

# **Updates and Errata for MLRI's MassHealth Advocacy Guide (2009)**

February 2010

## **Major changes since February 2009**

- **Commonwealth Care (Part 10 in Guide)**
  - In July 2009, a new Commonwealth Care managed care organization called CeltiCare operated by a national for-profit company called Centene became available in certain regions of the state.
  - In July 2009, the Connector ended auto-assignment for Plan Type 1 members (members under the poverty level) who do not voluntarily select a health plan. These members will have time-limited Health Safety Net (HSN) for up to 90 days from application, and then will lose all coverage until they choose a Commonwealth Care health plan.
  - In August 2009, aliens with special status (AWSS) are no longer eligible for Commonwealth Care in fiscal year 2010. A new program called Commonwealth Care Bridge, available only through CeltiCare, was created for approximately 26,000 AWSS enrolled in Commonwealth Care in August 2009 for the remainder of fiscal year 2010. No new enrollment in Bridge is allowed. Bridge also offers fewer benefits and requires higher copayments than Commonwealth Care. There was phased in Bridge enrollment from October to December 2009. As of this writing, Bridge is not yet available in the Pittsfield service area. In his Jan. 2010 budget proposal, the Governor has proposed continuation of Bridge for AWSS in fiscal year 2011; final budget action is expected prior to July 1, 2010. For more information: § 31 of c. 65 of 2009 Acts; 956 CMR §3.09(1)(e); and the website of the MassHealth Training Forum at <http://www.masshealthmtf.org/legalimmigrants/index.aspx>
- **MassHealth**
  - By May 2009 the Office of Medicaid completed the switch to new MassHealth cards. Cards are now issued to each eligible family member with a unique 12-digit identification number for each individual.
  - In August 2009, MassHealth implemented a new federal option and allowed pregnant women and children under 19 who were legal permanent residents or parolees for less than 5 years to be eligible for MassHealth benefits on the same terms as U.S. citizens. Previously these individuals were not eligible for federally funded Medicaid until 5 years had expired. In addition to bringing in new federal revenue for the state, many children were upgraded from Family Assistance to Standard, 500 children were upgraded from Children's Medical Security Plan to Family Assistance and over 1200 pregnant women from Healthy Start to

- MassHealth Standard. Eligibility Operations Memo 09-11 (Aug. 1, 2009).(Qs. 41, 45, 51 and 134 of Guide); Eligibility Letter 197 (March 1, 2010).
- In August 2009, MassHealth changed its policies to enable US citizens who had not yet verified citizenship to be eligible for MassHealth. US citizens are now allowed at least 60 days with benefits to submit proof of US citizenship. Eligibility Operations Memo 09-11 (Aug. 1, 2009). In Jan. 2010 a new federal option took effect allowing states to verify US citizenship through a new data match based on Social Security numbers; MassHealth is expected to implement this option later in 2010. (Q. 23 of Guide)
  - In 2009, MassHealth continued its implementation of the Children’s Behavioral Health Initiative, the Rosie D. settlement on behalf of seriously emotionally disturbed children. In 2009, new benefits became available for children along with new medical necessity guidelines. Also a new type of provider called a community services agency (CSA) will deliver some of the new services. (Q. 158 of Guide). For more information: [www.rosied.org](http://www.rosied.org) (website set up by the Rosie D. lawyers).
  - In a related change, in October 2009 MassHealth amended its managed care regulations to provide that children otherwise exempt from managed care including children covered through other insurance, may be enrolled in the Partnership in order to receive behavioral health services. Eligibility Operations Memo 09-11 (Aug. 1, 2009). 130 CMR § 508.001(4), (5) and (6) (amended managed care regulations). (Qs. 188 of Guide)
  - In October 2009, MassHealth implemented a new federal requirement making dental coverage available to children who are enrolled in employer-sponsored insurance through the Family Assistance Premium Assistance program. Eligibility Operations Memo 09-17 (Sept. 15, 2009).
  - In October 2009 MassHealth stopped paying the Medicare Part B premiums for over 4000 individuals enrolled in both Medicare and MassHealth (dual eligibles). According to MassHealth, the terminated individuals had income in excess or the ceiling for the Medicare Savings Program (Buy-In/Senior Buy-In). This included disabled dual eligibles enrolled in Commonwealth Care with gross income of 135% of poverty or more as well as elderly dual eligibles enrolled in MassHealth Standard with income of 120% of poverty or more. (Q. 106 and 107 in Guide)
  - In January 2010, MassHealth implemented federal law changes raising the asset test for the Medicare Savings programs (Buy-In and Senior Buy-In) to \$6,600 for an individual or \$9,910 for a couple. Eligibility Operations Memo 09-21 (Dec. 15, 2009). (Q. 106 in Guide). In addition, individuals who apply for extra help paying for Medicare drug coverage may have their applications forwarded by SSA to the Office of Medicaid for a determination of buy-in eligibility. Federal law also eliminated estate recovery for medical expenditures under the Medicare Savings programs effective Jan. 1, 2010. Pub.L. 110-275, Title I, § 115(a).
  - For 2011 the Governor has proposed restricting the scope of dental coverage for most adults in MassHealth. Final budget action is expected prior to July 1, 2010 and is likely to include some negative changes in MassHealth benefits.
  - New contracts with the managed care organizations in MassHealth were once more postponed and are now expected in July 2010.

