Appendix A

MassHealth Eligibility Checklist

The MassHealth Eligibility Checklist is designed to provide an overview of the many pathways to coverage under MassHealth. It can be used as an interview tool to assure than none of the paths to coverage have been overlooked. Reviewing the checklist will also provide a summary of factors affecting eligibility and the footnotes show where these factors are defined and discussed in more detail in later sections of the Guide.
MassHealth Eligibility Checklist

1. *Does the applicant live in Massachusetts?*

   If No:

   Stop. If the applicant is not a Massachusetts resident, he or she is not eligible for MassHealth.

2. *Is the applicant potentially eligible for cash assistance from TAFDC, EAEDC, SSI, or refugee resettlement assistance?*

   If Yes:

   Stop. An applicant for one of these cash assistance programs will automatically be eligible for MassHealth if cash assistance is awarded. Individuals eligible for EAEDC include very low income individuals who are not otherwise in an eligible group for MassHealth purposes including those who are disabled for 60 days or more; are caring for someone who is severely disabled; participate in a Massachusetts Rehabilitation Commission program; or are caring for unrelated children. The elderly are also eligible for EAEDC. See Part 3 for more about EAEDC.

3. *Is the applicant a child eligible for an adoption assistance subsidy or foster care payments?*

   If Yes:

   Stop. The applicant is eligible for MassHealth.

4. *Is the applicant under age 19?*

   If Yes:

   The applicant belongs to an eligible population group. **Skip to question 16.**

5. *Is the applicant pregnant?*

   

---

19 If the applicant or the applicant’s spouse lives in a nursing home, do not use this checklist.

20 See Part 2 for the definition of Massachusetts residence.

21 See Part 19, *Health Programs Other Than MassHealth.*

22 See Part 3 for more information on these cash assistance programs.

23 See Part 5 *Eligibility Criteria for Children.*
Appendix A ■ MassHealth Eligibility Checklist

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

6. *Is the applicant the parent or “caretaker relative”\(^{24}\) living with a child under age 19?*

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

7. *Is the applicant between the ages of 19 and 64 and “disabled”?\(^{25}\)*

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

8. *Is the applicant between the ages of 19 and 64, and unemployed for 12 months or longer (or unemployed and earned less than $3,500 in the last year)?\(^{26}\)*

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

9. *Is the applicant between the ages of 19 and 64 and HIV positive?*

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

10. *Is the applicant between the ages of 19 and 64, and self-employed or working for an employer with fewer than 50 employees willing to contribute 50 percent toward the cost of insurance?*

If Yes:

The applicant may belong to an eligible population group if his employer is eligible to participate in the Insurance Partnership, and the application goes through the employer. \(^{27}\) **If so, skip to question 16.**

---

\(^{24}\) See Part 7 for a definition of caretaker relative.

\(^{25}\) See Part 8 for a definition of disability.

\(^{26}\) See Part 9 for a definition of long-term unemployed.
Appendix A ■ MassHealth Eligibility Checklist

11. Is the applicant 65 or over?

If Yes:

The applicant belongs to an eligible population group. **Skip to question 16.**

12. Is the applicant receiving treatment for breast or cervical cancer?

If Yes:

The applicant belongs to an eligible population group, but the cancer diagnosis and need for treatment must be screened through the Women’s Health Network.**28 Skip to question 16.**

13. Was the applicant in foster care at age 18 and is he or she under age 21?

If Yes:

Stop. The applicant may be eligible, regardless of income, as a youth aging out of foster care. See Part 5.

14. Do any of the eligible population groups described in Questions 4–13 apply to the applicant?

If none applies:

Continue, the applicant is not eligible for MassHealth but may be eligible for Commonwealth Care

15. Is the applicant age 19 or older and uninsured or paying the full cost for his or her insurance?

If Yes: The individual may be eligible for Commonwealth Care but if the individual is offered subsidized insurance from an employer, is enrolled in college, is collecting unemployment insurance, has a family group member in the active or retired military, he or she may be eligible for another health coverage program instead of Commonwealth Care.**29 Continue to question 16.**

**27** See Part 9 for the definition of qualified employer and more about the Insurance Partnership.

**28** See Part 8 for more about eligibility criteria for women with breast/cervical cancer.

**29** See Part 10 for more about Commonwealth Care.
Appendix A ■ MassHealth Eligibility Checklist

If No: The individual is not eligible for MassHealth or Commonwealth Care but may be eligible for the Health Safety Net or another program, see Part 19.

16. **Identify the members of the applicant’s family group whose income will be included in calculating the applicant’s family income.**

17. **If the applicant is under 65, what is his or her “gross family income”?**

18. **If the applicant is 65 or over, is he or she a parent or caretaker relative of a child under 19 or disabled and working more than 40 hours per month or not eligible for Medicare?**

   If Yes:
   
   What is his or her “gross family income”? 

   If No:
   
   What is his or her adjusted “family income” after reducing gross income by allowable “deductions” and what are his or her “countable assets.”

**NEXT**: Compare the applicant’s income and family size (and assets if applicable) to the applicable upper income level for the applicant’s family size and eligibility group using the Financial Eligibility by Poverty Level and Eligible Group at Table 5 and the MassHealth Income Standards at Table 6.

19. **Is the applicant’s family income and assets, where applicable, under the limits shown on the Income Standards Table?**

   If Yes:

   Stop: The applicant is eligible.

20. **Is the applicant’s income over the limit shown on the Income Standards Table?**

   If Yes:

---

30 See Part 12 to learn who is included in the family.

31 See Part 12 to learn what income counts under Medicaid reform.

32 Ibid.

33 See Part 12 to learn what income and assets count and what deductions are allowed in traditional Medicaid.
Continue. The applicant still may be eligible for MassHealth or Commonwealth Care.

21. **Is the applicant a parent or caretaker relative living with a child with gross family income under 300 percent of poverty, and does the family have access to employer-sponsored family coverage?**

   If Yes:

   The parent/caretaker relative may benefit from Premium Assistance to help with the costs of employer-sponsored family coverage if the insurance meets certain requirements and the child/ren are eligible for MassHealth.34

22. **Is the applicant under age 19 and disabled?**

   If Yes:

   Stop. The applicant is eligible. He or she will be subject to a monthly premium charge based on income.35

23. **Is the applicant a disabled adult (of any age) who works more than 40 hours a month?**

   If Yes:

   Stop. The applicant is eligible. He or she may be charged a monthly premium based on income.36

24. **Is the applicant between the ages of 19 and 64, disabled, and not working, and does he or she have past unpaid, current, or anticipated medical bills?**

   If Yes:

   The applicant may become eligible if he or she is able to meet a one-time deductible amount. Thereafter, the applicant will also be subject to a monthly premium charge based on income.37

---

34 See Parts 5 and 6 for the requirements that must be satisfied for the Premium Assistance programs.

35 See Part 5 for the requirements for coverage under CommonHealth for disabled children.

36 See Part 8 for the requirements for coverage under CommonHealth for working disabled adults.

37 See Part 8 for the requirements for coverage under CommonHealth for nonworking disabled adults.
25. Was the applicant recently receiving MassHealth?

