

YOUR HEALTH CARE OPTIONS: A GUIDE TO HEALTH INSURANCE IN MASSACHUSETTS

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TO FIND INFORMATION MOST HELPFUL TO YOU:

If you work

→ Go to page 7

If you are homeless or undocumented

→ Go to page 40

If you are 65+

→ Go to page 13

If you are a veteran

→ Go to page 46

If you have a disability and are 65+

→ Go to page 13 & 54

If you have a disability and are under 65

→ Go to page 13, 26, 47 & 54

If you think you may be low income and are 65+

→ Go to page 29

If you are unemployed or think you may be low income and are under 65

→ Go to page 18

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INTRODUCTION

Despite Massachusetts having the lowest percentage of uninsured individuals in the US, many still remain without health insurance. A major reason for this is that many people do not have the information or the tools to navigate through a highly complex system. This guide has been published in the hopes of addressing the information problem.

CHAPTER ONE: PRIVATE HEALTH INSURANCE

INTRODUCTION

In Massachusetts, everyone must have health insurance. Most people in Massachusetts are insured by a private health insurance company. Blue Cross Blue Shield, Harvard Pilgrim, and Tufts Health Plan are three of the most common, but there are also others. People who have private health insurance get it through their employer since employers usually provide a range of health insurance for their employees. You may also be able to get health insurance through the insurance plan of your spouse or, if you are 26 years old or younger, your parent. Finally, individual insurance is available, although less common.

HOW DO I GET PRIVATE HEALTH INSURANCE?

The application depends on whether your employer (or the employer of your spouse or parent) offers health insurance.

- **If health insurance is available through your employer:** You should speak to your employer about what options are available. Employers usually offer different options for health insurance, each of which will have different premiums and levels of coverage. In general, if your employer offers health insurance, you should sign up for it. Employers usually provide good options and will often pay part of your premium costs. The enrollment process is usually straightforward; however, many plans will only allow you to sign up at particular times, i.e., within a certain amount of time after joining the company, or during a certain limited time period (called an open enrollment period) during the year.
- **If health insurance is not available through your employer:** If you work for yourself or for a small company, own a small business, or have a temporary or contract position, you may not have access to health insurance through your employer. If this is the case, you might still have access to health insurance through your spouse or parent.

- **Through Your Spouse:** If you are married and your spouse has access to health insurance through his or her employer, you may want your spouse to enroll in a plan that will cover both of you, and your children, if you have any.
- **Through Your Parent(s):** If you are under 26 years old and do not have access to health insurance through your employer or your college, you're able to stay on your parents' health insurance plan.
- **Through the Health Connector:** If, however, you don't have access to health insurance through your employer, school, spouse or parent, you might be able to get private health insurance through the Health Connector. The Health Connector is an independent Massachusetts state agency that offers Commonwealth Choice, an online marketplace from which you can directly buy a health insurance policy from a private insurance company. Plans are available for individuals and families, and there are also special plans for young adults, ages 18 to 26, who are in good health and expect to not need much health care. You are only eligible to buy health insurance from Commonwealth Choice if your employer does not offer health insurance.

Commonwealth Choice makes it easier for you to select plans by categorizing each plan into one of three categories: bronze, silver, and gold. Gold plans have the highest monthly costs but the lowest costs at the time you receive care; bronze plans have the lowest monthly costs but the highest costs at the time you receive care; and silver plans fall somewhere in the middle. Commonwealth Choice offers plans from a range of insurers, including Blue Cross Blue Shield, Harvard Pilgrim, and Tufts Health Plan.

The Connector will continue offering private health insurance plans after the federal Affordable Care Act starts in 2014. These plans will meet federal and state requirements. The Connector will also begin offering private dental insurance plans.

The Health Connector has a good website where you can compare the pros and cons of different plans. You can purchase insurance directly from the Health Connector website: www.mahealthconnector.org.

WHAT SHOULD I THINK ABOUT WHEN CHOOSING A PRIVATE HEALTH INSURANCE POLICY?

You must have health insurance or else pay a tax penalty. All health insurance policies provide some level of coverage for a range of health care services, including outpatient, inpatient, and emergency services, preventive and primary care, prescription drugs, diagnostic imaging and screening, maternity and newborn care, and mental health and substance abuse services, to name a few. These plans also cap how much an individual or a family can be forced to pay for care: for example, Massachusetts law requires that annual deductibles cannot be greater than \$2,000 for an individual or \$4,000 for a family. Furthermore, minimum creditable coverage-compliant plans are not allowed to limit how much they will pay for benefits in a given year or per illness and cannot cap prescription drug benefits.

You should only choose a plan that meets state and federal standards. Because all such plans provide a minimum level of coverage by definition, you should feel confident that your health insurance policy is not a scam. If you are not sure whether a plan meets these standards, don't enroll in that plan until you are able to confirm that it does.

Although these standards are meant to protect consumers and ensure that everyone has basic coverage for health care, the standards do **not** guarantee that your health insurance policy will provide all the coverage you need. You should still consider very carefully what your plan will and will not pay for to avoid unpleasant surprises on your medical bills. Health care can be incredibly expensive. For example, the average cost of a hospital stay in 2010 was \$9,700. If your health insurance pays, for example, for 80% of your hospital stay, you will still have to pay \$1,940 out of pocket. With this in mind, below are a few of the factors you should consider when deciding in which health plan to enroll:

- **Coverage.** Make sure you understand what your insurance plan covers. Although it can be overwhelming, you should carefully consider how the insurance company determines how much it will pay for services such as office visits, hospital stays, prescription drugs, emergency room visits, and diagnostic tests. Some plans will require you to pay a certain percentage of the cost of care; some will require you to pay a flat copayment fee; and

many will require some combination of both, depending on what service is provided and who is providing it. You should also find out which hospitals and providers the plan covers, as well as whether the plan will provide coverage if you are traveling or otherwise away from home. In short, you should learn as much as you possibly can about the policy coverage before committing to it.

- **Premiums.** A premium is the amount of money you pay on a regular basis, usually monthly, to be enrolled in a health insurance plan. Although premiums may rise from year to year, this amount does not change depending on how much care you need in a particular month. Insurance policies with lower premiums tend to require higher payments if and when you do need care; policies with higher premiums tend to require lower payments when you access care. Therefore, depending on your medical needs, a plan with lower monthly premiums may not be the best value in the long run.
- **Deductibles.** A deductible is the amount of money you must pay out of pocket before your coverage will kick in. Unlike premiums, you will only have to pay a deductible if and when you access healthcare. You should be cautious of plans with high deductibles, even if you are in good health.
- **Waiting periods.** A waiting period is a set amount of time after you enroll in a health insurance plan during which the insurer will not pay for health care services. You should look for a plan that doesn't have a waiting period, and instead will provide coverage right away. The maximum waiting period that a plan is allowed to impose in Massachusetts is four months. There are no waiting periods under any of the plans offered by Commonwealth Choice.
- **Lifetime limits.** Most health insurance plans in Massachusetts do not have lifetime limits. Those that do must eliminate them by 2014. In the meantime, however, you should make sure your plan doesn't cap how much coverage it will pay for over the course of your lifetime.
- **Open enrollment periods.** Whether you purchase your health insurance policy through your employer or through the Connector, there will most likely be limits on when you can sign up for a policy and when you can

switch to a new policy. This means you should carefully consider your options before you enroll.

- **Your health and the health of your family members.** Although at one time people were often denied coverage due to pre-existing conditions, this is no longer the case. Both Massachusetts law and the federal Affordable Care Act protect people with pre-existing conditions. Still, you should think about your health and the health of your family members who will also be covered by the policy when you decide whether to opt for a more extensive—and expensive—policy. For example, if you suffer from a condition that requires you to visit your doctor frequently, or if you need several prescription medications, you may want to enroll in a more comprehensive plan. On the other hand, if you and your family members are in good health, you may decide to enroll in a plan that has lower monthly premiums in exchange for only requiring large payments if and when you need care. Remember, though, that unexpected things can happen, and you should choose a plan that has deductibles and copays you can afford if and when you require extensive medical care.

HOW CAN I FIND OUT MORE?

If your employer offers health insurance, someone in the human resources department should be able to answer your questions. Larger employers often have a person who handles benefits, including health insurance, and will likely be knowledgeable about the options offered.

You can also contact health insurance companies directly. Most of the major health insurance companies have informative websites and knowledgeable staff who can answer additional questions.

If you are not able to obtain insurance through your employer, you should contact the Connector. For contact information, please refer to the General Resources section at the end of this pamphlet.

WHAT IF I CAN'T AFFORD ANY OF THE OPTIONS ON THE CONNECTOR?

If you do not have access to insurance through your employer, spouse or parent and are unable to enroll in a plan through the Connector, you may be eligible for public health insurance programs, depending on your income and other criteria. Public health insurance programs, such as Medicare and MassHealth, are described in more detail in Chapter 2 below.

CHAPTER TWO: GOVERNMENT INSURANCE PROGRAMS

If you cannot afford insurance on your own, you could qualify for a government program; however, you may be eligible for certain government programs regardless of how much you can afford to pay. Some people have a combination of private and government health insurance. There is no single government health insurance program. Both federal and state governments offer many different health care coverage programs that provide health insurance to eligible Massachusetts residents. These programs, as well as their eligibility criteria, can be quite complicated. Eligibility is often based on a number of factors, such as income, age, and disability status. This section of the guide aims to provide you with an overview of the major types of government health insurance plans available to Massachusetts residents.

MEDICARE

WHAT IS MEDICARE?

If you are age 65 or older, under age 65 and disabled, or have permanent kidney failure, you can probably get Medicare. Medicare is a national health insurance program that offers basic protection and pays a portion of your health care costs. About 40 million Americans are on Medicare. Medicare is the second most common form of medical coverage in Massachusetts after private insurance.

CAN I GET MEDICARE?

Medicare doesn't have a cap to how much money you can make. But to be able to get Medicare and receive free part A coverage you must first meet the Medicare work requirement. To meet the Medicare work requirement, people under 65 must earn a certain number of credits of Medicare-covered employment to get Medicare benefits. Those 65 and over can get Medicare if they have earned a minimum of 40 credits of Medicare-covered employment. You can earn up to four credits a year, based on your earnings. Most people earn 40 credits in 10 years of work.

