

# Basic Benefits Training: MassHealth and Health Coverage Programs

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MCLE  
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## Health Law Advocates

- Non-profit, public interest law firm
- *Pro bono* legal services for low-income Mass. residents (< 300% FPL)
- Core issues:
  - Legal barriers to care and coverage
  - Appeals of coverage or service denials
  - Medical debt/collections assistance
  - Access to care for immigrants, transgender people, children with mental illness, etc.

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# MassHealth and Public Coverage Programs

- 1. History of Massachusetts Health Care Reform and MassHealth Overview*
- 2. MassHealth Programs*
- 3. Other Public Programs Overview*
- 4. Immigrant Health Access*

## A (very) brief history of recent Massachusetts health reform

- 2006: Chapter 58
  - Coverage expansion through insurance mandates (individual and employer), insurance subsidies
- 2010: Affordable Care Act
  - Coverage expansion on federal level through Medicaid, insurance market reforms, tax credits
  - Implemented fully in 2014
- 2012: Chapter 224
  - Focus on cost and quality
- 2020-21: MassHealth COVID flexibilities
- 2021: SCOTUS decision on ACA will issue

# Public Coverage Programs

## ➤ MassHealth

- Comprehensive: Standard, Care Plus, CommonHealth, Family Assistance,
- Limited: MassHealth Limited

## ➤ Health Safety Net (HSN)

## ➤ CMSP (Children's Medical Security Program)

## ➤ Connector Care

- ACA Tax Credits + state subsidies

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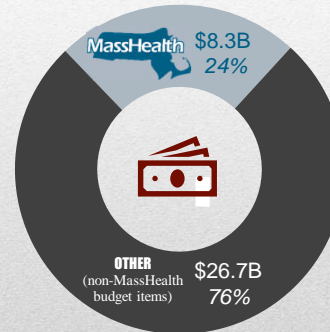


# MassHealth in FY 2019

MassHealth had:

- ~1.8 million members
- \$8.3 billion budget
- 24% of state spending

MA TOTAL STATE SPENDING NET OF FEDERAL REVENUES (\$35 BILLION)



Data from MMPI's [MassHealth: The Basics, October 2020](#)

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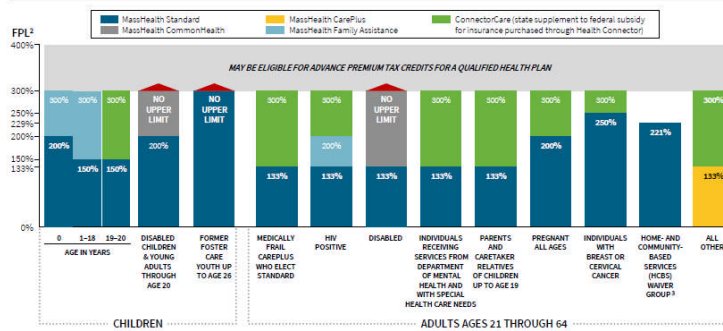


# MassHealth Overview

- MassHealth = Medicaid + CHIP
  - State/Federal program
  - Managed care = primary coverage
  - Fee-for-service = secondary coverage
- Eligibility, generally\
  - Children and youth, ages 0-18, <300% FPL
  - Young Adults, ages 19-20, <150% FPL
  - Adults, ages 21-64, <138% FPL,
  - Elderly adults, ages 65+, 100% FPL
  - BUT: many eligibility categories based on disability, immigration status, age, etc.

# Subsidized Health Coverage

MASSEALTH INCOME LIMITS VARY FOR DIFFERENT AGES AND ELIGIBILITY GROUPS<sup>1</sup>



<sup>1</sup> MassHealth eligibility includes nuances not included in this chart; MassHealth staff can help determine eligibility. Additional information can be found at <https://www.mass.gov/service-details/massealth-coverage-lookup-for-individuals-and-families-including-people-with>.

<sup>2</sup> FPL = income as percent of federal poverty level; in 2020, 100% FPL for an individual was \$12,760 annually.

<sup>3</sup> Eligibility for all Home- and Community-Based Waivers except one (the waiver for Young Children with Autism) is based on 300% of the Supplemental Security Income (SSI) Federal Benefit Rate (FBR). FBR is a metric used by the Social Security Administration and tied to the consumer price index. In 2020, 300% SSI FBR for an individual was \$28,228 annually (223% FPL for an individual).