If Yes:

The applicant may be eligible for extended or transitional benefits.38

26. Is the applicant 65 or over, and does he or she have past unpaid, current, or anticipated medical bills?

If Yes:

The applicant may be eligible for six-month periods after meeting a deductible amount in each period.39

27. If the applicant now has Social Security Insurance-based benefits, did he or she receive SSI at some time in the past?

If Yes:

In some circumstances, some or all of the applicant’s Social Security income may not count in figuring family income.40

28. Is the applicant under age 19 and needs the equivalent to a nursing facility or hospital level of care but lives at home?

If Yes:

The applicant’s parents’ income and assets may not count when figuring the applicant’s family income under the so-called Kaileigh Mulligan program.41

29. Does the applicant need the equivalent to a nursing facility level of care but is able to live at home with supports?

If Yes:

The applicant may be eligible for one of more programs that do not count the income or assets of the spouse and use an income standard equal to three times the SSI federal benefit rate. These programs include PACE for individuals age 55 or older, the frail elder home and community-based services.

---

38 See Part 4 for the availability of extended or transitional benefits.
39 See Part 12 for a description of the spenddown program for seniors.
40 See Part 3 for the rules that apply to certain former SSI recipients.
41 See Part 5 for a description of the Kaileigh Mulligan program.
Appendix A ▪ MassHealth Eligibility Checklist

(HCBS) waiver for individuals age 60 or older, the DDS waivers for individuals with intellectual disabilities, or the brain injury waivers for individuals with acquired or traumatic brain injury. Such an individual may also be eligible for a new program under the Money Follows the Person demonstration.\(^{42}\)

30. Does the applicant have Medicare coverage?

If Yes:

Applicant may be eligible for a Medicare Savings Program to pay some or all of his or her Medicare premiums, deductibles, and co-insurance.\(^{43}\)

31. Does the applicant’s income exceed the limits on the chart, and none of the conditions in Questions 21–30 apply?

If Yes:

Stop. The applicant is not eligible for MassHealth or Commonwealth Care but may be eligible for other programs. See Part 19 for discussion of the Health Safety Net and other health programs for which the applicant may be eligible.

NEXT: If the individual is eligible, in order to find what type of MassHealth coverage applies, see Table 7 on Eligibility for MassHealth Coverage Types or Commonwealth Care. If the applicant is a noncitizen, the coverage type will depend on the applicant’s immigration status as well as other factors. The type of coverage will determine the benefits that are covered, the costs a member must pay, when his or her coverage begins, and whether he or she must use managed care.

---

\(^{42}\) See Part 11 for a description of the Home and Community-Based Services program and the PACE program.

\(^{43}\) See Part 11 for more on Medicare Savings Programs.
Appendix B
Tables

Table 5: Financial Eligibility by Poverty Level and Eligible Group in MassHealth .......................................................... 262
Table 6: MassHealth Income Standards ......................................................... 263
Table 7: Eligibility for MassHealth Coverage Types and Commonwealth Care ................................................................................ 265
Table 8: MassHealth Premium Assistance Upper Payment Limits, July 1, 2011 to June 30, 2012 .......................................................... 266
Table 9: Commonwealth Care Plans, Benefits and Copayments ................. 267
Table 10: Immigrant Eligibility for MassHealth ........................................... 270
Table 11: Immigrant Eligibility for Commonwealth Care ........................... 271
Table 12: Key to Employment Authorization Document (Form I-688B or I-766) ........................................................................ 272
Table 13: Permanently Residing Under Color of Law (PRUCOL) ............... 274
Table 14: Key to Selected Codes on Permanent Resident Cards ................. 276
Table 15: Key to Selected Codes on Arrival/Departure Record (I-94 Card) ..................................................................................... 277
Table 16: Other Documentary Evidence of Immigration Status .................. 278
Table 17: Services Included in MassHealth by Coverage Type and in Commonwealth Care .......................................................... 279
Table 18: Monthly Premium Charges in MassHealth and Commonwealth Care, July 1, 2011 to June 30, 2012 ........................................ 282
Table 5: Financial Eligibility by Poverty Level and Eligible Group in MassHealth

This table shows upper income limits applicable to different populations expressed as a percentage of the federal poverty level (where applicable) as well as the upper limit for countable assets and whether a deductible is required above certain income limits in MassHealth. Eligibility for Commonwealth Care is not shown.

<table>
<thead>
<tr>
<th>Eligible Group</th>
<th>Not based on poverty level</th>
<th>100% of poverty level</th>
<th>133% of poverty level</th>
<th>200% of poverty level</th>
<th>300% of poverty level</th>
<th>Countable Assets</th>
<th>One-time deductible if over 133% level</th>
<th>Every 6-month deductible if over 100% level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child under 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled child under 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/ Caretakers</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled adult 19–64</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working disabled adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Unemployed adults under 65</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV+ under 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Employee of qualified employer under 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 65 and over</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,000 individual/ $3,000 couple</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Table 6: MassHealth Income Standards

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$931</td>
<td>$11,172</td>
<td>$214.86</td>
<td>$1,239</td>
<td>$14,668</td>
<td>$285.95</td>
<td>$1,367</td>
<td>$16,764</td>
<td>$322.41</td>
<td>$1,862</td>
<td>$22,344</td>
<td>$429.73</td>
</tr>
<tr>
<td>133%</td>
<td>$1,261</td>
<td>$15,132</td>
<td>$291.02</td>
<td>$1,677</td>
<td>$20,124</td>
<td>$387.03</td>
<td>$1,892</td>
<td>$22,704</td>
<td>$436.65</td>
<td>$2,522</td>
<td>$30,264</td>
<td>$582.04</td>
</tr>
<tr>
<td>150%</td>
<td>$1,591</td>
<td>$19,092</td>
<td>$367.18</td>
<td>$2,116</td>
<td>$25,392</td>
<td>$488.35</td>
<td>$2,387</td>
<td>$28,644</td>
<td>$550.89</td>
<td>$3,182</td>
<td>$38,184</td>
<td>$734.36</td>
</tr>
<tr>
<td>200%</td>
<td>$1,921</td>
<td>$23,052</td>
<td>$443.34</td>
<td>$2,555</td>
<td>$30,660</td>
<td>$589.66</td>
<td>$2,882</td>
<td>$34,584</td>
<td>$665.13</td>
<td>$3,842</td>
<td>$46,104</td>
<td>$886.68</td>
</tr>
</tbody>
</table>