Medicare-covered employment is defined by the Federal Insurance Contributions Act (FICA), which is a federal law that requires most employers to withhold two separate taxes from employee paychecks: a Social Security tax and a Medicare tax. If you are self-employed, you also have to pay these taxes. If you have worked in a job where FICA taxes have been withheld from your paycheck, or if you have paid these taxes as a self-employed worker, you have worked in Medicare-covered employment, which counts toward satisfying your Medicare work requirement.

Second, to be able to get Medicare and Part A coverage, you have to fall under one of the following categories:

- Age 65 or older and either you or your spouse is getting (or eligible for) retirement benefits from Social Security or Railroad Retirement.
- Under 65 and getting Social Security Disability Insurance (SSDI) or Railroad Retirement disability benefits. (There is a 24-month waiting period for most people in this category.)
- Under 65 years of age with end-stage renal disease (ESRD) and either you or your spouse has met the Medicare work requirement. (Depending on the age at which you got ESRD, the number of years of Medicare-covered employment that you need to qualify will vary. Dependent children with ESRD are also eligible if one of their parents has met the Medicare work requirement.)

WHAT ARE THE BENEFITS OF MEDICARE?

The benefits you get depend on whether you have Part A (hospital insurance), Part B (medical insurance), Part C (a Medicare Advantage plan), Part D (a prescription drug plan), or some combination of these plans. Benefits also depend on the type of Medicare plan you choose, and whether you join a Prescription Drug Plan.

In general, Medicare covers services and supplies that are considered medically necessary to treat a disease or condition. This often includes inpatient and outpatient hospital visits, visits to your primary care doctor or specialists, lab

tests, prosthetics and other medical equipment, some nursing facility care, and some preventive services.

People enrolled in both Part A and Part B may choose one of these plans:

- The standard fee-for-service plan called the Original Medicare Plan
- The Original Plan with supplemental coverage such as Medigap
- A private Medicare Advantage plan such as a Medicare HMO (Part C)

People with Part A or Part B may also join a Part D Prescription Drug Plan if they choose.

The specific benefits you get will vary somewhat from plan to plan. Medicare Advantage plans (Part C) include additional services such as eye exams, routine checkups, and prescription drug coverage. Medicare Part D Prescription Drug Plans cover some of the costs of prescription drugs. Some Medigap supplemental insurance plans also include additional services. When you choose a Medicare plan, you will get a list of the services offered by that particular plan and also a list of services that are not covered.

WHAT SERVICES ARE NOT COVERED?

Some common health care services that are not included in the Original Medicare Plan (Part A and Part B) are:

- Most prescription drugs
- Most immunizations
- Long-term care (or custodial care, e.g., most nursing home care)
- Most chiropractic services
- Acupuncture
- Cosmetic surgery
- Care outside of the United States (except hospital care in Canada)
- Routine eye exams
- Eyeglasses, except after cataract surgery
- Dental care and dentures
- Hearing aids and fittings
- Routine foot care

If you need these services, you must pay for them yourself or get other health care coverage. Medicare Advantage plans usually include some of these services. Prescription Drug Plans cover some prescription drug costs.

HOW MUCH DOES MEDICARE COST?

Medicare is not free. The amount you pay depends on the Medicare plan you choose and the services you need. Medicare can cost a lot. Most people pay these Medicare costs:

- **Monthly premium:** an amount that you pay each month for your insurance
- **Deductible:** an amount you must pay each year or benefit period for medical costs before Medicare starts to pay
- **Coinsurance/copayment:** a percentage of your medical costs, or a flat fee per service, that you must pay after you have paid your deductible
- **Coverage gap:** medical costs you must pay after you have exceeded certain Medicare benefit limits

Keep in mind that if you are eligible for Medicare and also for Medicaid (MassHealth) coverage, Medicaid will pay some or all of your Medicare costs. See the section on dual eligibles at page 25 for more information about coverage for people who are eligible for both Medicare and Medicaid (MassHealth).

HOW DO I APPLY FOR MEDICARE?

For Medicare Part A and Part B, some people are automatically enrolled and others must apply at their local Social Security office. Below are some things you should know before you start the application process:

- If you start getting Social Security or Railroad Retirement benefits before age 65, you do not have to do anything to sign up for Medicare.
- If you are disabled and getting Social Security or Railroad Retirement disability benefits, you do not have to do anything to sign up for Medicare.

- If you have end-stage renal disease (ESRD) and are eligible for Medicare on the basis of ESRD, you must apply for Medicare through your Social Security office.
- If you are close to age 65 and you are not yet getting Social Security or Railroad Retirement benefits, or you are not eligible for these retirement benefits, you must apply for Medicare through your Social Security office. You should apply three months before the month you turn 65 to make sure your coverage starts on time.
- If you did not enroll in Medicare when you were first eligible, you can enroll during the General Enrollment Period which is between January 1 and March 31 each year. Coverage for people who sign up during the General Enrollment Period starts July 1. You may have to pay a surcharge on your monthly premiums. Call the Social Security office for more information.

If you are not automatically enrolled in Medicare, you can apply by calling your local Social Security office to set up an appointment to apply in person or over the phone. You can also fill out an application online by visiting

<http://www.socialsecurity.gov/applyonline>.

HOW CAN I FIND OUT MORE?

The U.S. Department of Health and Human Services has developed an official Medicare web site, with detailed information about eligibility, enrollment, billing, long-term care, plan choices, appeals, and frequently asked questions. You can visit it at <http://www.medicare.gov>.

The Social Security Administration also offers information about Medicare enrollment. For contact information, please refer to the General Resources section at the end of this pamphlet.

MEDICAID (MASSEALTH)

MassHealth is a state health insurance program based largely on income. It is the third most common source of health insurance coverage in Massachusetts, after private insurance and Medicare. Medicaid is a state-run program. In Massachusetts, Medicaid is called MassHealth, but both terms refer to the same program. For many people who cannot afford private insurance and do not qualify for Medicare, MassHealth is an available alternative.

There are different programs through MassHealth, with different prices and eligibility requirements. In general, MassHealth is available to people with little income, but there are also other eligibility requirements, such as age, immigration status, and health.

Because MassHealth offers several different programs, and because some of the eligibility criteria can be quite complicated, this guide doesn't go over all of the MassHealth information you might need to know. Instead, this guide gives you an overview of what MassHealth offers and what you should do if you think you might be eligible.

WHAT MASSEALTH PROGRAMS ARE OUT THERE?

- **MassHealth Standard.** MassHealth Standard provides comprehensive health care coverage, including long-term care. It is for low-income Massachusetts residents who are at least one of the following: parents with children under 19 years of age; pregnant women; children up to 19 years of age; the elderly; the disabled; or women needing treatment for breast or cervical cancer.
- **MassHealth CommonHealth.** MassHealth CommonHealth covers largely the same services as MassHealth Standard, but is for people with disabilities who cannot get MassHealth Standard because their incomes are too high.
- **MassHealth Family Assistance.** MassHealth Family Assistance offers coverage to children under 19 and HIV-positive adults who are under age 65 and ineligible for MassHealth Standard or CommonHealth. It also offers

health insurance premium assistance to insured working adults who meet certain criteria.

- **MassHealth Limited.** MassHealth Limited provides emergency health services to non-citizens and the undocumented whose immigration status prevents them from enrolling in any other MassHealth program.
- **MassHealth Prenatal.** MassHealth Prenatal provides routine prenatal office visits and tests for pregnant women for up to 60 days. It does not include labor and delivery.

There are also two other types of MassHealth programs—MassHealth Basic and MassHealth Essential—but starting in January 2014, these programs won't exist. A MassHealth expansion starting in January 2014 will allow new categories of residents to qualify for MassHealth coverage.

CAN I GET MASSHEALTH?

To get MassHealth, you have to live in Massachusetts. You can't get MassHealth if you're just staying in Massachusetts for a short time.

In general, to be eligible for MassHealth, you must also be a U.S. citizen or national or fall into one of four immigration status categories. If you do not fall into one of these categories, or are an undocumented immigrant, you will only be eligible for MassHealth Limited.

Most MassHealth programs also have a requirement that your income must be at or below a certain level. MassHealth assesses your income based on how it compares to the Federal Poverty Level ("FPL"). The FPL is an amount determined by the government each year that a family needs, at a minimum, for food, clothing, shelter, transportation, and other necessities. The FPL is different each year. The FPL also varies depending on the number of people in your family. For example, in 2013, the annual FPL for a household of one person is \$11,490; for a household of four, it is \$23,550.

The following chart is not meant to be a comprehensive list of all eligibility criteria for each of the MassHealth Programs. Instead, it is meant to give you

an overview of the types of programs you may be eligible for based on your health status, income level, and other qualifying criteria.

