

MassHealth Updates

Massachusetts Health Care Training Forum
April 2014



Today's MassHealth Updates

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MassHealth Program

Mission Statement 2012-2014

- To improve the health outcomes of our diverse members, their families and their communities, by providing access to integrated health care services that sustainably promote health, well-being, independence, and quality of life

MassHealth Member Education Training

- In conjunction with the MassHealth mission the Member Education Unit's goal is to effectively educate our applicant/member's regarding their potential for, and receipt of MassHealth benefits
 - The MassHealth Member Education unit provides presentations to a variety of agencies. Member Education presentations include eligibility, coverage types, application/renewal processes, system navigation and any updates regarding related health insurance programs in Massachusetts. Presentations are created individually and tailored towards specific agency requests. The presentations are designed to target information particularly useful to the population's the agencies serve

Federal Poverty Level (FPL) Guidelines 2014

- Effective 3-1-14 Federal Poverty Level (FPL) income eligibility guidelines increased 1.5% matching the 2014 COLA
- Computer systems were updated with the New 2014 FPL figures in March using the new FPL amounts for any new eligibility determinations
- The 2014 FPL Chart is on the MassHealth website www.mass.gov/masshealth in the publications desk guide section

Federal Poverty Level (FPL) Guidelines

Automatic eligibility re-determinations occurred in March for households with members who were:

- **currently in a premium billing or premium assistance aid category who will have a premium change as a result of the 2014 FPL changes;**
- **currently eligible for Health Safety Net Partial who will have a change in their HSN deductible due to new 2014 FPL limits; or**
- **currently eligible for a Buy-In program (QMB, SLMB or QI)**
- **The automated determination allowed the computer to establish household member's current eligibility using the 2014 FPL standards**

2014 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		120% Federal Poverty Level		133% Federal Poverty Level		135% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly			Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$973	\$11,676	\$49	\$588	\$1,167	\$14,004	\$1,204	\$15,528	\$1,313	\$15,756
2	\$650	\$7,800	\$1,311	\$15,732	\$66	\$792	\$1,573	\$18,876	\$1,744	\$20,928	\$1,770	\$21,240
3	\$775	\$9,300	\$1,650	\$19,800	\$83	\$996			\$2,194	\$26,328		
4	\$891	\$10,692	\$1,988	\$23,856	\$100	\$1,200			\$2,644	\$31,728		
5	\$1,016	\$12,192	\$2,326	\$27,912	\$117	\$1,404			\$3,094	\$37,128		
6	\$1,141	\$13,692	\$2,665	\$31,980	\$134	\$1,608			\$3,544	\$42,528		
7	\$1,266	\$15,192	\$3,003	\$36,036	\$151	\$1,812			\$3,994	\$47,928		
8	\$1,383	\$16,596	\$3,341	\$40,092	\$168	\$2,016			\$4,444	\$53,328		
For each additional person add	+\$133	+\$1,596	\$339	\$4,068	\$17	\$204			\$450	\$5,400		

DG-FPL (Rev. 03/14)

2014 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	150% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,459	\$17,508	\$1,945	\$23,340	\$2,432	\$29,184	\$2,918	\$35,016	\$3,890	\$46,680
2	\$1,967	\$23,604	\$2,622	\$31,464	\$3,278	\$39,336	\$3,933	\$47,196	\$5,244	\$62,928
3	\$2,474	\$29,688	\$3,299	\$39,588	\$4,123	\$49,476	\$4,948	\$59,376	\$6,597	\$79,164
4	\$2,982	\$35,784	\$3,975	\$47,700	\$4,969	\$59,628	\$5,963	\$71,556	\$7,950	\$95,400
5	\$3,489	\$41,868	\$4,652	\$55,824	\$5,815	\$69,780	\$6,978	\$83,736	\$9,304	\$111,648
6	\$3,997	\$47,964	\$5,329	\$63,948	\$6,661	\$79,932	\$7,993	\$95,916	\$10,657	\$127,884
7	\$4,504	\$54,048	\$6,005	\$72,060	\$7,507	\$90,084	\$9,008	\$108,096	\$12,010	\$144,120
8	\$5,012	\$60,144	\$6,682	\$80,184	\$8,353	\$100,236	\$10,023	\$120,276	\$13,364	\$160,368
For each additional person add	\$508	\$6,096	\$677	\$8,124	\$846	\$10,152	\$1,015	\$12,180	\$1,354	\$16,248
Institutional Income Standard \$72.80										