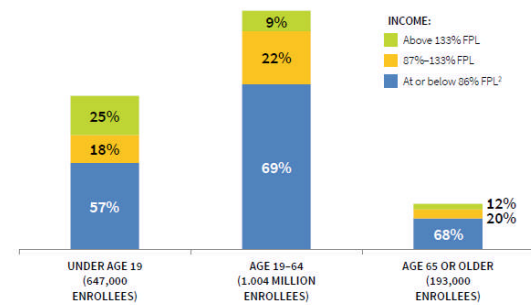
Notes: MassHealth Limited, not shown in this chart, provides emergency health services to people who, under federal law, have an immigration status that keeps them from receiving more services. Income eligibility for this population is similar to MassHealth Standard 200% FPL for pregnant women and children up to age 4; 150% FPL for children ages 1-20 years; 133% FPL for adults 21-64.

Sources: 180 C.M.R. §506; 180 C.M.R. §519; MassHealth (2019), Member Booklet for Health and Dental Coverage and Help Paying Costs.

# Members by age, income

## ADULTS ENROLLED IN MASSEALTH HAVE PARTICULARLY LOW INCOMES — MOST BELOW 86% FPL (\$10,973 FOR AN INDIVIDUAL)

INCOME AS PERCENT OF FEDERAL POVERTY LEVEL (FPL) BY AGE GROUP FOR MASSEALTH ENROLLEES<sup>1</sup>



Nearly 70% of adults enrolled in MassHealth have an income below 86% FPL, which in 2020 corresponded to:

- \$10,973 for an individual
- \$14,826 for a family of 2
- \$18,679 for a family of 3

Because children's eligibility extends farther up the income scale, a larger share of children enrolled in MassHealth live in families with incomes above the federal poverty level.

<sup>1</sup> Reflects individuals enrolled in MassHealth as of June 30, 2019. For consistency throughout the slide deck, example incomes are given for FY 2020.

<sup>2</sup> 86% FPL reflects an income eligibility limit that applied to certain MassHealth eligibility categories prior to expansions that have occurred over time. Most enrollees continue to have incomes below this level.

SOURCE: Manatt Health Strategies, LLC (2019). Faces of MassHealth: Portrait of a Diverse Population. Blue Cross Blue Shield of Massachusetts Foundation.

Data from MMPI's [MassHealth: The Basics, October 2020](#)

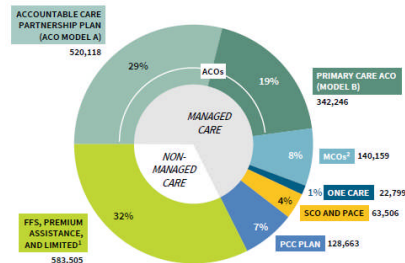
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# Managed Care

## AMONG MASSEALTH MEMBERS, 70% ARE ENROLLED IN MANAGED CARE, WITH HALF OF MEMBERS IN ACOS

MASSEALTH ENROLLMENT BY PAYER TYPE, SFY 2019



<sup>†</sup> Premium assistance recipients include members who receive premium subsidies from MassHealth for employer-sponsored health insurance. MassHealth Limited provides coverage for emergency medical services for 152,473 noncitizens.

<sup>‡</sup> The MCO population includes members who are also enrolled in an MCO-administered ACO (Model C) (about 10,000 members).

SOURCE: MassHealth Budget Office.

MassHealth members are enrolled in several varieties of managed care. Members under age 65 can enroll in a MassHealth-contracted Accountable Care Organization (ACO), a MassHealth-contracted Managed Care Organization (MCO) (with the option of an MCO-administered ACO), or the MassHealth-administered Primary Care Clinician (PCC) Plan. Members with disabilities under 65 who have MassHealth and Medicare can enroll in One Care.

Following the full implementation of the MassHealth ACO program in March 2018, almost half of MassHealth members are now enrolled in an ACO.

Seniors may enroll in Senior Care Options (SCO) or, if they have significant disabilities, in the Program of All-Inclusive Care for the Elderly (PACE, available for members age 55 and older).

Members not in managed care are in fee-for-service (FFS) plans. They include members with Medicare not enrolled in One Care, SCO, or PACE; people with other coverage as primary (e.g., employer-sponsored insurance); people who live in an institution; and people with limited coverage due to their immigration status.