	You May Be Eligible If You Are:	2013 Income Limit
MassHealth Standard	Pregnant	200% FPL (unborn child is counted in family size)
	18 years old or less	1 year or less: 200% FPL 1-18 years old: 150% FPL
	A parent or primary caregiver and you live with your children who are 18 years old or less	133% FPL
	A woman under age 65 with breast or cervical cancer	250% FPL
	Disabled according to federal standards	133% FPL
	You were eligible previously, and under special rules, you may remain enrolled for up to twelve months	Not applicable
MassHealth CommonHealth	A disabled child under age 18	No income limit; if income is greater than 133% FPL, you may have to pay a premium or one-time deductible
	A disabled person age 18 or older who works 40 hours or more per month, or is currently working and has worked at least 240 hours in the six months before the MassHealth Application	
	A disabled person between the ages of 18 and 65 who is not working	
MassHealth Family Assistance	A child aged one through 18	300% FPL
	Under age 65, working for a qualified employer, ineligible for MassHealth Standard or CommonHealth, and have employer-sponsored insurance that meets certain standards for which you pay some of the costs	300% FPL
	Under age 65, HIV positive, and ineligible for MassHealth Standard or CommonHealth	200% FPL

You May Be Eligible If You Are:		2013 Income Limit
MassHealth Limited	Pregnant	200% FPL (unborn child is counted in family size)
	Under age 19	150% FPL
	A parent living with your children who are under age 19	133% FPL
	Disabled	133% FPL
MassHealth Prenatal	Pregnant	200% FPL (unborn child is counted in family size)

Below is a chart of FPL by family size for Massachusetts in 2013 in terms of annual income:

Family Size	100% FPL	133% FPL	150% FPL	200% FPL	250% FPL	300% FPL
1	\$11,490	\$15,282	\$17,235	\$22,980	\$28,725	\$34,470
2	\$15,510	\$20,628	\$23,265	\$31,020	\$38,775	\$46,530
3	\$19,530	\$25,975	\$29,295	\$39,030	\$48,825	\$58,590
4	\$23,550	\$31,321	\$35,325	\$47,100	\$58,875	\$70,650
5	\$27,570	\$36,668	\$41,335	\$55,140	\$68,925	\$82,710
6	\$31,590	\$42,015	\$47,385	\$63,180	\$78,975	\$94,770
7	\$35,610	\$47,361	\$53,415	\$71,220	\$89,025	\$106,830
8	\$39,630	\$52,708	\$59,445	\$79,260	\$99,075	\$118,890

To determine if you might be eligible for MassHealth, you can use the MassHealth eligibility check at <http://www.massresources.org/masshealth-eligibility-check.html> to get a preliminary determination. Please note that the results of the eligibility check are not official and that you will need to file a MassHealth application in order to confirm eligibility for MassHealth.

WHAT DOES MASSHEALTH COVER?

The following charts aren't meant to list every service or type of care that each MassHealth program covers. Instead, they give you an overview of what's covered. Your health care provider may be able to tell you more about what's covered.

	Standard	Common-Health	Family Assistance	Limited	Prenatal
Some inpatient hospital services	✓	✓	✓		
Outpatient services, including hospitals, clinics, doctors, dentists, family planning, and vision care	✓	✓	✓		
Medical Services, including, but not limited to, lab tests, x-rays, glasses, and hearing aids	✓	✓	✓		
Mental health and substance abuse services	✓	✓	✓		
Screenings for children under the age of 21, including medical, vision, dental, hearing, mental health and substance abuse, developmental screens, and shots	✓	✓	✓		
Some transportation services	✓	✓			
Services to help you quit smoking	✓	✓	✓		
Long term care services (at home or in a long term care facility)	✓	✓			
Home health services			✓		
Ambulance services for emergencies only			✓		
Medical emergencies only				✓	
Pregnancy outpatient care for up to 60 days					✓

HOW DO I APPLY FOR MASSHEALTH?

Currently, all MassHealth programs use the same application form. This form is called the Medical Benefit Request form, and it is 15 pages long. You can access this form at

<http://www.mass.gov/eohhs/docs/masshealth/appforms/mbr.pdf>. You can fill out the form electronically and submit it online, or you can print out a hard copy of the form, fill it in by hand, and mail it to MassHealth. You can also ask for the form by calling the MassHealth Enrollment Center at 1-888-665-9993 or MassHealth Customer Service at 1-800-841-2900.

You will need to have the following documentation ready to apply for MassHealth:

- **Proof of income.** MassHealth requires you to submit proof of monthly income for every family member. Two recent tax stubs, a U.S. tax return, or copies of other check stubs are usually sufficient to satisfy this requirement. You don't need to give proof of Social Security or SSI income.
- **Your Social Security number.** A Social Security number is needed for every family member applying for MassHealth. If you have applied for a Social Security number but have not received it yet, you may submit proof that you have applied for it. A Social Security number is not required for MassHealth Limited.
- **Proof of Citizenship/Nationality.** The most common forms of proving your citizenship or nationality include passports, certificates of citizenship or naturalization, birth certificates, or, sometimes, Massachusetts driver's licenses or ID cards. You do not need to prove your citizenship if you are applying for MassHealth Limited.

In connection with the implementation of the federal Affordable Care Act, there will soon be a new online application process for MassHealth and other public insurance programs for coverage starting on or after January 1, 2014. This new system is called the Health Insurance Exchange/Integrated Eligibility System ("HIX/IES"), and will be the same system used for the Health Connector. HIX/IES is not yet available, but it is scheduled to become available at www.MAhealthconnector.org starting January 1, 2014.

IS THERE SOMEONE WHO CAN HELP ME WITH MY APPLICATION?

If you need help applying for MassHealth, your local MassHealth enrollment center can help you apply in person. To find the nearest MassHealth enrollment center, call 1-888-665-9993.

MassHealth can provide you with forms in Braille and large print, and in other languages. To request information in Braille, large print, or a language other than English, contact MassHealth Customer Service at 1-800-841-2900.

If you are disabled, the MassHealth Disability Accommodation Ombudsman can help you with your application. You can contact the Ombudsman at 1-617-847-3468 or by email at masshealthhelp@ehs.state.ma.us.

Many hospitals, clinics, and doctors' offices have someone on staff who can help you with your MassHealth application. Ask your doctor or other health care provider if they or someone on their team can assist you.

Health Care for All is a private, nonprofit organization in Boston that is “dedicated to making quality, affordable healthcare accessible to everyone, regardless of income, social or economic status.” Health Care For All has a free hotline called the Helpline that you can call for free advice about your health care coverage options and to help you solve problems related to your health care coverage. There are counselors who speak Spanish, Portuguese, and Mandarin. You can also fill out an online form, and someone will get back to you the next business day. For contact information for the HelpLine, refer to the General Resources section at the end of this pamphlet.

WHAT ELSE DO I NEED TO KNOW?

Below are some tips to help you get—and keep—MassHealth coverage:

- The application process often moves slowly: although a typical MassHealth application should take less than 45 days to process, in reality, the time it takes to get your application approved could be months or even over a year. Make sure to fill out your application form completely and accurately to maximize your chances that your application will be approved as quickly as possible.

- Make copies of everything you send to MassHealth; that way, if MassHealth loses any of your paperwork, you will be able to quickly provide them with another copy.
- Partly as a result of too little funding, MassHealth caseworkers—the people who make the initial decisions whether to approve or deny your application—are busy and overworked. The average MassHealth caseworker handles 100-200 cases at any given time. Unfortunately, this means that caseworkers may not always be able to put the optimal amount of time into each application, which sometimes translates into applications being improperly denied.
- To lessen the chance of being improperly denied, make sure to fill out your application carefully. The questions on immigration status can be confusing; people who make mistakes on this section of the application are sometimes denied coverage when they shouldn't be, or their coverage is delayed. Answer the immigration questions truthfully and completely to avoid any problems.
- If you are sending any time-sensitive information to MassHealth, it may be a good idea to think about mailing your response "Return Receipt Requested" so you can make sure that your response was received on a specific day.
- **You must renew MassHealth every year.** When you get mail from MassHealth, make sure to open it right away to avoid a stop in coverage. You should also save any mail you receive from MassHealth.
- You must tell MassHealth right away if there are any changes in your family size, income, immigration status, disability status, or health insurance coverage from another source.
- If your application is denied, you have the right to appeal. It is important to appeal—and not reapply—for MassHealth. By appealing instead of reapplying, if you eventually win, MassHealth will pay for benefits retroactively based on the date of first application, rather than the (later) date of reapplying. This may save you a lot of amount of money in the long run.

The bottom line is that it can be very confusing to apply for MassHealth, and even more confusing to try to appeal a denial. If you are having any trouble getting MassHealth coverage, it may be a good idea to ask for help from someone more familiar with the process.

Many people who appeal a MassHealth decision represent themselves, but a lawyer may be able to help you, especially if your case is complicated. If you need a lawyer but can't afford one, there are two local non-profit legal agencies that provide free or low cost legal services to help individuals challenge MassHealth decisions. Health Law Advocates provides legal assistance to people who live or work in Massachusetts, whose income is no greater than 300% of the FPL, and are having trouble getting health insurance benefits, and Greater Boston Legal Services provides free legal assistance to low income people in Boston and many other cities and towns in Massachusetts. For contact information, please refer to the General Resources section at the end of the pamphlet.

DUAL ELIGIBLES

People who are eligible for both Medicare and MassHealth are called “dual eligibles.” In general, older people tend to have more health problems than younger people, and people of limited means tend to have more health problems than wealthier people. As a result, people who are eligible for both Medicare and Medicaid often have very complex health care needs and may find it difficult to pay for and coordinate care on their own. There are several programs for dual eligibles in Massachusetts, including One Care, Medicare Buy-In Programs, Senior Care Options (“SCO”), and Programs of All-Inclusive Care for the Elderly (“PACE”).

ONE CARE

One Care is a new program that will provide health care coverage for disabled, non-elderly people in Massachusetts who are eligible for both MassHealth and Medicare. For people who are eligible for One Care, participating in One Care is completely optional.

HOW DOES ONE CARE WORK?

MassHealth and Medicare have chosen a number of health plans that will cover all the services covered by MassHealth and Medicare for dual eligibles. So far, three health plans have joined One Care: Commonwealth Care Alliance, Fallon Total Care, and Network Health. However, more plans may join One Care in the future.

If you enroll in One Care, you will get a Care Coordinator, a person who will help you coordinate your care and make sure you get all the services you need. Together with your Care Coordinator, your doctors and other health professionals, and if you wish, family members or friends, you will put together a Personal Care Plan. Your Personal Care Plan will consist of a description of your health needs, recovery and treatment goals, as well as any current medications, treatments, or other services you receive.

AM I ELIGIBLE FOR ONE CARE?

You may be eligible for One Care if you are:

- Between 21 and 64 years old
- Eligible for both MassHealth (Standard or CommonHealth) and Medicare
- Enrolled in Medicare Parts A & B
- Eligible for Medicare Part D
- Enrolled in MassHealth Standard or MassHealth CommonHealth
- Without access to other public or private health insurance that meets basic benefit level requirements
- Living in the service area of a One Care plan
- Not enrolled in PACE (see page 35 for more information on this program) or the Home and Community-Based Services Waivers Program

WHAT DOES ONE CARE COVER?