- **The Medical Security Program (Q. 230 in Guide)**
  - In March 2009, a new federal program took effect subsidizing 65% of the cost of COBRA premiums for up to 9 months for recently laid off workers. In December 2009 COBRA premium assistance was extended for a further 15 months. Because the Medical Security Program subsidizes 80% of the employee's share of COBRA premiums, the combination of COBRA premium assistance and MSP reduced an unemployed worker's net COBRA premium cost from 20% to 7% of the total premium cost. For more information go to: [mass.gov/dua](http://mass.gov/dua) & click on Medical Security Program link.
  - On January 1, 2010, MSP changed the scope of benefits available in the direct coverage program to a different Blue Cross Blue Shield plan called Network Blue Options Deductible. The new program has higher cost-sharing. In addition, new program eligibility rules reduce the hardship presumption for purposes of enrolling in direct coverage instead of COBRA from 200% to 150% of the poverty level, and disqualify individuals who have health insurance available through a spouse. 430 CMR § 7.02 and § 7.03.
  
- **The Health Safety Net (Q. 227 in Guide)**
  - The eligibility regulations were amended twice in 2009; changes included adopting the same \$1-\$2 generic drug copayments as MassHealth, reducing cost sharing for those with Partial HSN when going to a Community Health Center, and a process for hospitals to apply for a waiver of the critical access services limitation. The rules provide that an uninsured applicant with access to affordable insurance will not be eligible for HSN, however this provision had not yet been implemented as of February 2010. 114.6 CMR 13.00.
  
- **Prescription Advantage (Q. 231 in Guide)**

Effective Jan. 2010, Prescription Advantage no longer assists with the costs of Medicare Part D monthly premiums; it does continue to provide copayment assistance. In 2010, for Medicare eligibles with income from >150 % to 300% of poverty, copayment assistance begins only after total retail drug costs exceed \$2,830; for those from >300% to 500%, the threshold is higher. A useful fact sheet describing the program is posted here [http://www.mass.gov/Eelders/docs/prescription\\_advantage/fact\\_sheet.doc](http://www.mass.gov/Eelders/docs/prescription_advantage/fact_sheet.doc)

## **Updates and Errata in Other Sections of the MassHealth Guide**

### **Q. 23**

An affidavit of identity for a child is no longer included in the MBR. However, a parent can still submit an affidavit of identify for a child who does not have a photo ID. An affidavit form for this purpose is posted in the health section of [www.masslegalservices.org](http://www.masslegalservices.org)

Q. 45 and Table 2

Clarification: The reference to the requirement that children over 200% of poverty must have been uninsured in the prior 6 months should have specifically said such children must not have had employer-sponsored insurance in the prior 6 months.

Q. 73

In Feb. 2010 new regulations were released describing eligibility for home and community based waiver services for adults with traumatic brain injuries. This program is operated with the Mass. Rehabilitation Commission. 130 CMR § 519.007(F).

Q. 81

The minimum earnings required to be eligible for unemployment compensation were \$3500 as of July 2009.

Q. 112

The federal stimulus law in 2009 included a \$25 per week supplement to unemployment checks paid between March 2009 and July 2010. By federal law, this additional payment is not counted as income for any MassHealth administered program. Eligibility Operations Memo 09-06 (April 15, 2009).

Q. 129

Effective July 2009 the standard maintenance allowance is \$1822 and the standard shelter allowance is \$547; these figures are used in calculating the minimum monthly maintenance needs allowance (MMMNA). The federal maximum MMNA is \$2,739.

Q. 132

Special immigrants from Iraq and Afghanistan are qualified aliens. The 8 month limit on their qualified status was lifted by federal legislation in Dec. 2009.

Q. 143

Delete cite to *Whelan* case and add cite to *Ark. Dept. of HHS v. Ahlborn*, 547 U.S. 268 (2006). G.L.c.118E, § 22 does not comply with the holding in *Ahlborn* which limits Medicaid reimbursement to only that portion of an award that represents medical expenses paid for by Medicaid.

Q. 165

Effective April 2009, MassHealth will no longer cover non-emergency ambulance services in any type of MassHealth other than Standard or CommonHealth. Transmittal Letter ALL-163 (March 2009)

Q. 169

MassHealth has clarified policy for dual eligibles receiving nursing home care. No conversion to MassHealth long term care and no independent clinical assessment is required for MassHealth to pay the Medicare copayment for days 21-100 in a nursing facility. Eligibility Operations Memo 09-19 (Dec. 1, 2009).