**Family Size**

- **1**
  - Monthly: $931
  - Yearly: $11,172
  - Weekly: $214.86
- **2**
  - Monthly: $1,261
  - Yearly: $15,132
  - Weekly: $291.02
- **3**
  - Monthly: $1,591
  - Yearly: $19,092
  - Weekly: $367.18
- **4**
  - Monthly: $1,921
  - Yearly: $23,052
  - Weekly: $443.34
- **5**
  - Monthly: $2,251
  - Yearly: $27,012
  - Weekly: $519.50
- **6**
  - Monthly: $2,581
  - Yearly: $30,972
  - Weekly: $595.66
- **7**
  - Monthly: $2,911
  - Yearly: $34,932
  - Weekly: $671.82
- **8**
  - Monthly: $3,241
  - Yearly: $38,892
  - Weekly: $747.98

Yearly amounts reflect monthly rounding multiplied by 12.
Add the fetus to the family size of a pregnant woman.

For people under 65, eligibility is based on gross monthly income.

For seniors, eligibility is based on adjusted income after deductions including a $20 per month standard deduction, and there is an asset test.
The Senior deductible income standard is $522 per mo. for an individual, $650 per mo. for a couple.
The income standard for an institutionalized individual is $72.80 per month.

MassHealth determines financial eligibility for MassHealth programs, Commonwealth Care and Free Care (Uncompensated Care/Health Safety Net).

Prepared by the Massachusetts Law Reform Institute
## Additional Income Levels, March 1 2012 - February 28, 2013

<table>
<thead>
<tr>
<th>Upper income level</th>
<th>Women with breast/cervical cancer (MH Standard)</th>
<th>Children under 19 &amp; workers in Insurance Partnership (Family Assistance); Uninsured adults (Commonwealth Care)</th>
<th>All residents (Partial Health Safety Net); Children under 19 (Children’s Medical Security Plan subsidized) &amp; Unempl. Comp. recipients (Medical Security Plan)</th>
<th>Disabled non-working adults (Commonwealth)</th>
<th>PACE &amp; Home and Community-Based Services 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of poverty</td>
<td>250%</td>
<td>300%</td>
<td>400%</td>
<td>Deductible Income Standard</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$2,328</td>
<td>$27,936</td>
<td>$537.27</td>
<td>$2,793</td>
<td>$33,516</td>
</tr>
<tr>
<td>2</td>
<td>$3,153</td>
<td>$37,836</td>
<td>$727.67</td>
<td>$3,783</td>
<td>$45,396</td>
</tr>
<tr>
<td>3</td>
<td>$3,978</td>
<td>$47,736</td>
<td>$918.07</td>
<td>$4,773</td>
<td>$57,276</td>
</tr>
<tr>
<td>4</td>
<td>$4,803</td>
<td>$57,636</td>
<td>$1,108.47</td>
<td>$5,763</td>
<td>$69,156</td>
</tr>
<tr>
<td>5</td>
<td>$5,628</td>
<td>$67,536</td>
<td>$1,298.87</td>
<td>$6,753</td>
<td>$81,036</td>
</tr>
<tr>
<td>6</td>
<td>$6,453</td>
<td>$77,436</td>
<td>$1,489.27</td>
<td>$7,743</td>
<td>$92,916</td>
</tr>
<tr>
<td>7</td>
<td>$7,278</td>
<td>$87,336</td>
<td>$1,679.67</td>
<td>$8,733</td>
<td>$104,796</td>
</tr>
<tr>
<td>8</td>
<td>$8,103</td>
<td>$97,236</td>
<td>$1,870.07</td>
<td>$9,723</td>
<td>$116,676</td>
</tr>
</tbody>
</table>

Children with income over 400% of the poverty level can buy-in to the Children’s Medical Security Plan at full cost.
There is no income upper limit or deductible for disabled children or disabled working adults in Commonwealth.
Income in the Medical Security Plan is based on income in the past six months and projected income for future 6 months.
The 2012 federal poverty levels were published in the Jan. 26, 2012 Federal Register.

Prepared by Massachusetts Law Reform Institute, 3-16-12
Table 7: Eligibility for MassHealth Coverage Types and Commonwealth Care

This table shows the types of coverage in the top row available to the eligibility groups listed in the far left column. The second row shows the kinds of immigration status eligible for the coverage types shown. Where more than one coverage type is available to an eligibility group, differences in eligibility criteria are listed with income shown as a percentage of the poverty level.

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Standard</th>
<th>Commonwealth Health</th>
<th>Family Assistance Premium Assistance</th>
<th>Family Assistance Direct Coverage</th>
<th>Basic / Essential</th>
<th>Limited</th>
<th>Commonwealth Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship/Immigration Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Citizens - Protected Status - Qualified Status - (Special Status—under 19 or preg.)</td>
<td>- Citizens - Protected Status - Qualified Status - (Special Status—under 19 or preg.)</td>
<td>- Citizens - Qualified Status - (Special Status—under 19)</td>
<td>- Citizens - Qualified Status - (Special status—elderly/disabled)</td>
<td>- Citizens - Qualified Status - Non-qualified</td>
<td>- Citizens - Qualified Status - Special Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant &amp; infants</td>
<td>200%</td>
<td></td>
<td></td>
<td>200%</td>
<td>201–300%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age under 19</td>
<td>150%</td>
<td>No Income Limit-Disabled</td>
<td>300%; Access to employer insurance</td>
<td>300%; No access to employer insurance</td>
<td>150%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Parents / Caretakers (not employee in IP) | 133% | | Incidental to child’s eligibility | | 133% | 134–300% (Special status 0–300%)
| Disabled adult 19–64 | 133% | No Income Limit But Deductible | | Special status—unemployed & 100% - Essential | 133% | 134–300% (Special status 101–300%)
| Working disabled adult | | No Income Limit | | | |
| Unemployed adults under age 65 | | | 100%; Access to employer insurance | 0–300% |
| HIV+ under age 65 | 200%; Access to employer insurance | 200% | | | 201–300% (special status 0–300%)