One Care covers all the services that are ordinarily covered by MassHealth and Medicare. Some One Care plans also cover community-based behavioral health services. Instead of receiving coverage from both Medicare and MassHealth, however, all of your care will be covered by a single One Care plan.

HOW DO I SIGN UP FOR ONE CARE?

If you are eligible for One Care, MassHealth will send you a letter and a packet of information in the mail. The packet will list the One Care plans available in your city or town. You can choose any One Care plan available in the city or town where you live. The packet will explain how to choose a plan, and you must fill out a form and mail it in to MassHealth to choose a plan. If you do not tell MassHealth which plan you want, MassHealth will automatically enroll you in one.

For the first 90 days after you enroll in a One Care plan, you can continue to receive the same care you have been receiving, and One Care will pay for that care. After 90 days, you will be able to access the care listed in your Personal Care Plan through providers that accept One Care.

WHAT HAPPENS IF I AM ELIGIBLE FOR ONE CARE, BUT I DON'T WANT TO ENROLL?

If you are eligible, it is your choice whether you receive your care through One Care or not. However, **if you do not want to enroll in One Care, you must tell MassHealth. Otherwise, you will be automatically enrolled in One Care.** If you choose not to enroll in One Care, you will continue receiving health care coverage from Medicare and MassHealth the same way you do now.

WHAT ELSE DO I NEED TO KNOW?

One Care is a brand new and experimental program. It has been designed with the hope that it will make receiving and paying for care easier. However, it remains to be seen whether One Care will run smoothly and effectively. If you enroll in One Care, you may or may not like the program. Only you and your family can decide if One Care is right for you.

If you decide you do not like One Care, you can drop out at any time. If you drop out, Medicare and MassHealth will begin paying for your health care again, the same way they did before you were enrolled in One Care.

The doctors you already see may or may not provide services through One Care. If you are deciding whether to enroll in One Care and you want to

continue seeing the same doctors, you should ask them if they are participating in One Care. If you join One Care and your doctors do not, you will have to choose new doctors.

HOW CAN I FIND OUT MORE?

If you would like more information about One Care, you can visit its website at www.mass.gov/masshealth/onecare.

You can also call MassHealth Customer Service if you need help enrolling in One Care or if you have questions about One Care. For contact information, please refer to the General Resources section at the end of this pamphlet.

Finally, your local SHINE counselor may also be able to help you. SHINE stands for Serving Health Information Needs of Elders, and SHINE counselors are specially trained volunteers who can help you by providing free health insurance information, counseling, and assistance. SHINE counselors specialize in Medicare and MassHealth, and can also provide some advice about private insurance options. You can meet with a SHINE Counselor in person, over the telephone, or via email. For contact information, please refer to the General Resources section at the end of this pamphlet.

MEDICARE BUY-IN PROGRAMS FOR PEOPLE WITH MASSHEALTH

Medicare Buy-In Programs are MassHealth programs that help pay for Medicare health insurance expenses. There are three different Buy-In Programs, and each has different eligibility requirements and benefits. The Buy-In Programs are the Qualified Medicare Beneficiary (QMB) Program (also known as Senior Buy-In), the Buy-In for Specified Low-Income Medicare Beneficiaries (SLMB), and the Buy-In for Qualifying Individuals (QI).

AM I ELIGIBLE FOR A MEDICARE BUY-IN PROGRAM?

To be eligible for a Medicare Buy-In Program, you must be eligible for Medicare and must meet the eligibility requirements for MassHealth Standard. To learn more about Medicare and MassHealth, refer to their sections above.

For the QMB Program, your monthly income must be less than 100% of the Federal Poverty Guidelines plus \$20. For the SLMB Program, your monthly income must be less than 120% of the Federal Poverty Guidelines plus \$20. For the QI Program, your monthly income must be less than 135% of the Federal Poverty Guidelines plus \$20. The table below shows the income limits for March 1, 2013 through February 28, 2014.

Family Size	QMB: 100% FPG + \$20	SLMB: 120% FPG + \$20	QI: 135% FPG + \$20
1	\$978	\$1169	\$1313
2	\$1313	\$1571	\$1765

In addition to the income limits, there are also asset limits when determining eligibility. For all three Buy-In Programs in 2013, your assets must be less than \$7,080 for individuals and less than \$10,620 for couples. These amounts change each year, so make sure to check with MassHealth for the limits in following years.

WHAT SERVICES ARE COVERED BY MEDICARE BUY-IN PROGRAMS?

The QMB (or Senior Buy-In) Program has different benefits than the two other programs. The QMB Program will pay for your Medicare premiums (both Part A and Part B), annual deductibles, and co-payments. Enrollees of the QMB Program also qualify for Extra Help from Social Security to pay for basic Medicare Part D drug coverage. Extra Help provides savings to people with limited resources and income on costs related to a Medicare prescription drug plan. To learn more about Extra Help, you can access the Extra Help information booklet at <http://www.ssa.gov/pubs/EN-05-10508.pdf>.

The SLMB and QI Programs pay for your Medicare Part B premium, and recipients also qualify for Extra Help from Social Security.

To help you receive the payments for your Part B premiums, the Buy-In Program will work with Medicare. For example, if your Medicare premium had been deducted from your Social Security check, once your coverage in the Buy-In program begins, your Social Security checks will start to be adjusted and increased so that the premium is no longer deducted. If you were paying quarterly bills directly to Medicare, the Buy-In Program will start paying the

bills for you. It may take several months for the Buy-In Program to adjust your Social Security benefit or to pay your bill, but you will get a refund for the amount you paid for your Medicare Part B premium back to the month you first became eligible for the Buy-In.

HOW MUCH DOES IT COST?

There are no fees for these programs, but you are still responsible for any remaining portions of your Medicare expenses that are not covered by your Buy-In Program.

HOW DO I APPLY?

To apply for the Buy-In Programs, you must fill out the application found on pages 3-4 at <http://www.mass.gov/eohhs/docs/masshealth/appforms/mh-buyin-app.pdf>. Mail the completed application with proof of your income to:

MassHealth Enrollment Center
Central Processing Unit
P.O. Box 290794
Charlestown, MA 02129-0214

If MassHealth needs more information from you, you may receive a letter in the mail or a phone call. Be sure to answer all inquiries in a timely manner to ensure proper processing of your application.

WHAT HAPPENS AFTER I APPLY?

After you mail in your application, you will receive a decision from MassHealth regarding your eligibility for a Buy-In Program. If you think you were wrongly denied, you have the right to appeal. Instructions on how to appeal will be on the back of the written notice that lists the reason(s) for your denial.

If you are eligible, you must let MassHealth know within 10 calendar days if there are any changes in the information that you provided in your application. If there are changes and you do not alert MassHealth, or if you provide false information, you may lose your benefits. Your coverage will begin in the month

your application was received or, in some cases, as early as three months before the month your application was received. You will receive a written notice telling you more about your coverage and when it starts.

WHERE CAN I GET MORE INFORMATION?

You can access a brief overview of the Buy-In Programs at <http://www.mass.gov/eohhs/docs/masshealth/appforms/mh-buyin-app.pdf>.

SENIOR CARE OPTIONS (SCO)

Senior Care Options (SCO) is a Medicare-MassHealth partnership that provides services for low-income seniors over the age of 65. The purpose of SCO is to help seniors stay healthy and out of nursing homes by using a coordinated team of health professionals that cares for the seniors at their homes or in long-term care facilities.

AM I ELIGIBLE FOR SCO?

To be eligible for SCO you must meet the following criteria:

- Age 65 or older
- Eligible for MassHealth Standard
- Live in the service area of a SCO (see below)
- Do not have end stage renal disease
- Agree to receive covered health services exclusively through their SCO options plan

SCO is open to seniors in all living situations, including people living by themselves, at home with support services, and in long-term care facilities.

You do not have to have Medicare to be eligible for SCO. If you have MassHealth Standard but do not have Medicare, you can choose a SCO plan. If you do have both MassHealth and Medicare, you can choose a Medicare Advantage Senior Care Options HMO SNP (Special Needs Plan).

WHAT SERVICES ARE COVERED BY SCO?

SCO covers the following health care services:

- All the health care services covered by MassHealth Standard
- If you have Medicare, all the health care services covered by Medicare
- Coordination of your health care
- Specialized geriatric support services
- Adult day care
- Comprehensive dental care
- 24-hour access to medical support
- Home care services
- Family caregiver support

SCO plans combine your Medicare benefits (if you have Medicare), MassHealth benefits, prescription drug plan benefits, and extra SCO services into one plan with one health insurance card. However, the SCO program only covers services provided by your SCO and its network of providers. It will not cover services from other doctors or health care providers, except in an emergency.

The benefit of SCO is in the coordination of care—your primary care physician will work with you and your team of nurses, specialists, and a geriatric support services coordinator to develop a plan of care that specifically addresses your needs.

WHAT SENIOR CARE OPTIONS PROGRAMS ARE AVAILABLE?

In 2013, there are five programs available in Massachusetts:

- Commonwealth Care Alliance Senior Care Options
- NaviCare
- Senior Whole Health
- Tufts Health Plan Senior Care Options
- UnitedHealthcare Senior Care Options

Each program has a specific service area and may offer different benefits and services. The table below summarizes the service areas for the five SCO programs. You must live in the program's service area to enroll.

Once you've figured out which programs you are eligible for, you can compare the benefits and services offered by each program by visiting its website or calling the program directly. It is important to remember that SCO will only cover care that you receive from providers within the SCO's network. For example, if you already have a doctor you like, but he or she is not affiliated with the SCO you plan to enroll in, that SCO may not be the best choice for you.