DG-FPL (Rev. 03/14)

MassHealth Publications – Coming Soon

- **The below MassHealth publications are currently being updated:**
 - **“Need help with health care coverage?” brochure**
 - **ACA-2 “Application for Health Coverage and Help Paying Costs” (under 65)**
 - **SACA-2 “Application for Health Coverage for Seniors and People Needing Long-Term-Care Services”**
- **The updated versions will be posted on the MassHealth website and sent out via MTF listserv**

Application Update

- **We continue to make progress improving the consumer experience, and have achieved a major milestone – the paper application backlog was eliminated as of the end of last month**

Application Filing

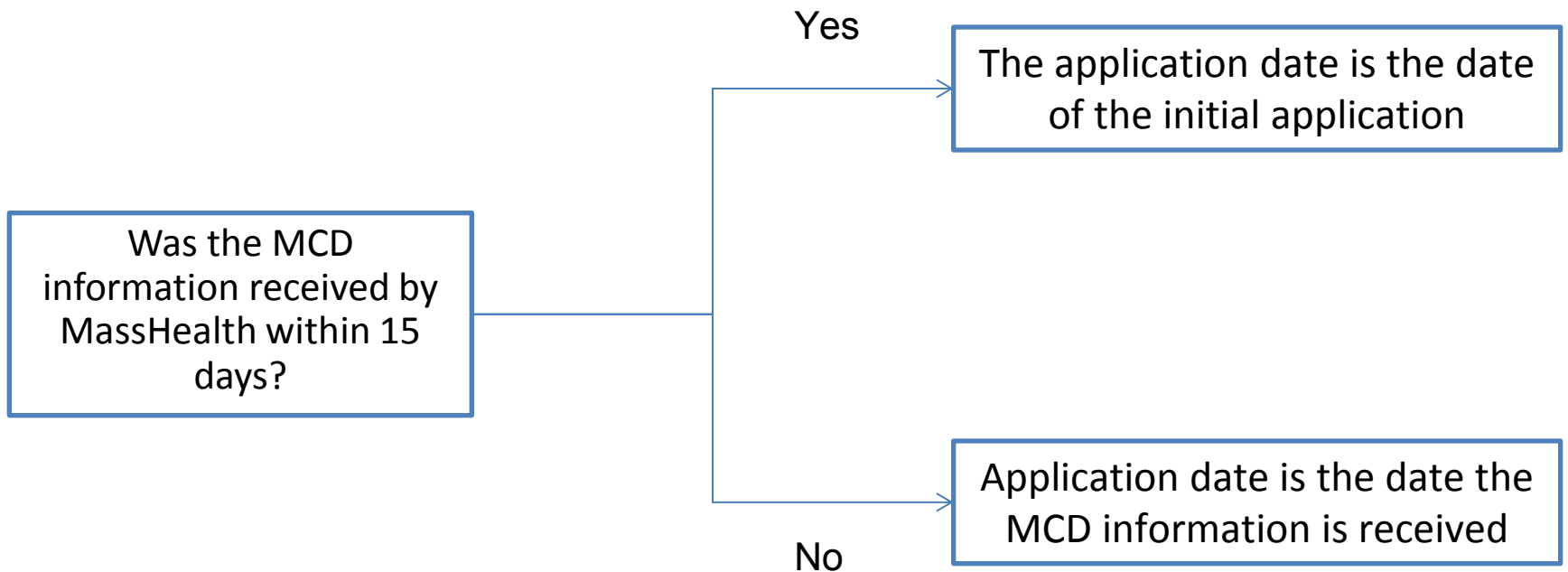
- Apply online at MAhealthconnector.org
- Apply by phone: call the Health Connector Customer Service at 1-877 MA-ENROLL (1-877-623-6765) or MassHealth (1-800-841-2900)
- Get in-person help from a Navigator or a Certified Application Counselor at a local hospital or community health center
- Navigators and Certified Application Counselors have been trained to help people apply. For a list of Navigators or Certified Application Counselors in a specific area, visit MAhealthconnector.org or call 1-877 MA-ENROLL (1-877-623-6765)