265
Table 8: MassHealth Premium Assistance Upper Payment Limits, July 1, 2011 to June 30, 2012

<table>
<thead>
<tr>
<th>MassHealth Coverage Type</th>
<th>Maximum Premium Payment per Member per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth Standard Non-disabled</td>
<td>$349 w/.wrap</td>
</tr>
<tr>
<td>MassHealth Standard Disabled</td>
<td>$1,173 w/wrap</td>
</tr>
<tr>
<td>CommonHealth</td>
<td>$960 w/wrap</td>
</tr>
<tr>
<td>Essential Buy-In</td>
<td>$409</td>
</tr>
<tr>
<td>Family Assistance Child (non-HIV)</td>
<td>$279</td>
</tr>
<tr>
<td>Insurance Partnership—Family Assistance Adult</td>
<td>$150</td>
</tr>
<tr>
<td>Family Assistance HIV</td>
<td>$1,392 w/wrap</td>
</tr>
</tbody>
</table>

W/wrap means the member has private insurance and MassHealth as secondary (wraparound) coverage. See Table 18 for minimum member premium contributions.
Table 9: Commonwealth Care Plans, Benefits and Copayments

Copayment amounts are the same for all health plans. Plan Type I Members: please note changes to preventive services and contraceptive prescriptions benefits and copays. Effective October 1, 2011

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0</td>
</tr>
<tr>
<td>Office visit to your primary care provider (PCP)</td>
<td>$0</td>
</tr>
<tr>
<td>Office visit to a specialist</td>
<td>$0</td>
</tr>
<tr>
<td>Radiology, imaging (x-rays), lab work</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient surgery at a hospital or ambulatory surgery center</td>
<td>$0</td>
</tr>
<tr>
<td>Abortion</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Inpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency room visit</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
</tr>
<tr>
<td>30 day supply from a pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Generic drug</td>
<td>$1.00/3.65</td>
</tr>
<tr>
<td>• Drug on your plan’s preferred list</td>
<td>$3.65</td>
</tr>
<tr>
<td>• Drug not on your plan’s preferred list</td>
<td>$3.65</td>
</tr>
<tr>
<td>Contraceptive prescriptions (medication and devices)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Alcohol, drug abuse and mental health care</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient or office visit</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient care (copay is per stay)</td>
<td>$0</td>
</tr>
<tr>
<td>Methadone maintenance (dosing, counseling, screens)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dental</strong> Preventive and emergency dental services only</td>
<td>$0</td>
</tr>
<tr>
<td>• Diagnostic (Exams, x-rays), Preventive (cleanings, fluoride), extractions, emergency care visits, treatment of complication – surgery, anesthesia, professional visit</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Eye exam every 24 months</td>
<td>$0</td>
</tr>
<tr>
<td>Free glasses every 24 months</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diabetes care</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit to PCP or podiatrist for routine foot care (may include foot orthotics)</td>
<td>$0</td>
</tr>
<tr>
<td>Visit to specialist (may include foot orthotics)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Rehabilitation services</strong></td>
<td></td>
</tr>
<tr>
<td>Extended inpatient care (100 total days per year)</td>
<td>$0</td>
</tr>
<tr>
<td>• In a skilled nursing facility</td>
<td>$0</td>
</tr>
<tr>
<td>• In a rehabilitation hospital or chronic disease hospital (copay is per stay)</td>
<td>$0</td>
</tr>
<tr>
<td>Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)</td>
<td>$0</td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>$0</td>
</tr>
<tr>
<td>Home health care</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maternity and family planning</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient office visit</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Ambulance (emergency only)</td>
<td>$0</td>
</tr>
<tr>
<td>Prosthetics, oxygen and respiratory therapy equipment, other durable medical equipment</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maximum copays</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for all prescriptions in a benefit year **</td>
<td>$200</td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for services excluding prescription drugs in a benefit year **</td>
<td>$0</td>
</tr>
</tbody>
</table>

* Limited to generic prescription drugs for high blood pressure, high cholesterol and diabetes
** The benefit year is from July 1, 2011 – June 30, 2012.
Appendix B • Tables

Copayment amounts are the same for all health plans. Plan Type 2 Members: please note changes to preventive services, contraceptive prescriptions and high cost imaging copays.  
**Effective July 1, 2011**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0</td>
</tr>
<tr>
<td>Office visit to your primary care provider (PCP)</td>
<td>$10</td>
</tr>
<tr>
<td>Office visit to a specialist</td>
<td>$18</td>
</tr>
<tr>
<td>Radiology, x-rays, lab work</td>
<td>$0</td>
</tr>
<tr>
<td>Imaging (MRI, CAT and PET)</td>
<td>$30</td>
</tr>
<tr>
<td>Outpatient surgery at a hospital or ambulatory surgery center</td>
<td>$50</td>
</tr>
<tr>
<td>Abortion</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Inpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)</td>
<td>$50 *</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency room visit (no copay if you are admitted to the hospital)</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
</tr>
<tr>
<td>30 day supply from a pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Generic drug</td>
<td>$10</td>
</tr>
<tr>
<td>• Drug on your plan’s preferred list</td>
<td>$20</td>
</tr>
<tr>
<td>• Drug not on your plan’s preferred list</td>
<td>$40</td>
</tr>
<tr>
<td>3-month supply, by mail</td>
<td></td>
</tr>
<tr>
<td>• Generic drug</td>
<td>$20</td>
</tr>
<tr>
<td>• Drug on your plan’s preferred list</td>
<td>$40</td>
</tr>
<tr>
<td>• Drug not on your plan’s preferred list</td>
<td>$120</td>
</tr>
<tr>
<td>Contraceptive prescriptions (medication and devices)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Alcohol, drug abuse and mental health care</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient or office visit</td>
<td>$10</td>
</tr>
<tr>
<td>Inpatient care (copay is per stay)</td>
<td>$50 *</td>
</tr>
<tr>
<td>Methadone maintenance (dosing, counseling, screens)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Eye exam every 24 months</td>
<td>$10</td>
</tr>
<tr>
<td>Free glasses every 24 months</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diabetes care</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit to PCP or podiatrist for routine foot care (may include foot orthotics)</td>
<td>$5</td>
</tr>
<tr>
<td>Visit to specialist (may include foot orthotics)</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Rehabilitation services</strong></td>
<td></td>
</tr>
<tr>
<td>Extended inpatient care (100 total days per year)</td>
<td></td>
</tr>
<tr>
<td>• In a skilled nursing facility</td>
<td>$0</td>
</tr>
<tr>
<td>• In a rehabilitation hospital or chronic disease hospital (copay is per stay)</td>
<td>$50 *</td>
</tr>
<tr>
<td>Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)</td>
<td>$10</td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>$0</td>
</tr>
<tr>
<td>Home health care</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maternity and family planning</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient office visit</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Ambulance (emergency only)</td>
<td>$0</td>
</tr>
<tr>
<td>Prosthetics, oxygen and respiratory therapy equipment, other durable medical equipment</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maximum copays</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for all prescriptions in a benefit year **</td>
<td>$500</td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for services excluding prescription drugs in a benefit year **</td>
<td>$750</td>
</tr>
</tbody>
</table>