SCO Program	Service Area
<p>Commonwealth Care Alliance Senior Care Option Telephone: 1-866-610-2273 http://www.commonwealthcaresco.org/</p>	<p>Essex and Suffolk Counties; some cities and towns in Franklin, Hampden, Hampshire, Middlesex, Norfolk, and Plymouth Counties. See http://www.commonwealthcaresco.org/the-program/service-area for the full list of eligible cities and towns.</p>
<p>NaviCare Telephone: 1-877-255-7108 TTY: 1-877-795-6526 http://www.fchp.org/find-insurance/navicare-2013.aspx</p>	<p>Barnstable, Bristol, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties; a portion of Franklin County, consisting of Erving, New Salem, North New Salem, Orange, Warwick, Wendell, and Wendell Depot.</p>
<p>Senior Whole Health Telephone: 1-888-794-7268 TTY: 1-888-749-6455 http://www.seniorwholehealth.com/home/members-massachusetts</p>	<p>Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties.</p>
<p>Tufts Health Plan Senior Care Options Telephone: 1-855-670-5934 TTY: 1-855-670-5936 http://www.tuftsmedicarepreferred.org/medicare-plans</p>	<p>Barnstable County.</p>
<p>UnitedHealthcare Senior Care Options Telephone: 1-800-905-8671</p>	<p>Bristol, Essex, Middlesex, Norfolk, and Suffolk Counties; some cities and towns in Hampden, Plymouth,</p>

TTY: 1-888-685-8480 https://www.uhccommunityplan.com/home/MA/senior?n=1	and Worcester Counties. See http://www.uhccommunityplan.com/assets/MA_SCO_2012_SB.pdf for the full list of eligible zip codes.
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HOW DO I APPLY?

To apply for SCO, you can either call the MassHealth SCO Unit at 1-888-885-0484 (TTY 1-888-821-5225) or you can call one of the SCO providers directly at their phone numbers provided above. Once you have decided which plan is best for you, contact that plan and a staff member will help you enroll.

WHAT HAPPENS AFTER I AM ENROLLED?

If there are any changes to the information you put in your MassHealth application, such as a change in your financial situation, you must report these changes to the MassHealth Enrollment Center. After you are enrolled in a SCO, your SCO is responsible for checking the MassHealth Eligibility Verification System monthly to make sure you can still get MassHealth. If you become ineligible for MassHealth, you will also become ineligible for SCO, and you will be removed from the program. You can speak with your SCO and they may be able to help you figure out how to regain eligibility.

If your address changes, make sure you tell the MassHealth Enrollment Center right away. This is very important because financial redetermination forms are sent to your address on file, and if you do not complete these forms as required, you may lose your MassHealth coverage. In fact, this is the most common reason MassHealth members lose their eligibility. If you are receiving MassHealth through Social Security's Supplemental Security Income (SSI) Program, you should report your new address to the local Social Security Administration office directly.

If you find that SCO is not right for you after enrolling, you can end your enrollment and go back to regular MassHealth and Medicare coverage at any time. No one is required to join SCO and enrollment is completely voluntary.

WHERE CAN I GET MORE INFORMATION?

You can find more information about the SCO program online at <http://www.mass.gov/eohhs/provider/insurance/masshealth/senior-care-options/senior-care-options-overview.html>. The contact phone number for the SCO Enrollment Coordinator is 1-617-222-7527. A toll-free telephone number is available for SCO members: 1-888-885-0484 (TTY: 1-888-821-5225).

PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

The Elder Service Plans within the Programs of All-Inclusive Care for the Elderly (PACE) provide medical and social services for frail elders 55 years and older. MassHealth and Medicare cover the services that are provided by a team of health professionals so that elders can stay in their homes and communities instead of having to go to a nursing home. This program is meant to provide quality, individualized, and streamlined care for elders in a more cost-effective manner than the typical fee-for-service structure provides.

CAN I GET PACE?

To be eligible for PACE you must meet the following criteria:

- Are age 55 or older
- Live in the service area of a PACE Elder Service Plan organization (see below)
- Are able to live safely in the community
- Are certified by the state as eligible for nursing home care
 - This usually means that you need assistance with some activities of daily life, like getting dressed or preparing your meals, and that you also have a skilled need, such as physical therapy. A medical professional will evaluate you based on your health status to determine if the PACE program is right for you.
 - Though you must be certified to need nursing home care, the large majority of PACE enrollees do not actually reside in nursing homes, but instead receive their care within their own communities.
- Agree to receive health services exclusively through the Elder Service Plan/PACE organization

If you have MassHealth, you must also meet the following income and asset criteria:

- Your countable income must be less than \$2130 per month in 2013
- Your countable assets must be no greater than \$2000

Your spouse's income and assets are not counted. If you have MassHealth and you meet the criteria above, there are no fees for the program.

If you do not have MassHealth but you do have Medicare, you may have to pay a monthly premium. However, you will not have to pay any copayments, deductibles, or other cost-sharing fees.

If you don't have Medicare or MassHealth, you may be able to pay for PACE privately.

WHAT SERVICES ARE COVERED BY PACE?

The PACE Elder Service Plans are like one-stop shops that cover preventive, primary, acute, and long-term care services. The coordinated care that PACE covers includes:

- Primary and specialty medical care
- Emergency care
- Medical supplies and equipment
- Prescription drugs
- Physical, occupational, and recreational therapy
- Dental, podiatry, vision, and audiology services
- Nutritional counseling and meals
- Adult day health care
- Transportation to the health center
- Nursing facility care if needed
- Hospitalization
- In-home services
- Family caregiver support

The services are available 24 hours a day, 7 days a week, every day of the year. There are no copayments, deductibles, or other cost-sharing fees. However, you may have to pay a monthly premium.

WHAT PACE ELDER SERVICE PLAN SITES ARE AVAILABLE?

There are six PACE Elder Service Plan sites in Massachusetts.

- Elder Service Plan of the Cambridge Health Alliance
- Elder Service Plan of the East Boston Neighborhood Health Center
- Elder Service Plan of Harbor Health Services
- Summit ElderCare of the Fallon Community Health Plan
- Elder Service Plan of the North Shore
- Upham’s Elder Service Plan

Each Elder Service Plan has a specific service area and may offer different benefits and services. The table below summarizes the service areas for the six Elder Service Plan sites. To enroll in a plan, you must live in that plan’s service area.

If you are eligible for more than one plan, you should compare the benefits and services offered by each plan and find the one that is the best fit for you. To learn more about each Elder Service Plan, you can call the Plan directly or visit its website.

Elder Service Plan Sites	Service Area
<p>Elder Service Plan of the Cambridge Health Alliance Telephone: 1-617-575-5850 http://www.challiance.org/Services/ElderServicePlan.aspx</p>	<p>Allston, Arlington, Brighton, Cambridge, Chelsea, Charlestown, Everett, Malden, Medford, Somerville, and Watertown.</p>
<p>Elder Service Plan of the East Boston Neighborhood Health Center Telephone: 1-617-568-4602 http://www.ebnhc.org/en/elder-service-plan.html</p>	<p>Chelsea, East Boston, Everett, Revere, and Winthrop.</p>

<p>Elder Service Plan of Harbor Health Services Telephone: 1-617-533-2400 http://www.elderserviceplan.org/</p>	<p>Avon, Boston, Braintree, Brookline, Canton, Dedham, Milton, Norwood, Quincy, Randolph, Sharon, Stoughton, and Weymouth.</p>
<p>Summit ElderCare of the Fallon Community Health Plan Telephone: 1-800-698-7566 TTY: 1-800-439-2370 http://www.summiteldercare.org/</p>	<p>Worcester County, Hudson community, and Marlborough community.</p>
<p>Elder Service Plan of the North Shore Telephone: 1-781-715-6608 http://www.pacenorthshore.org/</p>	<p>Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Magnolia, Manchester, Marblehead, Middleton, Nahant, Peabody, Rockport, Salem, Saugus, South Hamilton, Swampscott, Topsfield, Wakefield, and Wenham.</p>
<p>Upham’s Elder Service Plan Telephone: 1-617-288-0970 http://www.uphamscornerhealthctr.com/index_esp.php</p>	<p>Boston (02108, 02109, 02110, 02111, 02114, 02115, 02116, 02210), Brookline (02445), Dorchester (02121, 02122, 02124, 02125), Hyde Park (02136), Jamaica Plain (02130), Mattapan (02126), Roslindale (02131), Roxbury (02118, 02119, 02120), and South Boston (02127).</p>

HOW DO I APPLY?

After you decide which PACE Elder Service Plan is right for you, contact the plan directly at the phone number provided above to apply and a staff member will help you enroll.

WHAT HAPPENS AFTER I’M ENROLLED?

Once you join a PACE Elder Service Plan, you must receive all your health services from within your organization. You’ll get your medications, including your Medicare Part D-covered drugs, through the PACE program and will not need to join a separate Medicare Prescription Drug Plan. If you do join a separate Medicare Prescription Plan, you will be disenrolled from your PACE health and prescription drug benefits.

WHERE CAN I GET MORE INFORMATION?

You can find more information about PACE and access the PACE Finder search tool at the National PACE Association's website here:

[http://www.npaonline.org/website/article.asp?id=12&title=Who, What and Where is PACE](http://www.npaonline.org/website/article.asp?id=12&title=Who,_What_and_Where_is_PACE). You can also contact the PACE program nearest you with any questions you might have.

The PACE program provided by the Cambridge Health Alliance also provides some useful resources at

<http://www.challiance.org/Services/ResourcesforOlderAdults.aspx>. You can learn more about Elder Service Plans through their video series or contact their local expert, Roberta Robinson, with your questions at the number provided on the Elder Service Plans' website.

HEALTH SAFETY NET

If your income doesn't cover your medical bills and you do not have health insurance, or if your health insurance doesn't pay for all the medical services you need, you might be eligible for the Health Safety Net. The Health Safety Net is sometimes called Free Care and it exists to help make sure that all Massachusetts residents can access health care. As of December 2013, it looks like the Health Safety Net program will still be in place even after the Affordable Care Act goes into effect, though some people eligible for the Health Safety Net may become eligible for the new CarePlus program that begins in 2014.

CAN I GET THE HEALTH SAFETY NET?

To be eligible for the Health Safety Net, you must be a resident of Massachusetts, but you can be homeless or without an address. Your U.S. citizenship or immigration status will not affect your eligibility. You do not need a Social Security number. Undocumented noncitizens can also get Health Safety Net funds.