- **New two-page fax cover sheet for use with all applications and verifications**
- **First page contains:**
 - **Bar code to help streamline processing of documents**
 - **Updated and streamlined instructions and fax numbers**
- **Second page contains more room to indicate member/applicant information clearly and easily**
- **Will be posted on the web: *Stay tuned for link***
- **Link and form will be emailed to all CACs and Navigators as soon as it is finalized**

- While all applicable questions on the Application for Health Coverage and Help Paying Costs (ACA-2) should be answered, the application questions listed below have been identified as critical data. These questions have to be answered in order for the application to be processed.
- Fields that are left blank and identified as Missing Critical Data (MCD) will result in a request for more information and may delay eligibility determination.
- MassHealth will send applicant a notice requesting such information within 15 days of the date of the notice request
- A full list of ACA-2 MCD is included in your MTF packet (located at the back of this packet)

Application: Missing Critical Data

If ACA-2 application is missing critical data, a request is sent to an applicant requesting information returned within 15 days



If MCD responses are received after a year of the original MCD request then a new application would need to be completed and submitted

MassHealth and Health Connector Fax Number

Incorrect Fax Number being Used

- Applications faxed to the incorrect number are not received for processing.
- The Correct Fax Number is: 617-887-8770.
- Please immediately check all your materials to ensure that *only the correct fax number* is being used and communicated to applicants and members when faxing verifications and applications.
- *Check the fax number in all areas and documentation in your organization to ensure it is 617-887-8770. This includes:*
 - Training materials or procedural documents/manuals for staff
 - Numbers posted near or programmed into fax machines
 - Internally developed documents such as brochures, forms, letters, instructions, or handouts for patients or client
 - Documents posted on websites, stored on computers, or on network drives

Ordering Paper Applications

- To order paper applications
 - Call: 1-800-841-2900
 - Fax a request: 617-988-8973
 - Email a request:
publications@mahealth.net
- Applications are available to download on the MassHealth website www.mass.gov/masshealth in the publications and regulations application section

Calling Customer Service/Checking Status

Customer Service	Number	Reason for Call
MassHealth Customer Service (Maximus)	1-800-841-2900	<ul style="list-style-type: none"> • Apply for individual (non-group) coverage over the phone • Ask about the status of an existing (subsidized) application • Report a change to an existing online or paper (subsidized) application • Report a technical problem with HIX
Health Connector Customer Service (Dell)	1-877-623-6765	<ul style="list-style-type: none"> • Apply for (subsidized or unsubsidized) individual (non-group) medical and dental coverage over the phone • Ask about the status of an existing online or paper application • Report a change to an existing online application (subsidized or unsubsidized) • Ask about enrollment status • Report a technical problem with HIX • Assistance with password or login issues on HIX
EHS Help Desk (Virtual Gateway Help)	1-800-421-0938	For HIX users who are having password or login issues on HIX
MassHealth Enrollment Centers (MEC)	1-888-665-9993	<ul style="list-style-type: none"> • Questions about eligibility for subsidized coverage • Ask about the status of an existing subsidized application • Report a change to an existing subsidized paper application
No Wrong Door #	1-855-624-4584	<ul style="list-style-type: none"> • Self-service phone system that routes a caller to either MassHealth Customer Service or Health Connector Customer Service. This system is for the individual who is not sure how to start the process of applying for coverage. • Answer questions about temporary coverage

Certified Application Counselor Forms

Certain forms need to be used by Certified Application Counselors (CACs) to authorize and enable them to assist clients and members appropriately throughout the process of applying for health insurance.

- **CAC Designation Form (CDF) – Mandatory**
- **Voter Declination Form – Mandatory**
- **Permission to Share (PSI) – Optional**
- **Authorized Representative Designation (ARD) – Optional**

Please use the following guidelines for the above forms as you assist individuals with the application process.