* Copay waived if transferred from another inpatient unit
** The benefit year is from July 1, 2011 – June 30, 2012.
Copayment amounts are the same for all health plans. Plan Type 3 Members: please note changes to preventive services, contraceptive prescriptions and high cost imaging copays. Effective July 1, 2011

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0</td>
</tr>
<tr>
<td>Office visit to your primary care provider (PCP)</td>
<td>$15</td>
</tr>
<tr>
<td>Office visit to a specialist</td>
<td>$22</td>
</tr>
<tr>
<td>Radiology, x-rays, lab work</td>
<td>$0</td>
</tr>
<tr>
<td>Imaging (MRI, CAT and PET)</td>
<td>$60</td>
</tr>
<tr>
<td>Outpatient surgery at a hospital or ambulatory surgery center</td>
<td>$125</td>
</tr>
<tr>
<td>Abortion</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Inpatient care</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)</td>
<td>$250 *</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency room visit (no copay if you are admitted to the hospital)</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
</tr>
<tr>
<td>30 day supply from a pharmacy</td>
<td></td>
</tr>
<tr>
<td>• Generic drug</td>
<td>$12.50</td>
</tr>
<tr>
<td>• Drug on your plan’s preferred list</td>
<td>$25</td>
</tr>
<tr>
<td>• Drug not on your plan’s preferred list</td>
<td>$50</td>
</tr>
<tr>
<td>3-month supply, by mail</td>
<td></td>
</tr>
<tr>
<td>• Generic drug</td>
<td>$25</td>
</tr>
<tr>
<td>• Drug on your plan’s preferred list</td>
<td>$50</td>
</tr>
<tr>
<td>• Drug not on your plan’s preferred list</td>
<td>$150</td>
</tr>
<tr>
<td>Contraceptive prescriptions (medication and devices)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Alcohol, drug abuse and mental health care</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient or office visit</td>
<td>$15</td>
</tr>
<tr>
<td>Inpatient care (copay is per stay)</td>
<td>$250 *</td>
</tr>
<tr>
<td>Methadone maintenance (dosing, counseling, screens)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Eye exam every 24 months</td>
<td>$20</td>
</tr>
<tr>
<td>Free glasses every 24 months</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Diabetes care</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit to PCP or podiatrist for routine foot care (may include foot orthotics)</td>
<td>$10</td>
</tr>
<tr>
<td>Visit to specialist (may include foot orthotics)</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Rehabilitation services</strong></td>
<td></td>
</tr>
<tr>
<td>Extended inpatient care (100 total days per year)</td>
<td>$0</td>
</tr>
<tr>
<td>• In a skilled nursing facility</td>
<td></td>
</tr>
<tr>
<td>• In a rehabilitation hospital or chronic disease hospital (copay is per stay)</td>
<td>$250 *</td>
</tr>
<tr>
<td>Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)</td>
<td>$20</td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>$0</td>
</tr>
<tr>
<td>Home health care</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maternity and family planning</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient office visit</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Ambulance (emergency only)</td>
<td>$0</td>
</tr>
<tr>
<td>Prosthetics, oxygen and respiratory therapy equipment, other durable medical equipment</td>
<td>10%</td>
</tr>
<tr>
<td>Hospice</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maximum copays</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for all prescriptions in a benefit year **</td>
<td>$800</td>
</tr>
<tr>
<td>Maximum amount a member will need to pay for services excluding prescription drugs in a benefit year **</td>
<td>$1500</td>
</tr>
</tbody>
</table>

* Copay waived if transferred from another inpatient unit
** The benefit year is from July 1, 2011 – June 30, 2012.
## Immigrant Eligibility for MassHealth

**"Qualified" IMMIGRANTS ARE ELIGIBLE FOR ALL AVAILABLE MASSHEALTH BENEFITS, IF**

<table>
<thead>
<tr>
<th>Immigration Status is...</th>
<th>and...</th>
<th>or...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Permanent Resident (LPR)</td>
<td>5 years have passed since this status was granted</td>
<td>This status was obtained within the last 5 years, but person had been continuously present in U.S. since before August 22, 1996</td>
</tr>
<tr>
<td>Parole granted for more than 1 year</td>
<td></td>
<td>or...</td>
</tr>
</tbody>
</table>

If non-citizen is currently (or LPR was previously) one of the following, regardless of entry date to U.S.:

- A person fleeing persecution like a Refugee, or someone granted Political Asylum or Withholding of Deportation; certain citizens of Cuba or Haiti; a victim of severe forms of Trafficking; certain aliens subjected to Domestic Violence (and their children); certain Veterans or active duty personnel or their spouse/unremarried widow/child; and certain other special groups.