If you live in Massachusetts, there are two ways to be eligible for the Health Safety Net: because of your income or because of your medical bills.

If your income is 0% to 200% of the Federal Poverty Guidelines, then you may be eligible as a Low Income Patient. If your income is 201% to 400% of the Federal Poverty Guidelines, you may be eligible for Health Safety Net partial benefits. There is a chart showing the 2013 FPL amounts on page 20, and you can learn more about the Federal Poverty Guidelines at <http://aspe.hhs.gov/poverty/index.cfm>. The Health Safety Net uses the same family size and income rules as MassHealth when determining eligibility.

Even if you don't qualify as a Low Income Patient, you may still qualify for Medical Hardship if your medical bills are very high. You can be eligible for Medical Hardship if your medical bills are higher than the percentage of your gross income listed for your income level in the table below.

Income Level (Percentage of Federal Poverty Guidelines)	Percentage of Gross Income
0% - 200%	10%
201% - 300%	15%
301% - 400%	20%
401% - 600%	30%
601% +	40%

The Health Safety Net will count most types of medical bills to calculate the percentage of your gross income, but will only pay for certain medical services.

If you are eligible for the Health Safety Net and have no health insurance, you can get Health Safety Net Primary. Health Safety Net Primary will pay for all medically necessary services, as long as those services are both on the list of MassHealth Standard covered services and you receive the services at a community health center or hospital in Massachusetts.

If you are eligible for Health Safety Net but do have other health insurance, you can get Health Safety Net Secondary to help pay for some medical services that are not covered by your primary health insurance. Health Safety Net Secondary will cover certain services that you receive at a community health center or hospital in Massachusetts.

Please note that if you are eligible for MassHealth or Commonwealth Care but chose not to enroll, or have access to affordable health insurance but did not

buy it, you are not eligible for Health Safety Net. You are also not eligible for the Health Safety Net if you lost your MassHealth or Commonwealth Care coverage because you did not pay your premiums.

WHAT SERVICES ARE COVERED BY THE HEALTH SAFETY NET?

If you are an uninsured Low Income Patient, the Health Safety Net will cover medically necessary services that are on the list of MassHealth Standard covered services as long as you receive those services at a Massachusetts community health center or Massachusetts acute care hospital.

If you are a Low Income Patient but do have private insurance, the Health Safety Net will pay for services on the list of MassHealth Standard covered services that are not covered by your private insurance, as long as you receive those services at a Massachusetts community health center or hospital.

If you are a Low Income Patient with Medicare, Commonwealth Care, or MassHealth, the Health Safety Net will pay for some specific services. Please go to <http://www.massresources.org/hsn-benefits.html> for more information.

HOW MUCH WILL I HAVE TO PAY?

If you are a Low Income Patient with an income of 0% to 200% of the Federal Poverty Guidelines, you will receive full benefits. This means that you will pay a set price for prescription drugs, \$1 or \$3.65 as of January 1, 2012, and pharmacy copayments of up to \$250 per year. Community health center services, emergency room visits, outpatient hospital visits, and inpatient hospital admissions are covered. There is no annual deductible.

If you are a Low Income Patient with an income of 201% to 400% of the Federal Poverty Guidelines, you will also have to pay a set price for prescription drugs and pharmacy copayments as above. However, you will also have to pay a percentage of your community health center, emergency room, outpatient hospital, and inpatient hospital bills until you have paid your annual deductible. Your annual deductible is calculated by taking 40% of the difference between your gross annual income and 200% of the Federal Poverty Guidelines.

If you qualify for Medical Hardship, the Health Safety Net will pay for all Health Safety Net-eligible medical expenses that you cannot pay. Depending on your income level, you will be responsible for a certain amount of your medical bills and the Health Safety Net will cover the rest of the Health Safety Net-eligible expenses. The table below shows what percentage of your income you are required to pay for medical expenses before the Health Safety Net can help.

Income Level (Percentage of Federal Poverty Guidelines)	Percentage of Gross Income
0% - 200%	10%
201% - 300%	15%
301% - 400%	20%
401% - 600%	30%
601% +	40%

HOW DO I APPLY?

If you are applying as a Low Income Patient, you should file a MassHealth application. You can find the application online at <http://www.mass.gov/eohhs/consumer/insurance/masshealth-apply/applications-and-member-forms.html>. You can also request a MassHealth application by calling the Center for Health Information and Analysis at 1-877-910-2100.

If you are applying for Medical Hardship, you should file a Special Circumstances Application. You can find the application online at <http://www.mass.gov/eohhs/consumer/insurance/masshealth-apply/applications-and-member-forms.html>.

If you prefer, you can also apply for the Health Safety Net at a Massachusetts community health center or acute care hospital. You can search for a community health center near you online at <http://www.massleague.org/findahealthcenter/index.php> or you can access a listing of acute care hospitals online at <http://www.mass.gov/chia/docs/p/hsn/2009-ma-acute-hosp-03-24.pdf>.

To apply for the Health Safety Net, you will need the following:

- Proof of identity (driver's license, photo ID)
- Proof of Massachusetts residency (driver's license, utility bill, income tax form, passport, alien registry card)
- Proof of earned income (paycheck stubs, affidavit from employer, tax forms and business records for self-employment income)
- Proof of unearned income (benefit statements, award letters, bank statements, rental lease or tax records for rental income) and
- Proof of medical expenses, if applying for Medical Hardship (copies of medical bills, health insurance statements)

Please call the Center for Health Information and Analysis at 1-877-910-2100 (toll free) or 1-617-988-3100 if you have any questions.

WHAT HAPPENS AFTER I APPLY?

After you submit your application for the Health Safety Net, you should receive an eligibility notice in writing within 45 days of your application date. If you are eligible for another government-subsidized health insurance program, you will receive the appropriate enrollment package for that insurance program. Please note that you will not be eligible for the Health Safety Net if you are eligible for another insurance program but choose not to enroll.

If you are eligible for the Health Safety Net, you'll get mail explaining the details of the coverage you will receive. The notice will also list the start and end dates of your eligibility period and instructions on how to reapply at the end of your eligibility period. You will most likely be approved for one year, subject to any family income or insurance status changes, and will have to reapply again in a year.

If you are denied but believe that you are eligible for the Health Safety Net, you can file an appeal by following the instructions included with your denial notice.

WHERE CAN I GET MORE INFORMATION ABOUT THE HEALTH SAFETY NET?

You can visit <http://www.massresources.org/hsn.html> to learn more about the Health Safety Net. Another great resource for those who have any questions about HSN or Massachusetts health care coverage in general is the free Helpline at Health Care for All. Call the Helpline at 1-800-272-4232 or visit <http://www.hcfama.org/index.cfm?fuseaction=Page.viewPage&pageId=523&grandparentID=496&parentID=767>.

CHAPTER THREE: SPECIAL CATEGORIES

HEALTH CARE FOR VETERANS

INTRODUCTION

If you or your spouse served in the US armed forces, you may be eligible to receive healthcare through the Department of Veterans Affairs (“VA”). The VA provides a comprehensive health care system with a wide range of benefits. The VA health care system will not change when the Affordable Care Act comes into effect in January 2014.

ELIGIBILITY

The eligibility criteria for the VA health care system are complicated. In general, you must have served in the active military, naval, air service, Reserves, or National Guard and must have been honorably discharged. However, your income, assets, and health status (including level of disability, if any) are also considered in the determination of eligibility for VA benefits. There are 8 different enrollment priority groups. Eligibility for VA health benefits varies from veteran to veteran, depending on each veteran’s unique characteristics and eligibility factors. Depending on your eligibility status, you may be eligible for free health care services, or you may be required to pay a copayment for health care you receive from the VA system. In addition, some veterans’ benefits are available to family members of veterans as well.

COVERAGE

The VA provides comprehensive health care benefits. These benefits may include, but are not limited to, inpatient and outpatient services, specialty care, mental health care, homeless services, dental services, home health care, adult day care, and prescription drug coverage. The VA also has its own hospitals, clinics, and other types of dedicated VA health care facilities. Some veterans may be eligible for reimbursement for mileage, lodging, and meals for travel related to obtaining VA health care services.

If you qualify for VA health care benefits, you will not be forced to only use VA benefits and not others. You can choose to get different health insurance, or use a combination of VA health benefits and other health benefits. You will not be forced to go to VA health care facilities, but may do so if you wish.

APPLICATION

You can complete the application online, in person at a VA health care facility, or over the phone. The application is available online at <https://www.1010ez.med.va.gov/>. If your application is accepted and you are enrolled, the VA will send you a personalized handbook that will explain the benefits you may access, and will assign you to a Priority Group. If your application is not accepted, you have the right to appeal. The VA will send you instructions on how to appeal if your application is denied.

WHAT ELSE DO I NEED TO KNOW?

Not everyone who is eligible for VA health benefits needs to apply. Some veterans, such as those with certain types of disabilities, are automatically eligible to receive VA health benefits. But it can be a good idea to apply anyway.

If you have questions about VA health care benefits, including whether you are eligible, you may contact the VA by calling 1-877-222-8387. When you call this number, you can ask for the contact information for the Enrollment Coordinator at your local VA health care facility. Finally, you can also visit the VA's health care websites, which are available at www.va.gov/healthbenefits and www.myhealth.va.gov.

SOCIAL SECURITY DISABILITY INSURANCE

Social Security Disability Insurance (SSDI or SSD) is a federal disability insurance program, administered by the Social Security Administration (SSA), for disabled individuals who have paid into the Social Security program. Eligible individuals receive monthly benefits ranging from several hundred to several thousands of dollars because of a combination of work history and a current inability to work.

CAN I GET SSDI?