Certified Application Counselor Forms

CAC Designation Form (CDF) – Mandatory

- Enables CACs to communicate with MassHealth and Health Connector staff regarding a client's case.
- Gives CACs permission to help with applications, submit documents on the client's behalf, and submit updates to a person's case at the specific direction of the client.
- CACs need to complete a CDF for each individual they are assisting. This means that if a client meets with CAC "A" on one day, then returns to the same facility but works with CAC "B", both CACs would need to sign and submit a CDF for that client. This is because the CDF is always a one-to-one authorization between the client and a *specific, individual CAC within an organization*. A copy of the CAC Designation Form can be found in the CAC Learning Management System (under "Resources").
- NOTE: A CDF does NOT allow the holder to view eligibility notices issued by MassHealth or the Health Connector, but does permit a holder to contact MassHealth to update/modify an aspect of a person's case ONLY at the specific direction of the client.

Declination Form (Voter Declination Form) – Mandatory

- Each time a CAC assists a *new applicant, or existing member they are helping for the first time, with a new application, renewal, or change of address*, they are required to ask the individual if they want to register to vote, and explain that applying for or declining voter registration will not affect their application for health and dental benefits.
- CAC *must* fill out the Declination Form *regardless of whether the person wants to sign up to vote or not*.
- Applicant may decline voter registration because they are registered somewhere else, or they may simply not wish to register.
- CACs must not coerce anyone to register or attempt to influence voting choices in any way.
- The Declination Form is retained by the CAC organization.
- A copy of the voter Declination Form can be found in the CAC Learning Management System under Resources.

Certified Application Counselor Forms

Permission to Share (PSI) – Optional

- Designed to allow the holder to view eligibility notices, and to see and hear information about a person's case, with *no ability to change any information*.
- Can be used in conjunction with a CDF, since a CDF does NOT allow viewing of eligibility notices, but does permit a holder to update an aspect of a person's case ONLY at the specific direction of the client. T
- Serves as authorization between the client and a particular organization or between the client and a specific counselor, per each party's choosing.
- This form is optional and can only be completed upon an applicant's request.
- The PSI form can be found online (www.mass.gov/MassHealth, under "Applications and Member Forms"). A link to the form is also available in the LMS under Resources.

Authorized Representative Designation (ARD) – Optional

- The Authorized Representative Designation (ARD) form, formerly known as the Eligibility Representative Designation (ERD) form, is used only in specific cases and when requested by an applicant.
- ARD enables CACs to act on behalf of applicants with MassHealth and the Health Connector *in all matters related to their health insurance eligibility*.
- Signed by both the CAC and the applicant and, like the PSI, is optional and completed only when requested by an applicant.
- The ARD form can be found online (www.mass.gov/MassHealth, under “Applications and Member Forms”). A link to the form is also available in the LMS under Resources.

Dental MassHealth Coverage Update

- MassHealth is covering additional restorative services (fillings) for adults, effective for dates of service beginning March 1, 2014
- Coverage related questions should be directed to MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974

One Care: MassHealth plus Medicare

MassHealth Demonstration
to Integrate Care for Dual Eligibles

MassHealth Training Forum

April 2014



Status Update: Enrollment

- Effective **March 1**, total number of enrollees: **9,722**

Total Enrollment by Plan	
Commonwealth Care Alliance (CCA)	6,371
Fallon Total Care (FTC)	2,549
Network Health	802
Total	9,722

- Total number of opt outs as of March 1: 17,701
 - Approximately 22% of the initial enrollment mailing group

Enrollment by County

County	Enrolled	Eligible	% Eligible Enrolled
Essex	601	14,129	4%
Franklin	56	2,071	3%
Hampden*	2,328	14,539	16%
Hampshire*	329	2,585	13%
Middlesex	854	17,565	5%
Norfolk	392	7,141	6%
Plymouth	272	6,678	4%
Suffolk*	2,100	15,236	14%
Worcester*	2,790	14,761	19%
Total	9,722	94,705	10%

*Auto assignment county

For additional enrollment information, see the One Care March Enrollment Report, posted under “News and Community” at: www.mass.gov/masshealth/onecare

The One Care April Enrollment Report
will be issued in mid-April.

