August 15th, 2024

[Redacted] (DOB: January 1st, 2000)
Task: Provide Proof of Income
Due Date: August 15th, 2024
[Upload Documents](#)

Payments

2024

MassHealth \$0.00
Massachusetts Health Connector \$33.92
[View Premium Breakup](#)
[Make Payment](#)
[Health Connector Billing and Notices](#)

Report Changes to your Application

Report changes related to:

- Income/Health insurance
- Home address
- Adding member/Change to HIP/PII
- Removing member/Change to not applying
- Status
- Name/Sex/SSN
- Application type
- Pregnancy
- Past tax credits
- Mailing address & Contact preferences

[Report Changes](#)

Health & Dental Plans

2024

Members Covered: 1

Medical: Direct Silver 2000 with Coinsurance
Mark Date: June 1st, 2024

Dental: Delta Dental Individual and Family Premier Enhanced
Mark Date: June 1st, 2024

[View / Change Plan](#)

Eligibility Results

2024

Eligible For: ConnectorCare Plan Type 2B with Advance Premium Tax Credit
MassHealth Decision Pending
Start Date: June 1st, 2024

Eligible For: ConnectorCare Plan Type 2B with Advance Premium Tax Credit
MassHealth Decision Pending
Start Date: June 1st, 2024

[Go to Eligibility Results](#)

Primary Contact Information

Email Address: @mailinator.com
Phone: (251) 254-5234
Home Address: St. 223, Boston, MA, 01001
Mailing Address: St. 223, Boston, MA, 01001
[View / Edit Profile](#)

Household Members and Annual Income

Name	Year 2024 Income
Self	\$0,000.00 Self-Attested
Spouse	\$10,000.00 Self-Attested

HEALTH CONNECTOR

Accessibility Get Assistance English Notifications

Dashboard Applications Plans Documents Assisters Appeals

Welcome [Redacted] (RefID [Redacted])

Next Steps

Year 2024

Task: Complete Application
Due Date: --
[Complete Application](#)

Primary Contact Information

Email Address: @mailinator.com
Phone: (251) 254-5234
Home Address: St. 223, Boston, HAMPDEN, MA, 01001
Mailing Address: St. 223, Boston, HAMPDEN, MA, 01001
[View / Edit Profile](#)

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SAMPLE

Sample Screenshot: Primary Contact Information Screen

The screenshot shows the 'Primary Contact Information' form in the Health Connector system. The form is divided into several sections: 'Personal Information', 'Email and Phone', 'Language Information', 'Home Address', 'Mailing Address', and 'Authorization Attestation'. The 'Personal Information' section includes fields for First Name, Middle Name, Last Name, Suffix, Date of Birth, and Social Security Number. The 'Email and Phone' section includes fields for Email Address, Username, and Phone Number. The 'Language Information' section includes dropdown menus for Preferred Spoken Language and Preferred Written Language. The 'Home Address' section includes checkboxes for 'No Home Address' and fields for Street Address, City, and State. The 'Mailing Address' section includes a checkbox for 'Is your Mailing Address the same?' and a dropdown menu for 'Other'. The 'Authorization Attestation' section includes a checkbox for 'I have read and agreed to the Terms of Use'. A 'Submit' button is located at the bottom left of the form.

Language Information

Preferred Spoken Language

Type to search Language

- Type to search Language
- English
- American Sign Language
- Arabic
- Cambodian/Khmer
- Cape Verdean Creole
- Chinese - Cantonese
- Chinese - Mandarin

Apt./Unit #

SAMPLE

A red arrow points to the search input field in the Preferred Spoken Language dropdown menu.

Preferred Written Language How is it used?

Preferred written language may be used by MassHealth and the Health Connector to communicate with you. You can visit [this webpage](#) to see which notice languages are available. If you select "Don't know" or skip this question, we will send notices in English.