Data from MMPI's [MassHealth: The Basics, October 2020](#)

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## How Medicaid Operates

- States operate within framework under federal law, subject to federal approval
- Eligibility: mandatory & optional groups
- Benefits: mandatory & optional services
- Flexibility for states: delivery systems, rates, amount, duration & scope of covered benefits, premiums & cost sharing, etc.
- Federal approval: State plan and waivers approved by CMS
- Federal reimbursement: 50% FMAP in MA

## Medicaid Laws: Federal

- Statute: 42 USC § 1396 et seq.
- Regulations: 42 CFR Part 430 et seq.
- Federal agency: Centers for Medicare and Medicaid Services (CMS)
- Federal website: [www.Medicaid.gov](http://www.Medicaid.gov)



## Medicaid Laws: State

- Statute: MGL. c. 118E
- Regulations: 130 CMR § 501-610
- State agency: Executive Office Health and Human Services (EOHHS)
- Daily Administration: Office of Medicaid
- Long-term services and supports: Dept. of Elder Affairs and Office of Medicaid
- Website: [www.mass.gov/MassHealth](http://www.mass.gov/MassHealth)

## Waivers: § 1115 & HCBS

- 42 USC § 1315 (§ 1115 of Soc. Sec. Act)
- Secretary of HHS can authorize:
  - Fed. reimburse. beyond Medicaid options
  - Waiver of Medicaid statutory provisions
- MassHealth Waiver: Program has operated under 1115 demonstration for most of under 65 population since 1997
- Also, home and community-based services (HCBS) waivers for LTC

## Counting income: MAGI

- “Modified Adjusted Gross Income”
- Applies to almost everyone *except*:
  - MassHealth-eligible seniors based on age
  - People eligible for MassHealth based on need for long term care (LTC)
  - People for whom MassHealth does not make an income decision e.g. SSI, TAFDC & EAEDC recipients, kids in DCF custody, etc.

## More on MAGI

- Uses IRS tax rules for:
  - Household composition
  - What income counts, with exceptions
- MAGI income disregard: **5%** of family FPL, i.e. 138% instead of 133%
- Lots more MAGI information in on-line materials



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## MassHealth Programs

- MassHealth Standard
  - Comprehensive benefit package
  - Preventive care, outpatient medical services, nursing home and PCA services, prescription drugs, hospitalization.
- MassHealth Common Health
  - Same as Standard; only for *disabled* people
- MassHealth Family Assistance
  - Rich, comprehensive benefits, but *does not cover*:
    - Skilled nursing facility or personal care attendant services
    - Non-emergency medical transportation (NEMT)
- MassHealth Care Plus
  - Childless, low-income, able-bodied adults age 21-64
  - Same as Family Assistance (but covers NEMT)
- MassHealth Limited – Emergency services ONLY

## MassHealth Standard

- “Categorical” eligibility
- Low-income kids: 150% FPL
- Young adults age 19-20: 150% FPL
- Parents of minor children: 133% FPL
- Pregnant women and infants: 200% FPL
- Breast/cervical cancer: 250% FPL
- HIV+ adults: 133% FPL
- Elder adults (65+): 100% FPL + asset test

## MassHealth CommonHealth

- Eligibility:
  - People with disabilities and higher incomes
  - No Upper Income Limit
- Premiums for people earning >150% FPL
- One-time deductible for adults
  - Children under 19 do NOT have deductibles
- Working disabled adults program
  - Deductible waived if working 40hrs/mo.
  - Applies to all adults, including 65+

## MassHealth CarePlus

- ACA “expansion program” for
    - Non-elderly, childless adults
  - Eligibility:
    - Ineligible for MassHealth Standard
    - Adults 21-64 with income <133% FPL
    - Not on Medicare
  - Does NOT cover long-term care, but:
    - “Medically Frail” or disabled/CommonHealth
- 

## MH Family Assistance

- Children: 150-300% FPL
    - Direct Coverage if uninsured
    - Premiums: begin at \$12 per child, \$36 maximum for 3 or more children, waived if parents pay premium in ConnectorCare
  - Adults:
    - HIV+ Adults: 133% - 200% FPL
    - PRUCOL immigrants: up to 300% FPL
    - Disabled “lawfully present” imms: 100% FPL
    - Certain EAEDC recipients
  - Premiums: sliding scale above 150% FPL
-



# MassHealth Limited

- MA version of federal Emergency Medicaid
- Coverage: Emergency services for acute medical issues or prevention of a serious health problem
- Eligibility:
  - People ineligible for Standard or Care Plus
  - Mostly undocumented people and *lawfully present immigrants* who qualify for Connector Care
  - Adults: < 138% FPL
  - Kids 1-20: < 150% FPL
  - Infants <1: < 200% FPL

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## Children's Medical Security Plan (CMSP)

- Background: Created by statute in the 1990s
  - Inspiration for CHIP (esp. tobacco tax)
- Coverage: Primary and preventive services
  - Limitations: Caps on Rx (\$200/yr), DME, dental (\$750), and mental health visits (20)
- Eligibility: Uninsured children ages 0-18 (i.e. ineligible for MassHealth);
  - Mostly undocumented and higher-income kids
- Not “insurance” for federal tax purposes