*(April enrollment activity was not available at
the time this presentation went to print.)*

Auto-Assignment Overview

- Auto-assignment (passive enrollment) is the term MassHealth is using to describe the process of assigning, notifying, and automatically enrolling someone in a One Care plan.
- Who *may* be auto-assigned? Only Individuals who:
 - Live in Hampden, Hampshire, Suffolk, or Worcester County (counties with at least two One Care plans)
 - Received enrollment packet mailing and did not enroll or opt out
 - Are not enrolled in Medicare Advantage or PACE plan
- MassHealth sends two notices to individuals who have been auto-assigned:
 - 60-day notice – Informs the member of the plan assignment and coverage effective date.
 - 30-day notice – Reminder that changes will take effect in 30 days
 - Both notices tell people how to opt out or change plans
- Three planned rounds of auto-assignment, for coverage effective January 1 (complete), April 1 (round two), and July 1, 2014 (round three).

Round Two Auto-Assignment

Number of people auto-assigned	Assignment Approach	Key Dates
Approx. 6,400	<ul style="list-style-type: none">• Includes individuals from across the target population, including those with higher levels of LTSS and behavioral health need (i.e., C1, C2 and C3 rating categories)• In addition to primary care, MassHealth used data on where individuals accessed LTSS and behavioral health services to match individuals to a One Care plan	<ul style="list-style-type: none">• January 24-27 – 60-day notices mailed to enrollees• February 21 – 30-day notices mailed to enrollees• Coverage effective date, April 1, 2014

Auto-Assignment (cont'd)

- MassHealth worked closely with the One Care plans throughout the assignment process to understand their capacity to accept additional auto-assignment enrollments, and to maximize matches with their provider networks
- MassHealth will provide information about round two auto-assignment enrollment activity in April
- MassHealth and the One Care plans are beginning discussions about round three auto-assignment, which will take effect July 1, 2014

Enrollment Packet Mailing to Additional Members

- In September 2013, MassHealth sent a One Care Enrollment Package to approximately 82,000 members and their guardians
 - Introduced One Care and let members know about the opportunity to self-select into a One Care plan in their area
 - Included a One Care Enrollment Guide, a cover letter with a purple stripe, a One Care List of Covered Services, and an Enrollment Decision Form
- At the end of March 2014, MassHealth mailed another One Care Enrollment Packet to approximately 13,000 members and their guardians. This mailing was sent to
 - Individuals who have become eligible for One Care since the September mail file was created
 - Others who appear eligible in MassHealth data, but were not mailed to in September

Mailing to Additional Members (cont'd)

- The March 2014 mailing included a “One Care Covers Prescription Drugs” insert with important information about Medicare Part D benefits in One Care
- MassHealth developed the insert in response to feedback from members, advocates, and stakeholders about Medicare Part D coverage in One Care
- When members enroll in One Care, the One Care plan becomes their new Medicare Part D plan



One Care Covers Prescription Drugs

MassHealth and Medicare are coming together to offer **One Care**, a new way to get your health care, services, and prescription drugs. With One Care, you get all of your Medicare, MassHealth, and prescription drug benefits, **including Medicare Part D**, from a One Care plan. Below is important information about getting your Medicare Part D benefits if you sign up for One Care.

- Your One Care plan would be **your new Medicare Part D plan**, and would also provide your other MassHealth and Medicare benefits. You would still get your prescription drug benefits from your current Part D plan until your One Care coverage begins. There would be no gap in your Part D coverage.
- There are **NO COPAYMENTS for any prescription drugs** in One Care.
- Each One Care plan may cover a different list of drugs. This is sometimes called a formulary. Here's how to find out if your drugs are covered.



Call the One Care plans. Contact information for the plans is in the Enrollment Guide that came with this insert.



Visit the One Care plans' websites and review their lists of covered medications.



Call MassHealth Customer Service at 1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).



Call SHINE (Serving the Health Insurance Needs of Everyone) and speak with a trained counselor about your options. To schedule an appointment with a SHINE counselor, call 1-800-243-4636 or TTY: 1-800-872-0166 (for people who are deaf, hard of hearing, or speech disabled).