### IMMIGRANTS with "SPECIAL STATUS" (5 Years have not passed since receiving Legal Permanent Resident or Parole status) or Person Residing in US Under Color of Law (PRUCOL) are eligible for benefits shown below if any of the following applies:

- Adult with countable income 100% of poverty or less and long term unemployed and disabled is eligible for **Essential plus Limited**
- Senior with countable income 100% of poverty or less and limited assets is eligible for **Essential plus Limited**
- Child under age 19 is eligible for **all available MassHealth benefits**
- Pregnant woman with countable income 200% of poverty or less is eligible for **MassHealth Standard**

### Adults who are not eligible for MassHealth but are legal immigrants (qualified, special status, or PRUCOL) with income 300% of poverty or less may be eligible for Commonwealth Care (free or low cost health plans)

### Undocumented residents of Massachusetts may be eligible for emergency Medicaid and other safety net care programs
### Table 11: Immigrant Eligibility for Commonwealth Care

<table>
<thead>
<tr>
<th>Non-U.S. citizens are eligible for Commonwealth Care benefits if immigration status is...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Permanent Resident (LPR)</strong></td>
</tr>
<tr>
<td>LFR for 5 or more years is eligible as &quot;qualified alien&quot;</td>
</tr>
<tr>
<td>LFR for less than 5 years is eligible as &quot;special status alien&quot;</td>
</tr>
<tr>
<td>Either way, legal permanent residents are eligible for Commonwealth Care!</td>
</tr>
</tbody>
</table>

**OR if immigration status is one of the following, regardless of entry date to U.S.**

A person fleeing persecution like a Refugee, or someone granted Political Asylum or Withholding of Deportation; certain citizens of Cuba or Haiti; a victim of severe forms of Trafficking; certain aliens subjected to Domestic Violence (or their children); certain Veterans or active duty personnel or their spouse/unmarried widow/child; and certain other special groups.

**OR if a non-citizen is a Person Residing in the U.S. under Color of Law (PRUCOL)**

An immigrant is PRUCOL if the Dept. of Homeland Security (Immigration) knows he is living in the U.S. and is not trying to deport him. Many different kinds of immigration status satisfy the definition of PRUCOL. **FOR EXAMPLE:**

- People with a pending application for adjustment of status,
- People granted temporary protected status (incl. Burundi, El Salvador, Honduras, Liberia, Nicaragua, Somalia, Sudan),
- People with a pending application for political asylum,
- People with a K, S, U, V, or R visa classification, or
- People granted an indefinite stay of deportation, and
- **THERE ARE MANY MORE EXAMPLES OF PRUCOL.**

Non-citizens who are undocumented or who are only in the U.S. as visitors (for example, people with a B-1 or B-2 tourist visa) are not eligible for Commonwealth Care.
### Table 12: Key to Employment Authorization Document (Form I-688B or I-766)

<table>
<thead>
<tr>
<th>Code on EAD under “Provision of Law” or “Category”</th>
<th>Immigration Status</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>274a.12(a)(3) or A3</td>
<td>Refugee</td>
<td>MassHealth Standard &amp; all other types</td>
</tr>
<tr>
<td>274a.12(a)(4) or A4</td>
<td>Paroled for at least one year</td>
<td>Depends on 5-year bar</td>
</tr>
<tr>
<td>274a.12(a)(5) or A5</td>
<td>Granted asylum</td>
<td>MassHealth Standard &amp; all other types</td>
</tr>
<tr>
<td>274a.12(a)(6) or A6</td>
<td>Fiancé of US citizen or dependent of fiancé</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(7) or A7</td>
<td>Parent or child of LPR “special immigrant”</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(8) or A8</td>
<td>Citizen of Micronesia or Marshall Islands</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(9) or A9</td>
<td>Spouse or child under K status</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(10) or A10</td>
<td>Granted withholding of deportation or removal</td>
<td>MassHealth Standard &amp; all other types</td>
</tr>
<tr>
<td>274a.12(a)(11) or A11</td>
<td>Granted extended voluntary departure</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(12) or A12</td>
<td>Granted Temporary Protected Status (TPS)</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(13) or A13</td>
<td>Granted voluntary departure under Family Unity</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(14) or A14</td>
<td>Granted Family Unity under LIFE Act</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(15) or A15</td>
<td>V Status</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(a)(16) or A16</td>
<td>T status (trafficking victim)</td>
<td>MassHealth Standard &amp; all other types</td>
</tr>
<tr>
<td>274a.12(c)(3)(i)–(iii) or C3</td>
<td>Foreign student</td>
<td>MassHealth Limited, CMSP, Healthy Start</td>
</tr>
<tr>
<td>274a.12(c)(6) or C6</td>
<td>Foreign student in training program</td>
<td>MassHealth Limited, CMSP, Healthy Start</td>
</tr>
<tr>
<td>274a.12(c)(8) or C8</td>
<td>Applicant for asylum, applicant for withholding of deportation/removal</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(9) or C9</td>
<td>Applicant for adjustment to LPR status</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(10) or C10</td>
<td>Applicant for suspension of deportation/cancellation of removal</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(11) or C11</td>
<td>Paroled for at least one year</td>
<td>Depends on 5-year bar</td>
</tr>
<tr>
<td>274a.12(c)(11) or C11</td>
<td>Paroled for less than one year</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(12) or C12</td>
<td>Granted Family Unity</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(14) or C14</td>
<td>Granted deferred action</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>Code on EAD under “Provision of Law” or “Category”</td>
<td>Immigration Status</td>
<td>Eligibility</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>274a.12(c)(16) or C16</td>
<td>Applicant for registry</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(18) or C18</td>
<td>Under order of supervision</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(19) or C19</td>
<td>Applicant for TPS</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(20) or C20</td>
<td>Applicant for special agricultural worker legalization</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(21) or C21</td>
<td>S status</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(22) or C22</td>
<td>Applicant for legalization under §245A</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(24) or C24</td>
<td>Applicant for adjustment under the LIFE Act</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>274a.12(c)(25) or C25</td>
<td>Family member of trafficking victim</td>
<td>MassHealth Standard &amp; all other types</td>
</tr>
</tbody>
</table>

Cubans and Haitians applicants for asylum or parolees or those under orders of supervision are Cuban-Haitian Entrants.

PRUCOL pregnant women and children are eligible for MassHealth Standard and all other coverage types.