Q. 183

In May 2009, 12 more services were identified that no longer require a referral from a member's PCC including, PCA services, orthotics, prosthetics, other durable medical equipment and tobacco cessation counseling. All Provider Bulletin 188 (May 2009)

Q. 202

MassHealth premium hardship rules, as amended in Dec. 2009, now allow for waiver of past due premium balances not just premiums going forward. 130 CMR § 506.011 (F)(2).

Q.209

MassHealth has released forms and procedures for recovering overpayments from members who received benefits to which they were not entitled. Eligibility Operations Memo 09-16 (Sept. 15, 2009).

Q. 234

Correction: In the parenthetical on dependent coverage, change whichever is "later" to whichever is "earlier"

Qualifying Student Health Plans (QSHIP) have been renamed Student Health Plans, and students who are terminated from MassHealth or Commonwealth Care mid-year now have the right to enroll in a Student Health Plan mid-year and pay a pro rata share of premium charges from that date. 114.6 CMR 3.00.

Q. 228

The CMSP premium for children in families with income over 400% of poverty is the full cost of the program, \$64 per child per month as of December 2009.

## **Appendix B Tables-Updates**

Table 6. 2010 Federal Poverty Levels (FPLs). The FPLs are usually updated in January and take effect for MassHealth purposes in March. This year Congress has postponed adjustment of the 2010 FPLs until at least March 1, 2010. The 2009 levels will remain in effect until further action is taken.

Table 7. Special status aliens are not eligible for Commonwealth Care in fiscal year 2010; those who were enrolled as of August 2010 were switched over to a different program called Commonwealth Care Bridge until June 30, 2010.

<b>Table 8, MassHealth Premium Assistance Programs Upper Reimbursement (Cost Effective) Limits July 1, 2009 to June 30, 2010.</b>	
<b>MassHealth Coverage Type</b>	<b>Premium Payment per Member per Month (pm pm)</b>
Standard Non-disabled Standard disabled	\$339 w/wrap \$1,139 w/wrap
CommonHealth	\$932 w/wrap
Essential	\$397
Family Assistance	\$271
Insurance Partnership	\$150
HIV	\$ 1351 w/wrap
w/wrap means that MassHealth is still provided as secondary to the private insurance	

Table 9, Commonwealth Care Plans, there have been no changes to the benefits and cost-sharing between fiscal year 2009 (July 2008 to June 2009) and fiscal year 2010 (July 2009 to June 2010) except that Plan Type 1 now has the same \$1-\$2 generic drug copayments as MassHealth.

Table 10. Errata: Change name of Table to “Immigrant Eligibility for MassHealth.” Update: Children and pregnant women who are “special status” because 5 years have not passed since receiving legal permanent resident or parole status are now eligible for all available MassHealth benefits.

Table 11. Immigrant Eligibility for Commonwealth Care. Immigrants who are “special status” because 5 years have not passed since receiving legal permanent resident or parole status or who are PRUCOL are not eligible for Commonwealth Care in fiscal year 2010. However, special status immigrants who were enrolled in Commonwealth Care as of August 2010 were switched over to a different program called Commonwealth Care Bridge until June 30, 2010.

Tables 14 & 15, Key to Selected Codes on Immigration Documents. As of December 2009, Afghani/Iraqi Special Immigrants are now treated like refugees and are eligible for MassHealth Standard and all other types of MassHealth without any 8 month time limit.

Table 17. Limited Service Clinics licensed by DPH can apply to participate in MassHealth under the nurse practitioner provider rules. Limited Services Clinics Bulletin 1 (May 2009)

Table 18. Monthly Premium Charges in MassHealth and Commonwealth Care. There were no changes in premium charges between fiscal years 2009 (July 2008 and June 2009) and 2010 (July 1, 2009 to June 30, 2010).

Table 19. Prescription Advantage Rate Schedule Guide for 2010 is posted here <http://www.masslegalservices.org/node/29407>.

### Additional Sources of Information

MassHealth Dental Services: [masshealth-dental.net](http://masshealth-dental.net); 800-207-5019

DTA SNAP/Food Stamps Hotline: 866-950-3663

American Recovery and Reinvestment Act of 2009, Pub. L. 111-5 as amended. § 3001 (COBRA premium assistance); § 5001 (enhanced federal medical assistance percentage for states on condition their Medicaid eligibility is no more restrictive than it was in July 2008).

CHIP Reauthorization Act of 2009, Pub. L. 111-5. § 211 (citizenship verification); § 214 (option for legally residing pregnant women and for children); § 501 (dental coverage in CHIP).

Insurance partnership website: [insurancepartnership.org](http://insurancepartnership.org)

CeltiCare website: [celticarehealthplan.com](http://celticarehealthplan.com); member services 866-895-1786

Website with listing of community health centers: [massleague.org](http://massleague.org)

Website with listing of outreach grantees: [outreachgrants.org](http://outreachgrants.org)

Medicare Advocacy Project (MAP): 800-323-3205