To be eligible for SSDI, you must:

- Be under 65 years of age
- Have a lawful immigration status
 - You do not have to be a citizen, but you must legally be in the United States and have a valid Social Security number. You must have proof of your legal status.
 - If you had been working using a false Social Security number, you should contact a legal services organization for help with claiming your past employment. A list of legal services programs that provide free or low cost legal help can be found at <http://www.massresources.org/legal-services.html>.
- Meet the Social Security five month waiting period (you will start getting benefits for the sixth full month after your disability began)
- File an application for SSDI benefits (see below)
- Be totally disabled according to the Social Security definition of disability
 - This means that your disability prevents you from engaging in “substantial gainful activity” for at least 1 year or will result in death. Your disability must either be in the list of SSA’s disabling conditions or must stop you from doing any type of work. It is not enough to show that you are unable to do what did for your previous job. You need to also show that you are not able to do any work on a full time basis. For example, if your previous job involved heavy lifting but you injured your back, you might still be able to work a full-time position at a desk job. You would not be eligible for SSDI in that situation.
 - You can be working part-time, but you must be earning less than \$1040 a month.
 - SSDI does not give benefits if you are partially disabled or if your disability is short-term. Your disability does not have to be permanent, but must be expected to last at least 12 months or result in death. Once you are no longer considered disabled, your SSDI benefits will stop.
- Have sufficient work history and contribution to the Social Security program. You can access a copy of your Social Security statement online from the SSA at <http://www.socialsecurity.gov/mystatement/>. You will

have to first create a free account and then access your statement with your username and password. If you do not have enough credits, you cannot get SSDI benefits, but you may qualify for Supplemental Security Income, a need-based cash assistance program, if you are disabled. You can go to <http://www.massresources.org/ssi> to learn more about Supplemental Security Income.

- The table below summarizes what qualifies as sufficient contribution for SSDI for each age group. The age group is determined by the age at which the disability first occurs.

Became Disabled at Age	Sufficient contribution
62+ years	Sufficient taxes for at least 40 three-month periods (quarters), with at least 20 of the credits in the last 40 quarters
42-60 years	Sufficient taxes for at least 22 to 38 quarters, with at least 20 of the credits in the last 40 quarters (see http://www.ssa.gov/retire2/credits3.htm for specific information on each age group)
31-42 years	Sufficient taxes for at least 20 of the last 40 quarters
24-30 years	Sufficient taxes for at least half of the quarters between 21 st birthday and time of disability
<24 years	Sufficient taxes for at least 6 quarters during three years before becoming disabled

There is no asset limit for SSDI.

If you qualify for SSDI benefits, your family members will also be eligible for SSDI benefits if they fall into one of the following categories:

- Your spouse, age 62 or older
- Your spouse, of any age, who cares for your child, who is under age 16 or disabled
- Your unmarried child, under age 18, under age 19 and in elementary or secondary school full time, or over age 18 with a disability that started before age 22

WHAT SERVICES ARE COVERED BY SSDI?

If you enroll in SSDI, you will receive a monthly Social Security payment as long as you are disabled and cannot work. The amount you receive will depend on your age, the number of years you worked before becoming disabled, and the amount you earned in Social Security covered employment. If you would like to get an estimate of your SSDI benefit amount, you can view your Social Security statement online at the SSA website at <http://www.ssa.gov/planners/benefitcalculators.htm>. For more information, you can call the SSA toll-free at 1-800-772-1213.

You might also be eligible for retroactive SSDI benefits up to 12 months if your disability began more than six months before you applied for SSDI. At 24 months of receiving SSDI benefits, you are automatically entitled to coverage under Medicare Parts A and B. Your eligible spouse or child may get a monthly benefit up to half of your monthly benefit. That amount will vary based on your work history.

HOW DO I APPLY?

You can apply online at the SSA's website at <http://www.socialsecurity.gov/applyfordisability/>. When applying online, only you can apply for yourself. No one else can apply for you.

You can also apply by phone. You need to first call the Social Security's toll-free number at 1-800-772-1213 (TTY: 1-800-325-0778) Monday through Friday between 7 AM and 7 PM to schedule an appointment to apply over the telephone.

Lastly, you can also apply in person. Find the Social Security Office nearest you using the Office Locator at <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> and call to set up an appointment.

Before you apply, be prepared with the following documentation:

- Social Security number
- Birth certificate or other proof of age

- Proof of U.S. citizenship or lawful alien status if you were not born in the U.S.
- Most recent W-2 form, or federal tax return if self-employed
- Military discharge papers if you had military service
- Summary of where you worked and the kind of work you did for the last 15 years
- Names and dosages of all the medicines you take
- Names, address, and phone numbers of hospitals, clinics, doctors, and other health workers who treated you and dates of treatment
- Medical records that you have in your possession
- Laboratory and test results
- Name of your bank and account number, if you want benefits deposited directly into your bank account

If you are applying for family members, you should also have their birth certificates and Social Security numbers, proof of U.S. citizenship or lawful alien status, and, for your spouse, a marriage certificate.

The most helpful proof of your disability is medical records, particularly any records related to treatment you received for your disability. Even if you don't like or don't want to see doctors, it is always important to get the most treatment that you can. Even if your condition is genuine, you will not be able to get very far in the application process without documentation and treatment. It is also helpful to have evidence from former employers that state that you tried to do your job but were unable to because of your disability.

If you have difficulties with substance abuse, you should try to get clean and look for treatment to increase your chances of obtaining SSDI benefits. If it is found that your substance abuse is the reason that you are disabled and can't work, you will be denied SSDI benefits. If you have a history of substance abuse, the best way to get benefits is to be clean for a certain period of time.

For all the documents, you must provide originals or certified copies. You can mail or bring these documents to the Social Security office. Though the office will make copies and return the originals, it is always a good idea to make copies yourself of important documents before handing over the originals.

If you are unable to find any of the necessary documents, begin the application process anyway and work with Social Security to get the rest of the documents that you need. Don't delay applying because you don't have all of your documents.

If you need help applying in other languages, you can go online to Social Security's Multilanguage Gateway at <http://www.ssa.gov/multilanguage/index.htm> to see the publications that are available. You can also call Social Security's toll-free number at 1-800-772-1213 and press "2" for Spanish and "1" for all other languages to be connected to an interpreter. Social Security can also arrange to have an interpreter come to your local office for your appointment.

WHAT HAPPENS AFTER I APPLY?

Once you apply, it usually takes about 3-5 months before your benefits start. Your SSDI payments begin on the sixth month after your disability begins. You can check on the status of your SSDI application on the Social Security website at <https://secure.ssa.gov/apps6z/IAPS/applicationStatus> or you can call Social Security toll-free at 1-800-772-1213 (TTY: 1-800-325-0778).

If you are denied and do not agree with the decision, you can appeal to Social Security. You must appeal in writing within 60 days of receiving your denial. Instructions on how to appeal will be sent with the denial. This next step, known as a reconsideration, involves more paperwork and typically takes 3-4 months. If you are again denied, you can file for a hearing and may also consider seeking the help of an attorney. This process varies widely, but typically takes around 6-8 months.

WHAT HAPPENS AFTER I'M ENROLLED?

You will get SSDI benefits as long as you are disabled under the eligibility criteria above and cannot engage in substantial gainful activity. When you reach retirement age, your benefits are converted to Social Security retirement benefits.

Your case may be reviewed by Social Security any time within 6 months or no sooner than 7 years, depending on whether your specific condition is expected to improve or not. The award letter you receive from Social Security after you first apply will tell you when your first review will take place. The review will involve a request for updated medical information to prove that you are still eligible for SSDI benefits. You will not have to fill out the SSDI application again.

CAN I KEEP WORKING ONCE I'M RECEIVING SSDI BENEFITS?

If you would like to keep working, you can do so as long as your income is not too high. Once your income reaches the maximum amount and SSA determines you are able to engage in “substantial gainful activity,” you will lose your SSDI benefits.

When you first start working, you get a trial work period during which you get full SSDI benefits regardless of your income. Your trial work period ends after 9 months. You then get 36 more months, during which you can work and still get SSDI benefits. During these 36 months, called the extended period of eligibility, you get SSDI benefits as long as your earnings that month are less than “substantial.” In 2013, SSA determined that any income above \$1040 was “substantial.” Once you earn more than a substantial income in any month, you get a grace period of three months and then you will lose your SSDI benefits.

If you lose your SSDI benefits because you have substantial income, you have five years to ask for your SSDI benefits back if your disability again prevents you from working. During those five years, you do not have to reapply for SSDI or wait for a disability reevaluation and your benefits will be reinstated in an expedited manner.

It is important to note that you should be honest and straightforward about your employment, even if you are being paid “under the table.” If you cannot prove how much you are making, it is often assumed that you are making over the limit and your benefits may be lost. Not documenting how much income you earn may also undercut your credibility, and your credibility may be one of the most important factors in the outcome of an appeal.

WHERE CAN I GET MORE INFORMATION ABOUT SSDI?

For more information you can access SSA's electronic booklet on SSDI at <http://www.ssa.gov/pubs/10029.html>. The SSA's official website contains several helpful resources, including a Benefit Calculator and a Social Security Office Locator. You can also e-mail general questions to Social Security through their online portal, or call Social Security directly. For contact information, please refer to the General Resources section below.

STATE DISABILITY RESOURCES

Though there are many resources available to you if you are a Massachusetts resident with disabilities, it may nonetheless be difficult to get the care you need due to the current organization of services. There are many different types of disabilities, and it is very important that the care you receive addresses your specific needs. The purpose of this section is to help you navigate the agencies and programs to help connect you with the appropriate resources.

AM I ELIGIBLE FOR DISABILITY ASSISTANCE?

There are several categories of disabilities, including:

- Mental health or psychiatric disability
- Intellectual disability
- Developmental disability
- Hearing impairments
- Sight impairments
- Physical disability, such as paralysis after a spinal cord injury
- Other disabilities that do not fall into any clear category

For each type of disability, the eligibility criteria for state resources are different. Whether you qualify as being disabled under one of the above categories will be determined by the appropriate agency. In general, however, to be disabled means that you have a physical or mental impairment that substantially limits one or more major life activities. A major life activity includes activities such as eating, sleeping, and walking.

HOW DO I GET DISABILITY ASSISTANCE?

If you have a disability and are just starting to seek help, you can contact the Massachusetts Office on Disability (MOD). The MOD is a state advocacy agency that helps connect people with disabilities with the appropriate resources through its Client Services Program. If you have difficulty obtaining rehabilitation and independent living related services, the MOD also offers a Client Assistance Program, which will provide you with the appropriate information and advocate on your behalf.