- If you are taking medications when you join One Care, you can get a temporary supply, even if the drugs are not on the plan's list of covered medications. This will give you time to talk with your provider about making sure your medication needs are met.

If you sign up for One Care, you will have **one plan** and **one membership card**. You will also have **one new way** to live healthier, stay more active, and be more independent.

One Care
MassHealth+Medicare
Bringing your care together

Please read the other materials in this packet to learn more about One Care. The information can help you decide if One Care is right for you. The materials also tell you how to enroll in a One Care plan.

OC-PartDinsert-0314

www.mass.gov/masshealth/onecare

Provider Engagement Strategy Update **MassHealth**

- Multi-pronged strategy to continue to raise awareness of One Care among providers and to increase provider participation in One Care:
 - **Targeted Provider Awareness Campaign**, Late Spring 2014
 - Direct mail
 - Publicizing in trade and advocacy communication materials
 - Print advertising in trade publications
 - Participation and promotion at key meetings and conferences
 - **Provider Learning Conference**, June 2014
 - Conference theme: Behavioral Health Integration and Primary Care
 - MassHealth will present case studies and highlight examples of best practices in integrating delivery of care across medical, behavioral health, and long-term services and supports
 - **Provider Outreach Summit**
 - Opportunities to discuss how One Care can support providers in delivering care and services to One Care members
 - The summit will also provide a current status of One Care and address specific topics, such as continuity of care and integration of services

- Materials designed both for:
 - Providers who are participating in One Care
 - Other MassHealth providers who may not yet be contracted by a One Care plan
- Provider **FAQs** are on the One Care website (<http://www.mass.gov/eohhs/consumer/insurance/one-care/one-care-providers-faqs.html>)
 - How do I become a contracted One Care provider?
 - How do I submit claims? What is the timeline for processing claims?
 - How do I check what services are covered for a One Care enrollee?
- Provider **one-page reference guide** (*in development*)
- A **more detailed guide** to One Care for MassHealth and Medicare Providers (*in development*)

Provider Training Opportunities

- For announcements of upcoming webinars, and archives of the past One Care webinars for review at your convenience, please visit <http://www.mass.gov/masshealth/onecare/learning>

May 23, 2013	■ Intro to One Care
June 13, 2013	■ Contemporary Models of Disability
September 26, 2013	■ Enrollee Rights
October 17, 2013	■ ADA Compliance
November 14, 2013	■ Cultural Competence
January 30, 2014	■ Behavioral Health, Recovery, and Peer Support
March 27, 2014	■ Promoting Wellness for People with Disabilities

LTS Coordinator

- MassHealth is continuing conversations to ensure that we have an effective Independent Living and Long Term Services and Supports Coordinator (LTS Coordinator) role in One Care
- MassHealth is working with stakeholders, the Implementation Council, and the One Care plans to
 - Develop a common understanding of, and vision for, the role of the LTS Coordinator
 - Achieve balance in implementation such that the LTS Coordinator resources meet the actual needs of One Care members (numbers and skill sets); adds value; and is fiscally responsible
 - Determine approaches for communicating the value, role and availability of an LTS Coordinator to enrollees and members

- From continuing discussions with stakeholders and the Implementation Council, MassHealth is:
 - Refining a one-page description of the LTS Coordinator role for members
 - Draft incorporates language and feedback from LTS Coordinator providers, advocates, Implementation Council members, One Care plans, and state agencies
 - MassHealth anticipates finalizing the document for One Care plans to use by the end of April
 - Working with stakeholders to develop specific training opportunities on the LTS Coordinator's role in One Care for providers, plans, LTS Coordinators, community-based organizations, and others
 - Implementing a tool to collect and report data from the One Care plans on access to and use of LTS Coordinators. Initial data is expected April/May.
- MassHealth will continue work with stakeholders to finalize the LTS Coordinator role document, develop key concepts for training opportunities, and understand data around how the role is being implemented

Visit us at www.mass.gov/masshealth/onecare

Email us at OneCare@state.ma.us



Paper Application for Health Coverage and Help Paying Costs (ACA-2) Missing Critical Data (MCD)

While all applicable questions on the Application for Health Coverage and Help Paying Costs (ACA-2) should be answered, the application questions listed below have been identified as critical data. These questions have to be answered in order for the application to be processed.

