Dana-Farber/Boston Children's Cancer and Blood Disorders Center

## **Additional Insurance for Eligible Patients**

Patients at the Dana-Farber/Boston Children's Cancer & Blood Disorders Center are often eligible for insurance coverage through their state's health insurance program. In Massachusetts this program is called *MassHealth*. Permanent residents of Massachusetts may apply. Families who do not live in Massachusetts should contact their state's Medicaid program to ask if their child may be able to get insurance coverage through their home state.

For some children, MassHealth may serve as their primary insurance. For others, MassHealth may provide extra insurance coverage through a program called *CommonHealth*. Many patients are eligible for MassHealth because the state identifies them as disabled. And *CommonHealth* can help pay for services that are sometimes not covered by private health insurance plans. It also often helps cover the deductibles and copayments of private health insurance plans.

There is no income limit for CommonHealth (this means that it does not matter how much money you make). It is recommended to apply for this coverage as soon as possible. If approved, coverage is retroactive 10 calendar days prior to the application date. Some families may have to pay a monthly fee or meet a one-time deductible. If you have to pay a monthly fee and you decide that the plan is not cost effective, you may cancel your plan at any time.

## Contact a financial counselor to help you complete the MassHealth application:

- Boston Children's Hospital
  Financial Counseling Office, Room 165, Farley building, Floor 1
  Call (617) 355-7201 or email FinancialCounseling-dl@childrens.harvard.edu
- Dana-Farber Cancer Institute
   Central Registration, Yawkey Center building, 2<sup>nd</sup> floor
   Call (617) 632-3455 or email <u>DFCIaccessFIO@partners.org</u>

Ask the financial counselor for help with the <u>MassHealth Child Disability Supplement</u> (for patients under 19 years old) or the <u>MassHealth Adult Disability Supplement</u> (for patients age 19 and older). The counselor will submit the completed form to MassHealth. For information and applications, including the Child and Adult Disability Supplements, go to the MassHealth website: <u>www.MaHealthConnector.org</u>.

**Note:** MassHealth denies some applications based on a family's income, but they usually change this decision and approve the application after they receive and review the patient's disability supplement and medical records.

## Who to Call for Patient Care

- Weekdays 8 a.m. to 5 p.m.: Jimmy Fund Clinic (617) 632-3270
- After 5 p.m. or anytime on weekends and holidays:
  - Solid tumor, neuro oncology, hematologic malignancy patients: Call (617) 632-3352 and ask for the pediatric oncology provider on call.
  - Stem cell transplant patients: Call (617) 632-3352 and ask for the pediatric stem cell transplant provider on call.
  - o Bone marrow failure clinic patients: Call (617) 355-6363 and ask for the hematology provider on call.
- For life threatening emergencies call 911.

## **MassHealth Application Checklist**

If you are a patient applying for MassHealth or a parent applying for MassHealth on behalf of your child, below is a list of what you need. MassHealth may ask for other documentation but giving them this information when you apply can help speed up the application process. Any other documentation that MassHealth asks for must be given to them within **30** days of the application date.

	of of Citizenship or Immigration Status <u>J.S. citizens,</u> a copy of <b>one</b> of the following:
	U.S. passport
	U.S. birth certificate
	Certificate of Naturalization (unless receiving Social Security benefits)
For i	non-citizens, a copy of <b>one</b> of the following:
	Legal permanent resident card
	Work authorization card
	Visa (unless receiving Social Security benefits)
	Foreign Passport
	of of Identity (for adults in household) py of one of the following:
A CO	Driver's license
П	School identification card
	Other federal, state, or local government-issued photo identification
	Voter registration
	U.S. Military Card or Draft Card
	Permanent Residency Card or Alien Registration Card
	Employment Authorization Documentation that includes a photograph, Foreign Passport
Pro	of of Income
Proo	f of all GROSS income for Parents and child, such as <b>one</b> of the following:
	2 Recent paystubs
	Pension stub or income
	Most recent Tax Return if self-employed
	Social Security Income (Annual Determination Letter)
If yo	ou own a rental property, you must also include proof of rent amount such as <b>one</b> of the following:
	Statement from tenants or current lease
	Mortgage statements
	Property tax bills
	Current homeowner's insurance statement
Oth	er Documentation Needed
	Other Medical Insurance
	Social Security Card for Applicant and Head of Household (include for other family members if they are also applying for MassHealth coverage)

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