### Table 13: Permanently Residing Under Color of Law (PRUCOL)

<table>
<thead>
<tr>
<th>Non-citizens who are PRUCOL may include but are not limited to:</th>
<th>Proof may include Employment Authorization card with listed code, other listed proof, or other immigration document (whether or not listed)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applicant for adjustment of status</td>
<td>EAD code 274.12(c)(9) or C9; receipt or notice of filing Form I-485</td>
</tr>
<tr>
<td>• Continuously lived in US since before Jan. 1, 1972</td>
<td>Rent receipts, utility bills, personal affidavits</td>
</tr>
<tr>
<td>• Granted temporary protected status (TPS) because country of origin unsafe</td>
<td>EAD code 274a12(a)(12) or A12; immigration document</td>
</tr>
<tr>
<td>• Granted deferred enforced departure (DED)</td>
<td>EAD code 274a12(a)(11) or A11; immigration document</td>
</tr>
<tr>
<td>• Applicant for temporary protected status (TPS)</td>
<td>EAD code 274a12(c)(19) or C19; receipt or notice of filing Form I-821</td>
</tr>
<tr>
<td>• Applicant for asylum**</td>
<td>EAD code 274a12(c)(8) or C8; receipt or notice of filing Form I-589</td>
</tr>
<tr>
<td>• Granted indefinite stay of deportation or indefinite voluntary departure</td>
<td>Immigration documents</td>
</tr>
<tr>
<td>• Granted stay of deportation or voluntary departure &amp; DHS does not contemplate enforcing deportation</td>
<td>Immigration documents</td>
</tr>
<tr>
<td>• Pending or approved immediate relative petition</td>
<td>Receipt or notice of filing I-130 petition, or I-797 showing I-130 approved</td>
</tr>
<tr>
<td>• Applicant for legalization under 245A</td>
<td>EAD code 274a.12(c)(22) or C22; Immigration document</td>
</tr>
<tr>
<td>• Granted deferred action status</td>
<td>EAD code 274a12(c)(14) or C14; Form I-797 Notice of Approval</td>
</tr>
<tr>
<td>• Under orders of supervision**</td>
<td>EAD code 274a12(c)(18) or C18; Notice of release under order of supervision</td>
</tr>
<tr>
<td>• Certain permanent non-immigrants from South Sea islands</td>
<td>EAD code 274a12(a)(8) or A8; immigration document</td>
</tr>
<tr>
<td>• Granted extended voluntary departure</td>
<td>EAD code 274a12(a)(11) or A11; immigration document</td>
</tr>
<tr>
<td>• Granted Family Unity</td>
<td>EAD code 274a12(a)(13) or A13 or 274a12(c)(12) or C12; notice approving I-817 application</td>
</tr>
<tr>
<td>• Paroled less than one year**</td>
<td>EAD code 274a12(a)(4) or A4 or 274a12(c)(11) or C11; I-94 with “parole” or “212(d)(5)” or “PIP”; immigration document</td>
</tr>
<tr>
<td>• Applicant for suspension of deportation or cancellation of removal</td>
<td>EAD code 274a12(c)(10) or C10; receipt or notice of filing Form EOIR-40, EOIR-42 or I-881</td>
</tr>
<tr>
<td>• Pending request for voluntary departure, deferred action status, extension of voluntary departure, or special immigration status as a minor under § 101(a)(27)(J)</td>
<td>Receipt or notice of filing application or request; immigration document</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>• Applicant for registry</td>
<td>EAD code 274a.12(c)(16) or C16; receipt or notice of filing Form I-485</td>
</tr>
<tr>
<td>• Person granted H1-B &amp; H-4 dependent, K, S, U, or V status</td>
<td>EAD code 274a.12(a)(15) or A15; I-94 coded H-1B, H-4, K-3, K-4, S, U, V-1, V-2, V-3, or visa in foreign passport</td>
</tr>
<tr>
<td>• Religious worker &amp; dependents</td>
<td>R-1, R-2 on I-94 card or foreign passport</td>
</tr>
<tr>
<td>• Any other person living in the US with the knowledge and consent of DHS and whose departure DHS does not contemplate enforcing</td>
<td>Immigration document including but not limited to any document from USCIS, immigration judge, Board of Immigration Appeals, court, immigration lawyer or other authoritative source</td>
</tr>
</tbody>
</table>

* For codes not listed, see [www.nilc.org](http://www.nilc.org) or uscis.gov.

** Cuban or Haitians seeking asylum, paroled or under orders of supervision are Cuban Haitian Entrants.
### Table 14: Key to Selected Codes on Permanent Resident Cards

*Alphanumeric codes are listed under “category” on Permanent Resident card (I-551)*

#### I-551 Codes that exempt a permanent resident from the 5-year bar
(all LPR children under 19 and pregnant women are exempt regardless of code on I-551)

<table>
<thead>
<tr>
<th>Code</th>
<th>Additional criteria</th>
<th>Exempt status</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>R8-6, RE-6, RE-7, RE-8, RE-9</td>
<td></td>
<td>Refugee</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>AS-6, AS-7, AS-8, GA-6 to GA-8</td>
<td></td>
<td>Asylee</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>AM-1, AM-2, AM-3, AM-6, AM-7, AM-8</td>
<td>National of Vietnam</td>
<td>Amerasian</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>NC-6 to NC-9; HA-6 to HA-9; HB-6 to HB-9; HD-6 to HD-9; HE-6 to HE-9; CUP, CU0, CU-6 to CU-9, CNP or CH6.</td>
<td>National of Cuba or Haiti</td>
<td>Cuban-Haitian entrant</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>S1-3</td>
<td>National of Canada</td>
<td>Native American</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>SI-6, 7 &amp; 9; SQ-6, 7, &amp; 9</td>
<td>National of Afghanistan or Iraq</td>
<td>Special Immigrant</td>
<td>MH Standard &amp; all other types for 6 to 8 months</td>
</tr>
</tbody>
</table>

#### Other commonly seen I-551 codes that do not affect the 5-year bar

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning of code</th>
<th>Additional criteria</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA-6</td>
<td>Parole (Lautenberg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IR-0 to IR-9, IF-1 &amp; IF-2; CR-0 to CR-7; F-11 to F-48</td>
<td>Family based immigrant</td>
<td>1. Children or pregnant women (no 5-year bar)</td>
<td>1. MH Standard &amp; all other types</td>
</tr>
<tr>
<td>E1-1 to E1-5; E2-1 to E2-3, E3-1 to E3-5; EW-3 to EW-5.</td>
<td>Employment based immigrant</td>
<td>2. 5-year bar met or exception applies</td>
<td>2. MH Standard &amp; all other types</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. 5-year bar applies</td>
<td>3. MH Essential for elderly &amp; disabled; Commonwealth Care for other adults</td>
</tr>
</tbody>
</table>

