



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, 2nd floor
Call (617) 632-3455 or email DFCIaccessFIO@partners.org

Ask the financial counselor for help with the MassHealth Child Disability Supplement (for patients under 19 years old) or the MassHealth Adult Disability Supplement (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: www.MaHealthConnector.org.

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.

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.

Proof of Citizenship or Residency Status

For U.S. citizens, a copy of **one** of the following:

- ☐ U.S. passport
- ☐ U.S. birth certificate
- ☐ Certificate of Naturalization (unless receiving Social Security benefits)
- ☐ Legal permanent resident card

Proof of Identity (for adults in household)

A copy of **one** of the following:

- ☐ Driver's license
- ☐ 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

Proof of Income

Proof of all GROSS income for Parents and child, such as **one** of the following:

- ☐ 2 Recent paystubs
- ☐ Pension stub or income
- ☐ Unemployment stub
- ☐ Most recent Tax Return if self-employed
- ☐ Social Security Income (Annual Determination Letter)

If you own a rental property, you must also include proof of rent amount such as **one** of the following:

- ☐ Statement from tenants or current lease
- ☐ Mortgage statements
- ☐ Property tax bills
- ☐ Current homeowner's insurance statement

Other 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)