Other

Sample Screenshot: Income Screen

MASSACHUSETTS HEALTH CONNECTOR | MassHealth

Accessibility Get Assistance English Notifications

Dashboard / Eligibility Application / Application Year 2024

Start Your Application Family & Household **Income** Additional Questions Review & Sign

Income

Current Income [How do I answer questions about income?](#)

There are many ways in which you can get income. We will help you estimate your 2024 income after you tell us about your current income so that you can let us know of any expected changes. You do not need to tell us about the income from Child support, non-taxable veteran's payments, Supplemental Security Income (SSI), most worker's compensation income, Alimony payments from a separation or divorce agreement finalized on or after January 1, 2019, or Parent Mentor Compensation.

Please select all the sources of your current income from the list below so that your eligibility results are accurate. If you do not have an income, please select 'Continue with no income'. [Learn more about Income Sources](#)

Job	Social Security Benefits	Self-Employment	Unemployment
Interest, Dividends, or Other Investment	Retirement or Pension	Rental or Royalty	Capital Gains
Alimony Received	Farming or Fishing	Lottery and Gambling Winnings	Other Income

[Continue with no income](#)

Sample Screenshot: Reporting Income

The screenshot displays the 'Income' reporting step within the 'Eligibility Application' process for 'Application Year 2024'. The progress bar at the top shows five steps: 'Start Your Application' (checked), 'Family & Household' (checked), 'Income' (current step), 'Additional Questions', and 'Review & Sign'. The 'Income' section is titled 'Current Income' and includes a link for 'How do I answer questions about income?'. Below the title, there is explanatory text and a prompt to select all income sources. A grid of 12 income source options is presented, each with an icon and a plus sign to add it. The 'Job' and 'Unemployment' options are highlighted with a blue background and a close button (X).

Current Income [How do I answer questions about income?](#)

There are many ways in which you can get income. We will help you estimate your 2024 income after you tell us about all your current income so that you can let us know of any expected changes. You do not need to tell us about the income from child support, non-taxable veterans' payments, Supplemental Security Income (SSI), most worker's compensation income, Alimony payments from a separation or divorce agreement finalized on or after January 1, 2019, or Parent Mentor Compensation.

Please select all the sources of your current income from the list below so that your eligibility results are accurate. If you do not have an income, please select 'Continue with no income'. [Learn more about Income Sources](#)

<input checked="" type="checkbox"/> Job	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Self-Employment	<input checked="" type="checkbox"/> Unemployment
<input type="checkbox"/> Interest, Dividends, or Other Investment	<input type="checkbox"/> Retirement or Pension	<input type="checkbox"/> Rental or Royalty	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Alimony Received	<input type="checkbox"/> Farming or Fishing	<input type="checkbox"/> Lottery and Gambling Winnings	<input type="checkbox"/> Other Income

Save and Continue

Sample Screenshot: Application Summary Screen

2024 Eligibility Results (Eligibility [redacted]) [View Application Summary](#) [Print](#)

MassHealth Eligibility
For people who are approved for health coverage through MassHealth, the coverage is temporary and may be reduced or end. If the people in your household are "pending", you may qualify for MassHealth or Health Safety Net, but we need more information to make a final decision. You will not be... [Show More](#)

Health Connector Eligibility
For people who are approved for health coverage through the Health Connector—such as ConnectorCare plans—you may shop for a health plan and complete your enrollment now.

Program Eligibility
Your family member(s) qualify for subsidized benefits along with Advance Premium Tax Credit (APTC) of \$436.00. You will qualify for additional state subsidy once you enroll in a plan.
Read through your program eligibility results below to learn about the programs you qualify for and look at the proof(s) we may need you to send us. You may not be able to get or keep your coverage unless you send us the requested proof(s).

