

Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

William D. O'Leary Secretary

Claire McIntire Commissioner

Field Operations Memo 98-45 October 1, 1998

To:

Transitional Assistance Office Staff

From:

Joyce Sampson, Assistant Commissioner for Field Operations

Re:

MassHealth Benefits Desk Guide

Overview

The Division of Medical Assistance (DMA) developed the **MassHealth Benefits** desk guide, which summarizes the MassHealth programs.

Although Transitional Assistance Workers do not determine eligibility for MassHealth for recipients whose cash assistance is denied or terminated, they need to be aware of the types of MassHealth coverage that are available and recent changes in the MassHealth programs. Transitional Assistance recipients should be informed about the availability of these benefits following a transition to employment. Therefore, the **MassHealth Benefits** desk guide is being distributed to Transitional Assistance Workers as a reference tool.

In August 1998, DMA expanded MassHealth eligibility rules to make more children, infants and pregnant women eligible for MassHealth benefits. These changes are reflected on the **MassHealth Benefits** desk guide.

Highlights of the MassHealth expansion changes include:

- an increase in the allowable percentage of the federal poverty level (FPL) for financial eligibility,
- an increase in the eligibility period for MassHealth Prenatal members.
- a new coverage type called MassHealth Family Assistance, and
- an increase in the age limits for eligible children from under 18 years to under 19 years.

Questions

If you have any questions, have your Hotline designee call the Policy Hotline at (617) 348-8478.

MassHealth Benefits

for people under age 65 who are not institutionalized and do not receive home- or community-based services

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1-800-841-2900	i		If have no health insurance, enroll in PCC or MCO.	income at or below 133% FPL	Children's through 18	e e e		
olyme2 ramoter()	of rollin such 01	brebnet2		Income at or below 200% PPL	Disabled adult 19 through 64 Child under 1	V/N	o _M	PPL PPP-market
Customer Servic	10 days prior to receipt of MBR	Presumptive presumptive up to 60 days		income at or below 2008 FPL	Children 1 through 18			
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Customer Service Lenter	10 days prior to	latenat¶ ot qu eysb Uð		Income at or below 200% FPL Self-Declared	Pregnant women (198e 19 and over)	V/N	οN	lstener (
For premium billing questions:	10 days prior to receipt to MBR	Мопе	Refer any health- insurance	рьсоше ехсееца 120% FPL	Disabled child through 18	Citizen Gualified Alien	Yes	rijisəHnommo 53-
Finance Unit	It premium, begins 1st day	1	of notinemation to TPL	ую Іпсояпе сяр	Disabled adult working 40 or more hours per month	Protected Alien		
(617) 210-5074	of month following the eligibility			Іпсоте очет 133% FPL	Non-working disabled adult; subject to one-time-only deductible			
Questions: Customer Service Center	determination.			Мо іпсоте сар	Disabled child through 18 Disabled adult working 40 or	Special Status Allens		į
1-800-841-5990					more hours per month Non-working disabled adult; subject to one-time-only deductible			ţ
Customer Service Center Center	Date of ensollment ns health plan	у уче	Has no health insurance. Enroll in PCC or MCO.	Income at or below 133% FPL	Adults through 64 who are long term unemployed EAEDC cash recipients	Citizens Qualified Aliens Special Status Aliens	səx	aic fð
1-800-462-1120	Calendar month following member's contact with the buy-in Unit.	Иопе	Has health insurance.	heome at or below 133% FPL	Adults through 64 who are long term unemployed EAEDC cash recipients	ensitivens ensited Aliens eutsit leicsed ensitens	səX	1.Z- uj-Ki
Customer Service Center	10 days prior to	None	Refer any health- notsemete information	Income at or below 200% FPL	Child under 1	Deilified Ron-Qualified SneifA	səд	betin 86
0062-11-8-008-1			to TPL.	Income at or below 150% FPL	⊢ − −−−−	1	:	
		Ì		Income at or below 133% FPL	Parents with children under 19 Disabled adult 19 through 64			

Qualified Aliens—Asylees, Refugees, Deportation Withheld, Veterans or their dependents, Domestic Abuse victims, Cuban/Haitian Entrants, certain Native Americans with at least 50% American Indian blood, Amerasians, or Legal Permanent Residents, Parolees, Conditional Entrants who entered the U.S. prior to 8/22/96. Special Status Aliens—I seal Permanent Residents Parole

Special Status Aliens—Legal Permanent Residents, Parole onditional Entrants who entered the U.S. on or after 8/22/96, or PRUCOLS [see 130 CM 4.002(D).]

Massineaith Benefits (cont.)

for people under age 65 who are not institutionalized and do not receive home- or community-based services

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Family Assistance • Premium	Yes	Citizens	Children 1 through 18	loovers and 150% but he	Han beauti			
Assistance Payments 72-73 *74-75-77-78		Qualified Aliens Special Status Aliens		Income exceeds 150% but below 200% FPL	Has health insurance. Refer any health- insurance information to TPL.	None	Premium Assistance begins within two weeks of the date of determination or in the month that the insurance deduction begins, whichever is later.	1-888-291-446
Premium Assistance/ Limited 65		Special Status Aliens {see 130 CMR 504.002 (F)(2)(b)]	Child under 1 Pregnant women Children 1 through 18	Income at or below 200% FPL Income at or below 150% FPL			For Premium Assistance, same as above. For Limited, 10 days prior to receipt	
			Parents with children under 19	Income at or below 133% FPL		ļ	of MBR .	
 Purchase of Medical Benefits 90, 93 	Yes	Citizens Qualified Aliens Special Status Aliens	Children l through 18	Income 150% to 200% FPL	No health insurance. No access to health insurance.	None	10 days prior to receipt of MBR (Fee-for-service until enrolled in PCC or MCO). Premium begins the month following the eligibility determination.	For premium billing questions: Finance Unit
								(617) 210-5074
95		Special Status Aliens	Child under 1 Pregnant women	Income at or below 200% FPL	No health insurance.		10 days prior to receipt of MBR (Fee-for-service until enrolled in	For all other questions: Customer
			Children I through 18	Income at or below 150% FPL				Service Center
			Parents with children under 19	Income at or below 133% FPL			rec or meo).	1-800-841-2900
Time Limited Purchase of Medical Benefits 79, 92 91	Yes	Citizens Qualified Aliens Special Status Aliens	Children 1 through 18	Income 150% to 200% FPL	Access to health insurance self-declared on MBR or access to health insurance confirmed by TPL. Refer any health- insurance Information to TPL.	Time Limited up to 60 days. No premium assessed during this time.	If access is self-declared, start date for Time Limited is either: • 10 days prior to MBR receipt, if income is verified with MBR; or • the date of receipt of verifications, if Income was not verified with MBR (See Presumptive Purchase of Medical Benefits below.)	TPL Unit 1-888-291-4464
B	NY.	N/A				·	If access is confirmed by TPL, Time Limited Is extended up to 60 days.	
Presumptive Purchase of Medical Benefits 98	No	N/A	Children 1 through 18	Self-Declared Income 150% to 200% FPL	Self-Declared No health insurance. Note: Access to health insurance is not considered until '' 'cation of incot eccived.	Presumptive Purchase of Medical Benefits up to 60 days. No premium assessed during this time.	10 days prior to MBR date.	Customer Service Center 1-800-841-2900

^{*} Premium Assistance plus co-pays and deductibles for well child and families reaching 5% max.