The MOD's services are available to people of all ages and are completely free.

To contact the MOD, you can visit the office in person at

Massachusetts Office on Disability
One Ashburton Place, Room 1305
Boston, MA 02108

You can also call the MOD at 1-617-727-7440 (Toll-free/TTY: 1-800-322-2020) or visit its website at <http://www.mass.gov/mod>.

There are also disability-specific agencies in Massachusetts that you can contact if you have a disability that falls into one of the established categories. If you are unsure of which disability category you may fit into or if you have more than one disability, contacting the MOD may be the best starting point.

If you have a mental health or psychiatric disability, you can contact the Massachusetts Department of Mental Health (DMH). DMH services are available to adults with long-term or serious mental illnesses that interfere with the ability to carry out daily activities. DMH services are also available to children with a serious emotional disturbance. To receive services, you must be a Massachusetts resident and you must file an application and obtain approval from DMH.

To contact DMH, you can visit or call the office location nearest you:

Central Office: 25 Staniford Street, Boston, MA 02114

- Phone: 1-617-626-8000; TTY: 1-617-727-9842

Boston Office: 85 East Newton Street, Boston, MA 02118

- Phone: 1-617-626-9200; TTY: 1-617-626-9257

Brockton Office: 165 Quincy Street, Brockton, MA 02302

- Phone: 1-508-897-2000; TTY: 1-508-897-2102

Northampton Office: 1 Prince Street, Northampton, MA 01060

- Phone: 1-413-587-6200; TTY: 1-413-586-6592

Tewksbury Office: P.O. Box 387, Tewksbury, MA 01876

- Phone: 1-978-863-5000; TTY: 1-978-640-1193

Westborough Office: Hadley Building, 167 Lyman Street, Westborough, MA 01581

- Phone: 1-508-616-3500; TTY: 1-508-616-3599

Worcester Office: 305 Belmont Street, Suite 2B, Worcester, MA 01604

- Phone: 1-508-368-3838; TTY: 1-508-752-0127

You can also reach DMH by e-mailing at dmhinfo@dmh.state.ma.us or by visiting its website at <http://www.mass.gov/eohhs/gov/departments/dmh>.

If you have a developmental disability or an intellectual disability, you can contact the Massachusetts Department of Developmental Services (DDS). To receive services, you must be a Massachusetts resident and you must file an application and obtain approval from DDS.

To contact DDS regarding eligibility, you can visit or call the regional office location nearest you.

Central West Region

140 High St. Suite 301

Springfield, MA 01105

Telephone: 1-413-205-0800

Fax: 1-413-205-1617

Northeast Region

Hogan Regional Center

PO Box A

Hathorne, MA 01937

Amanda Chalmers, Regional Director

Mandy.Chalmers@state.ma.us

Telephone: 1-978-774-5000

Metro Region

411 Waverley Oaks Road, Suite 304

Waltham, MA 02452

Gail Gillespie, Regional Director

Gail.Gillespie@state.ma.us

Telephone: 1-781-314-7500

Southeast Region

68 North Main Street

Carver, MA 02330

Richard O'Meara, Regional Director

Rick.O'Meara@state.ma.us

Telephone: 1-508-866-5000

For information on DDS services, you can contact the area office nearest you by using the DDS Area Office Locator online at

<http://www.dmr.state.ma.us/frmMain.asp>.

You can also reach DDS by calling its central office at 1-617-727-5608 (TTY: 1-617-624-7783) or by visiting its website at

<http://www.mass.gov/eohhs/gov/departments/dds/>.

If you have a hearing impairment, you can contact the Massachusetts Commission for the Deaf and Hard of Hearing.

Massachusetts Commission for the Deaf and Hard of Hearing

Executive Office of Health and Human Services

600 Washington Street

Boston, MA 02111

Telephone: 1-617-740-1600

TTY: 1-617-740-1700

Toll-free Voice: 1-800-882-1155

TTY: 1- 800-530-7570

Fax: 1-617-740-1880

If you have a sight impairment, you can contact the Massachusetts Commission for the Blind (MCB). The MCB provides rehabilitation and social services to registered legally blind Massachusetts residents. Your eye care provider must register you with MCB if he or she finds that you meet the eligibility requirements for legal blindness. Most services provided by MCB are free.

Massachusetts Commission for the Blind
48 Boylston Street
Boston, MA 02111
Toll-free Voice: 1-800-392-6450
Toll-free TDD: 1-800-392-6556
Fax: 1-617-626-7685

WHERE CAN I GET MORE INFORMATION?

Other helpful resources regarding general disability assistance, in addition to those listed above, are available at <http://www.massresources.org> and <http://www.DisabilityInfo.org>.

If you are disabled and are looking for employment training, the Massachusetts Rehabilitation Commission (MRC) offers a Vocational Rehabilitation Program that may help you find work. Through the Office of Community Services, the MRC also offers services to help people with disabilities live independently. MRC services are available to Massachusetts residents ages 18 or older. To get more information, you can contact MRC at the address or phone number listed below.

Massachusetts Rehabilitation Commission
Fort Point Place, Suite 600
27 Wormwood Street
Boston, MA 02210-1616
Telephone: 1-617-204-3600
Toll-free: 1-800-245-6543
Disabled Persons Protection Hotline: 1-800-426-9009
Ombudsman: 1-617-204-3603
Fax: 1-617-727-1354

You can also visit its website at

<http://www.mass.gov/eohhs/gov/departments/mrc/>.

If you have difficulty obtaining services from the MRC, you can contact the MOD Client Assistance Program. The Client Assistance Program can provide information about your rights and responsibilities and can advocate on your behalf to ensure that you receive the services you need. You can contact the Client Assistance Program at 1-617-727-7440 or toll free at 1-800-322-2020.

You can also e-mail the program at james.aprea@state.ma.us or visit its website at <http://www.mass.gov/anf/employment-equal-access-disability/disability-info-and-resources/advocacy-and-civil-rights/client-services/client-assistance-program.html>.

If you have been discriminated against, abused, or neglected because of your disability, there are several places you can turn to for help.

- The Disability Law Center (DLC) is a private non-profit law firm that provides free legal assistance to Massachusetts residents who require legal help with problems such as discrimination or abuse related to their disability. Because the DLC provides free services and has limited resources, it may not be able to help everyone who asks.

Disability Law Center (DLC)

11 Beacon Street, Suite 925

Boston, MA 02108

Voice telephone: 1-617-723-8455 / 1-800-872-9992

TTY: 1-617-227-9464 / 1-800-381-0577

You can also visit its website at <http://www.dlc-ma.org/index.htm>.

- The Disabled Persons Protection Commission (DPPC) is a state agency aimed at preventing the abuse or neglect of adults with disabilities. The DPPC is only authorized to investigate cases involving adults with disabilities between the ages of 18 to 59. In addition to investigating reports of abuse or neglect and providing protective services when needed, the DPPC also runs a 24/7 abuse reporting hotline.

Disabled Persons Protection Commission
300 Granite Street, Suite 404
Braintree, MA 02184
Abuse Reporting Hotline: 1-800-426-9009
Phone: 1-617-727-6465 or 1-888-822-0350

You can also contact DPPC via its online form at <http://www.mass.gov/dppc/utility/contact-us.html> or visit its website at <http://www.mass.gov/dppc/>.

- The Center for Public Representation (CPR) is a nonprofit organization that aims to improve the quality of life of individuals with disabilities through legal advocacy and the pursuit of systemic reform and enforcement of legal rights. CPR only provides individual representation in cases involving SSI or SSDI benefits. CPR also provides support to attorneys and legal services programs and has been involved in significant impact litigation cases.

Newton Office: 246 Walnut Street, Newton, MA 02460
Phone: 1-617-965-0776

Northampton Office: 22 Green Street, Northampton, MA 01060
Phone: 1-413-586-5711

You can visit CPR's website at <http://www.centerforpublicrep.org/>

CONCLUSION

As you can see, the health insurance options are very complex. Navigating health insurance was complicated even before the federal Affordable Care Act, and it will continue to be complicated once the new Affordable Care Act rules take effect on January 1, 2014. Although both the federal and state laws were created in the hope that more people will be able to access the care they need, there are still many challenges to face and many problems to solve before the system becomes easy and streamlined for everyone. In the meantime, we hope this guide will help you navigate the myriad options and programs available in order to find the care and coverage that you and your family need.

GENERAL RESOURCES

Greater Boston Legal Services

- Phone: 1-617-371-1234
- Address: 197 Friend Street, Boston, MA 02114

The Health Connector:

- Phone: 1-877-MA-ENROLL (1-877-623-6765)
- Website: www.mahealthconnector.org

Health Law Advocates

- Phone: 1-617-338-5241
- Website and Online Form: <http://www.healthlawadvocates.org/contact>

MassHealth:

- Customer Service: 1-800-841-2900
- Enrollment Phone: 1-888-665-9993
- Disability Accommodation Ombudsman: 1-617-847-3468

Medicare:

- Phone: 1-800-MEDICARE (1-800-633-4227)
- TTY Number: 1-877-486-2048
- Website: www.medicare.gov

Social Security Administration:

- Phone: 1-800-772-1213
- TTY Number: 1-800-325-0778
- Website: www.ssa.gov
- Online portal for asking questions: <http://ssa-custhelp.ssa.gov/app/ask>
- Address of Local Office: Room 148, 10 Causeway Street, Boston, MA 02222

SHINE Counselors

- To make an appointment: call 1-800-AGE-INFO and press 3
- To find the phone number for your local SHINE program office visit <http://www.mass.gov/elders/docs/medicare-d/shine-by-town.pdf>

WHO WE ARE

This guide is the result of a collaborative effort between the Center for Health Law and Policy Innovation of Harvard Law School and WilmerHale. This guide was written by Deborah Cho, Sophie Kim, Zachary Rothman, and Lauren Parisi, under the supervision and guidance of Robert Greenwald and Richard Johnston, to provide some fundamental information about how health insurance coverage works in Massachusetts.

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