Frequently Asked Questions:
Temporary Coverage for Applicants for Subsidized Health Insurance

While the Health Connector and MassHealth are experiencing some delays in processing applications through our new systems, our highest priority is to ensure that everyone seeking insurance coverage has access to coverage without gaps or delay. Many who applied are already enrolled in Commonwealth Care, the Medical Security Program or MassHealth and can retain their current coverage through at least March 31, 2014, due to recently announced coverage extensions. Other applicants are not currently enrolled in any subsidized health insurance program and need access to health care coverage starting on January 1. The Health Connector and MassHealth are working to process applications for subsidized coverage as soon as possible and prioritizing applications from those who are not currently enrolled in any subsidized health program.

Starting January 1, 2014, access to temporary coverage will be available to people who:
- Are not currently enrolled in any subsidized health program;
- Have applied for subsidized coverage; and
- Submitted a subsidized application that we have not been able to process

This temporary coverage will be available until we are able to process their applications and make final eligibility determinations.

When and how will people be notified if they will receive temporary coverage?
The Health Connector and MassHealth will send a letter to all applicants who will be receiving temporary coverage. The letter will explain the temporary coverage, what services are covered, which providers they can see, and how to get more information. The first of these letters will be sent out the week of December 23rd, and most people should receive them by January 1st. Additional letters will be sent out at the end of December and may not be received until early January. Even if an individual does not receive the letter until January, the temporary coverage begins on January 1, 2014.

When will temporary coverage start?
Temporary coverage for individuals who applied for subsidized health insurance prior to December 31, 2013, and whose applications we have been unable to process, will start on
January 1, 2014. Individuals who apply for subsidized coverage after January 1, 2014, will receive temporary coverage if we are unable to provide a timely program determination.

When will temporary coverage end?
Temporary coverage will continue until we are able to process an individual’s application and determine his or her eligibility for a plan offered by the Health Connector or MassHealth. Applicants will receive a letter explaining their final program determination and outlining any next steps required to complete enrollment in a plan through the Health Connector or MassHealth.

Who will receive temporary coverage?
Individuals who submitted an application for subsidized health insurance that begins January 1, 2014, who are not currently enrolled in any subsidized health insurance program through the Commonwealth (except for Children’s Medical Security Plan or the Health Safety Net), and whose applications the Health Connector and MassHealth have been unable to process, will receive temporary coverage until their applications can be processed and an eligibility determination made.

Can applicants who submitted paper applications for January 1, 2014, coverage receive temporary coverage, or only people who submitted online applications at MAhealthconnector.org?
Individuals who applied for coverage starting January 1, 2014, and whose applications have not been processed will receive temporary coverage, regardless of where their applications were submitted online, in person, by phone or through a paper application.

Can people who applied for immediate coverage through the Virtual Gateway receive temporary coverage?
No. Individuals who applied through the Virtual Gateway (VG) and were found eligible for immediate MassHealth or Health Connector coverage starting in 2013 can remain in their current coverage or may be transitioned automatically to a new type of MassHealth coverage effective January 1, 2014. Individuals who were found eligible for Health Safety Net only and who qualify for MassHealth coverage effective January 1, 2014, including adults with incomes at or below 133 percent of the FPL or 19- and 20-year olds with incomes at or below 150 percent of the FPL, will be automatically enrolled in this new MassHealth coverage and should already have received a notice from MassHealth about their new benefits.

All other individuals who were found ineligible for coverage in 2013 or eligible for Health Safety Net only and who wish to apply for subsidized coverage beginning January 1, 2014, should file an application for coverage through MAhealthconnector.org, on paper, or by phone. If we are unable to make a timely program determination, temporary coverage will be provided.
Can individuals whose applications are missing critical data receive temporary coverage?

Individuals who submit applications that are missing critical data need to submit the required pieces of data. Once this information is received, their applications will be processed. If we are unable to provide a timely program determination, temporary coverage will be provided.

Will there be gaps in coverage when temporary benefits end, after applicants receive a program determination and before they are enrolled in their new coverage?

Applicants should not have a gap in coverage if they take timely action to enroll in a plan after they receive their program determination. Coverage for individuals who are found eligible for MassHealth will begin right away. Applicants who are found eligible for a Health Connector plan will need to select a plan and, if applicable, pay their health insurance premium before their coverage begins. As long as applicants take these steps by the dates specified in the notice they receive from the Connector, they will not have a gap in coverage.

Which providers will be covered by the temporary coverage?

Individuals with temporary coverage may receive services from providers in the MassHealth network. MassHealth has an extensive network of participating providers including all of the hospitals in Massachusetts, thousands of physicians who provide primary care and specialty services and a statewide network of pharmacies. Individuals can find out if a provider participates with MassHealth by contacting the provider and asking if they accept MassHealth or by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648).

What services will be covered?

Temporary coverage will cover a broad array of health care services that are at least as comprehensive as what applicants would receive if they were enrolled in a Health Connector plan or MassHealth. These services include doctor and clinic visits, hospital stays, prescription medicines, mental health, family planning and laboratory services. Read the Summary of Benefits for Temporary Coverage for a complete list of covered services.

Will people receiving temporary coverage get an ID card?

No health insurance ID card will be issued for temporary coverage. The letter that people receive about their temporary coverage will contain their Member ID and will serve as their proof of coverage. Individuals should bring a copy of the letter they received when they go to the doctor, hospital or get prescriptions.

Will people have to pay anything for their temporary coverage?

There will be no monthly premium for temporary coverage; however, individuals may need to pay a co-pay for some prescriptions and services. Individuals receiving temporary coverage can find out about coverage and co-pays for specific prescriptions and services by contacting
their pharmacy or by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648).

What is available for a patient who is Commonwealth Care eligible, un-enrolled with no Health Safety Net (HSN) available?
The HSN will provide eligibility through December 31, 2013 for patients who are eligible for Commonwealth Care but have not enrolled, regardless of how long it has been since they applied. These patients do not need to reapply through the Virtual Gateway. HSN eligibility for this group will not appear in EVS, but the HSN claims system has been updated to allow claims for this group to pass.

Individuals who are eligible for Commonwealth Care but have not enrolled may be automatically transitioned to MassHealth coverage effective January 1, 2014. Those are who are not automatically transitioned to MassHealth, but have submitted an application for subsidized health coverage through MAhealthconnector.org or by paper by December 31, 2013 and whose applications have not been processed will be considered eligible for temporary coverage and will receive a notice regarding these benefits. If an individual has not applied for subsidized health coverage before December 31, 2013 please encourage them to submit an application online immediately.

Individuals who are being automatically transitioned to MassHealth should have received a notice about their new benefits. Please refer to the ACA Transition Toolkit at http://www.mass.gov/eohhs/docs/masshealth/provider-services/aca-transition-toolkit.pdf for more information about who will be transitioned to MassHealth and who needs to re-apply.

For Providers:

How will providers know if someone is getting temporary coverage?
Eligibility for the temporary coverage will appear in MassHealth’s Eligibility Verification System (EVS). The coverage will display in EVS as MassHealth Standard. It will not be distinguished from other members eligible for MassHealth Standard. As always, providers should check EVS every time they provide services to someone, and every day of an inpatient hospital stay, to make sure that the individual is eligible at the time the service is provided.

How do providers bill for services they provide to individuals with temporary coverage?
MassHealth will pay for any medically necessary service provided to individuals with temporary coverage that is covered for MassHealth Standard members, subject to all applicable program and administrative and billing requirements. Providers should submit claims the same way they would for MassHealth members.