## Health Safety Net (HSN)

- Background: “Uncompensated Care Pool” created in 1985; became the “HSN” in 2006
- Coverage: Pays for care delivered at acute care hospitals and Community Health Centers
  - Wraps private insurance as secondary coverage;
  - Pays deductibles and co-insurance
- Limitations: *Not insurance*
  - Doctors NOT covered, with limited exceptions
  - Does not pay for private insurance copayments
- Medical Hardship program

## Gov. Baker cut coverage for immigrants in 2016

### Health Safety Net (HSN) cuts:

- Eliminated 6 month retroactive period
  - NOW: Retroactive period = 10 days
- Introduced \$500+ deductibles for people earning 150-200% FPL
- Decreased eligibility from 400% FPL to 300% FPL

## HCBS Waiver Programs

- Home and Community-Based Services (“HCBS”) Waiver programs:
- For people who “would be institutionalized”
- Income + Asset test, even for under age 65
- Programs:
  - Kaileigh Mulligan (disabled kids age <18)
  - Frail Elder Waiver
  - Money Follows the Person
  - Traumatic Brain Injury, Acquired Brain Injury waivers
  - Program of All-Inclusive Care for the Elderly (PACE)
  - HCBS Waivers for ppl with Intellectual Disabilities



## Immigrants & COVID-19

- All types of **MassHealth** cover testing and treatment of COVID-19
- This includes **MassHealth Limited**
- No cost-sharing for COVID-related care for MassHealth members
- For uninsured and HSN-only COVID patients, providers can seek payment through federal portal:
  - <https://www.hrsa.gov/CovidUninsuredClaim>

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## Immigration/citizenship statuses for health benefits

- Citizen (naturalized)
- Lawfully Present
  - “Qualified” Lawfully Present
  - “Qualified Barred” Lawfully Present
  - “Non-Qualified” Lawfully Present
- PRUCOL (“Person Residing Under Color of Law”)
- Undocumented

## Immigrant eligibility

- Qualified lawfully present
  - Coverage like citizens based on income
- Nonqualified/barred lawfully present
  - Adult < 300% FPL = Connector Care
  - Kid/YA < 150% FPL = MH Standard
- PRUCOL
  - Kids/Adults <300% FPL: MH Fam Asst

# “Climate of Fear”

**Immigrants, refugees too afraid to seek critical help from food pantries, domestic violence resources**



<https://www.bostonglobe.com/metro/2017/04/26/immigrants-refugees-too-afraid-seek-critical-help-from-food-pantries-domestic-violence-resources/JrOJqOrYtHYeedLid9I69N/story.html>

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## Public Charge Key Messages

- Trump’s public charge rules took effect on February 24, 2020...BUT
- Active litigation is affecting status of the rule in some states - fighting back!
- Most immigrants in Mass. should still apply for and keep their benefits!
- Unsure what to do? Seek immigration and public benefits legal advice!

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## Current Status of P.C. Rule

- December 2, 2020:
  - 9<sup>th</sup> Cir upheld preliminary injunctions blocking the rule
  - Can USCIS enforce rule in states that brought suit, including Massachusetts?
- USCIS's website is silent
  - Things are changing constantly
  - Lack of clarity about status of rule
- Biden's Executive Order to review public charge rule (Feb 2, 2021)

## Will enrolling in health programs hurt my client?

- Most likely not, so they should enroll!**
  - "Public benefits" are defined narrowly under rule
  - Doesn't apply to many immigration circumstances
  - Exempts many immigration statuses
- Changes are not retroactive before 2/24/20
- Some **very narrow** categories of immigrants may be hurt *by having Medicaid benefits*
  - Barely anyone: Parolees for more than 5 years and people with Withholding of Removal status

## Health coverage in Mass.

➤ *Health Programs that don't count under the new public charge rule:*

- Emergency Medicaid (“MassHealth Limited”)
- Medicare, incl. Part D Low-Income Subsidies
- Tax credits under the Affordable Care Act (“Connector Care”)
- Children’s Health Insurance Program (CHIP)
- Women, Infants, Children Program (WIC)
- State and local health coverage programs
  - Children’s Medical Security Plan (CMSP), Family Assistance for PRUCOL, Health Safety Net (HSN)

## COVID-19 + Public Charge

➤ USCIS: immigrants should seek *testing, treatment, and prevention* of COVID-19

- *No negative effect* of COVID-related care in future public charge analysis
- Can submit evidence of COVID’s affect on work, education, finances, etc.

Immigrants' Eligibility for  
Public Benefits  
Basic Benefit Training

April 8, 2021

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**Questions?**

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