Fields that are left blank and identified as Missing Critical Data (MCD) will result in a request for more information and may delay eligibility determination. The question numbers are pertinent to paper applications only.

Part 1 – Tell Us about You

Question Number	Question
1	First Name Middle Initial Last Name
2	Home Street Address Apt. # City State Zip code
7	Date of Birth
11	Do you have a social security number? If yes, give us the number <i>If applicant answers "Yes", failure to provide a SSN causes this question to become MCD if they are applying for benefits.</i>
12. 12a. 12b. 12c.	<i>Failure to answer any of the questions associated with question 12 below will result in an MCD. This includes failure to provide the Names and Relationships, when applicable.</i> Will you file a federal tax return next year? Will you file jointly with a spouse? Will you claim any dependents on your income tax return? If yes, list name(s) of dependents Will someone else claim you as a dependent on his or her tax return? If yes, name of filer.
14	Are you applying for health coverage for yourself?
15	Are you living in Massachusetts and planning to stay?
17	Are you in jail or prison?
19 19a.	Are you a U.S. citizen, national or naturalized U.S. citizen? If no or no response, do you have an eligible immigration status? Yes No No response <i>Question 19a is MCD if the answer to question 19 was "No", no answer was selected in 19a, and no immigration status was provided under the "Immigration Status" block, below.</i> "Immigration Status" field <i>MCD if the answer to question 19a was "Yes", and no immigration status is provided here.</i>
22	Are you applying because of an accident or injury that someone else might be responsible for?

Part 2 – Tell Us about Other People in Your Household

For each additional person, please follow the same MCD requirements outlined for “Person 1”

Part 3 - Current Job and Income Information

Question Number	Question
1	Check all that apply: Employed Self-employed Not employed
3	Does this job offer health insurance? Yes No
6	How much do you currently earn in gross wages, less pre-tax deductions? \$_____
6a.	How often are you paid? Weekly Every 2 weeks Twice a month Monthly Yearly
8c.	What is your expected yearly income from this source, less any business expenses? \$_____
9	<i>If the applicant has more than one job, the same information as above noted is needed for all jobs.</i>
16	Do you get money from other sources? Yes No <i>If the answer to this question is “Yes”, the source of income must be identified from the list provided, as well as amounts and frequency. If this information is omitted, the question will become MCD.</i>
<i>Income and deductions for all other household members are subject to the same MCD rules as income and deductions for “Person 1”</i>	

Part 4 – Health Insurance You Have Now

Question Number	Question
1	Do you or any household member have Medicare? Yes No If yes, fill out Part A of Supplement C: Health Insurance on page 21.
2	Do you or any household member have federal health insurance provided by the U.S. military or other federal coverage? Yes No If yes, fill out Part B of Supplement C: Health Insurance on page 21.
3	Do you or any household member currently have any other type of health insurance? Yes No If yes, fill out Part C of Supplement C: Health Insurance on page 21.

Part 5 - Parental Information

Question Number	Question
1	Was any child in the household adopted by a single parent? Yes No If yes, list child's(rens') name(s)
2	Does any child in the household have a parent who has died? Yes No If yes, list child's(rens') name(s)
3	Does any child in the household have a parent who is unknown? Yes No If yes, list child's(rens') name(s)
	If there are any children in the household who have a noncustodial parent but are not listed above, give us the following information. Child's(rens') name(s) __ <i>This question becomes MCD if there are children in the household.</i>

Part 6 - Rights and Responsibilities and Signature Page

Signature of Person 1 or authorized representative - <i>MCD if unsigned.</i>
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Supplement C - Health Insurance

Part B - Federal health insurance benefits

Question Number	Question
	Name of insurance plan or policy. Policyholder name:
	Names of covered household members
<i>The questions above are MCD only if question 2 in Part 4 is answered "Yes."</i>	

Part C - Other health insurance

Question Number	Question
1	Name of insurance plan or policy. Policyholder name:
	Names of covered household members:
<i>The questions above are MCD only if question 3 on Part 4 is answered "Yes."</i>	