Next Steps based on your eligibility results
Documents Required
Upload documents for [redacted] (please ignore if already uploaded).
[Upload Documents](#)


Eligible for: ConnectorCare Plan Type 2B with Advance Premium Tax Credit (APTC) of \$436.00 MassHealth Decision Pending	Eligible for: ConnectorCare Plan Type 2B with Advance Premium Tax Credit (APTC) of \$436.00 MassHealth Decision Pending
Start Date: Jun 1st, 2024	Start Date: Jun 1st, 2024
We need proofs from these categories: Proof of Income (Due Date: Aug 15th, 2024)	We need proofs from these categories: Proof of Income (Due Date: Aug 15th, 2024)

You qualify for tax credit (APTC)
This family qualifies for an Advance Premium Tax Credit to help lower monthly health coverage costs. The maximum monthly tax credit amount: **\$436.00**.

Important things to know
What should I do if I think my eligibility results are wrong?
If you don't agree with what you qualify for, you may [review](#) and/or [update](#) your application, or you may [file an appeal](#) if you feel your details are correct.

Quick Links
[Learn more about the proofs we need](#)
[Learn more about the programs that you qualify for](#)
[Learn more about the next steps you will need to take to enroll in coverage](#)

Summary Screen



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Review Application

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You can review your application information below. If you have any changes in your household, such as in your income, tax filing status, pregnancy status, or disability status, please make those changes in your application.

Contact Information

Applicant Name

Address: St. 223, Boston, MA, 01001	Email:	Phone: (235) 234-5234 - CELL	Preferred Spoken Language: English
Preferred Written Language: French			

Family & Household

Applicant Name	Head of Household		
Male	Gender Identity: Male	Social Security Number: ***-**-4452	Applying for Coverage: Yes
English Proficiency: Very well	Address: St. 223, Boston, MA, 01001	Date of Birth: 01/01/1990	Citizenship: Yes
American Indian/Alaska Native: No	Reasonable Accommodations: No	Condition(s): None	Accommodations: None
Intend To Reside: Yes	Incarcerated: No	Applying for retroactive Medicaid: No	

Applicant Name	Sex: Female	Social Security Number: ***-**-3443	Applying for Coverage: Yes	English Proficiency: Very well
Relationship to Applicant Name Spouse	Address: Same as primary applicant	Date of Birth: 01/01/2000	Citizenship: Yes	
American Indian/Alaska Native: No	Pregnant: No	Reasonable Accommodations: No	Condition(s): None	
Accommodation(s): None	Intend To Reside: Yes	Incarcerated: No	Applying for retroactive Medicaid: No	

Tax Filing Status

Applicant Name

Status: Tax Filer	Filed taxes and reconciled all past APTCs?: N/A
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Applicant Name

Status: Joint Tax Filer	Filed taxes and reconciled all past APTCs?: N/A
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Family Income

Applicant Name	Income Type: Job - (Optum) - \$20,000.00/ Yearly	Projected Yearly Income: ① \$20,000.00	Self Attested Total Amount Received Monthly: ① \$1,666.67
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Applicant Name

Income Type: Farming or Fishing - \$12,000.00/Yearly	Projected Yearly Income: ① \$12,000.00	Self Attested Total Amount Received Monthly: ① \$1,000.00	
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Additional Information

Applicant Name	Has Minimum Essential Coverage (MEC): No	Has Option to Enroll in Employer Health Coverage: No	Has Affordable Employer Sponsored Insurance(ESI): No	Has Health Reimbursement Arrangement (QSEHRA/ICHRA): No
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Applicant Name

Has Minimum Essential Coverage (MEC): No	Has Option to Enroll in Employer Health Coverage: No	Has Affordable Employer Sponsored Insurance(ESI): No	Has Health Reimbursement Arrangement (QSEHRA/ICHRA): No
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Signed By

[Download Rights and Responsibilities](#)

Name: Applicant Name	Date & Time: May 17, 2024 at 14:35 PM UTC	Portal: Individual	Application Source: Online
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Consent for \$0 Health Connector Automatic Enrollment:
Yes

Thank you