**NOTES:** This is not a comprehensive list of codes. Anyone with an I-551 card is a legal permanent resident. Most codes not listed here have no affect on eligibility.
Table 15: Key to Selected Codes on Arrival/Departure Record (I-94 Card)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Status</th>
<th>Additional criteria</th>
<th>Potential Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-551</td>
<td>Permanent resident</td>
<td>1. meets or is exempt from 5-year bar, or under age 19 or pregnant</td>
<td>1. MH Standard &amp; all other types, 2. MH Essential or Commonwealth Care</td>
</tr>
<tr>
<td>212(d)(5) or “parole” or “PIP”</td>
<td>Parolee</td>
<td>1. meets or is exempt from 5-year bar, or under age 19 or pregnant</td>
<td>1. MH Standard &amp; all other types, or 2. MH Essential or Commonwealth Care</td>
</tr>
<tr>
<td>212(d)(5) or “parole” or “PIP” or “Cuban-Haitian entrant” “OOE” or “outstanding orders of exclusion”</td>
<td>Cuban-Haitian Entrant</td>
<td>National of Cuba or Haiti</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>AM 1, 2, 3</td>
<td>Amerasian</td>
<td>National of Vietnam</td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>207 or REFUG or codes RE1 to RE5</td>
<td>Refugee</td>
<td></td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>208 or “asylee” or codes AS1 to AS3</td>
<td>Asylee</td>
<td></td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>243(h) or 241(b)(3)</td>
<td>Withholding of deportation</td>
<td></td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>T-1 or T-2</td>
<td>Trafficking victim</td>
<td></td>
<td>MH Standard &amp; all other types</td>
</tr>
<tr>
<td>106</td>
<td>Person granted indefinite stay of deportation-PRUCOL</td>
<td>1. Under age 19 or pregnant, 2. Elderly or disabled, 3. Other Adult</td>
<td>1. MH Standard &amp; all other types, 2. MH Essential, 3. Commonwealth Care</td>
</tr>
<tr>
<td>242(b)</td>
<td>Person granted voluntary departure-PRUCOL</td>
<td>1. Under age 19 or pregnant, 2. Elderly or disabled, 3. Other Adult</td>
<td>1. MH Standard &amp; all other types, 2. MH Essential, 3. Commonwealth Care</td>
</tr>
<tr>
<td>K-1</td>
<td>Fiancé of U.S. citizen-PRUCOL</td>
<td>1. Under age 19 or pregnant, 2. Elderly or disabled, 3. Other Adult</td>
<td>1. MH Standard &amp; all other types, 2. MH Essential, 3. Commonwealth Care</td>
</tr>
<tr>
<td>R-1, R-2</td>
<td>Religious worker/dependents</td>
<td>1. Under age 19 or pregnant, 2. Elderly or disabled, 3. Other Adult</td>
<td>1. MH Standard &amp; all other types, 2. MH Essential, 3. Commonwealth Care</td>
</tr>
</tbody>
</table>
## Appendix B ■ Tables

### Table 16: Other Documentary Evidence of Immigration Status

<table>
<thead>
<tr>
<th>Document</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-551 Stamp in Foreign Passport</td>
<td>Permanent Resident</td>
</tr>
<tr>
<td>Reentry permit (I-327)</td>
<td>Permanent Resident</td>
</tr>
<tr>
<td>Orders of U.S. Dept of Justice / Board of Immigration Appeals granting suspension of deportation or cancellation of removal</td>
<td>Permanent Resident</td>
</tr>
<tr>
<td>Refugee Travel Document (I-571)</td>
<td>Refugee</td>
</tr>
<tr>
<td>Order of US Dept of Justice / Board of Immigration Appeals granting asylum</td>
<td>Asylee</td>
</tr>
<tr>
<td>Order of US Dept of Justice / Board of Immigration Appeals granting voluntary departure</td>
<td>PRUCOL</td>
</tr>
<tr>
<td>HHS certification letter</td>
<td>Trafficking victim</td>
</tr>
<tr>
<td>Authorization for Parole (I-512)</td>
<td>Parole</td>
</tr>
<tr>
<td>Notice of Action (I-797)</td>
<td>Status depends on content of notice. The notice of action is also proof of receipt of an application/petition and may show PRUCOL status; e.g., Form I-485 (application for adjustment); Form I-821 (application for TPS); Form I-589 (application for asylum); Form I-130 (relative petition)</td>
</tr>
</tbody>
</table>

**NOTE:** This is not a complete list of documents. If unable to interpret a document, consult an immigration lawyer.
Table 17: Services Included in MassHealth by Coverage Type and in Commonwealth Care

This Table compares the services required in each of the five main types of direct MassHealth coverage and in Commonwealth Care. Additional information on the scope of covered services in MassHealth can be found in MassHealth regulations and Provider Manuals posted at www.mass.gov/masshealth. MassHealth and Commonwealth Care managed care plans may provide services in addition to the minimum required in the regulations. For information on managed care plans, the following are the websites of the MassHealth and Commonwealth Care managed care plans and of the Behavioral Health Partnership: bmchp.org (BMC HealthNet Plan); nhp.org (Neighborhood Health Plan); network-health.org (Network Health); fchp.org (Fallon Community Health Plan); healthnewengland.com/masshealth (Health New England, MassHealth MCO only); celticarehealthplan.com (CeltiCare, Commonwealth Care MCO only); masspartnership.com (Behavioral Health partnership/MassHealth PCC Plan).

<table>
<thead>
<tr>
<th>Services</th>
<th>MassHealth Coverage Types¹</th>
<th>MassHealth Regulations 130 C.M.R.</th>
<th>Standard</th>
<th>Common Health</th>
<th>Family Assistance (Direct Coverage)</th>
<th>Basic</th>
<th>Essential</th>
<th>Commonwealth Care²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of services</td>
<td></td>
<td>40</td>
<td>40</td>
<td>33</td>
<td>30</td>
<td>22</td>
<td>24–28*</td>
<td></td>
</tr>
<tr>
<td>Abortion</td>
<td>§ 484</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Acute Inpatient Hospital</td>
<td>§ 415</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Adult Day Health</td>
<td>§ 404</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Adult Foster Care</td>
<td>§ 408</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ambulance</td>
<td>§ 407</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>§ 423</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Audiologist</td>
<td>§ 426</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>*</td>
</tr>
</tbody>
</table>

¹ The required benefits in each type of MassHealth coverage are set out in 130 C.M.R. 450.105.

² The required benefits in Commonwealth Care are set out in the Evidence of Coverage on each MCO's website and are summarized at www.mahealthconnector.org.

* Hearing/audiology services are covered as an outpatient benefit, but plans are not required to include audiologists in their networks.
## Appendix B ■ Tables

<table>
<thead>
<tr>
<th>Services</th>
<th>MassHealth Regulations 130 C.M.R.</th>
<th>Standard</th>
<th>Common Health</th>
<th>Family Assistance (Direct Coverage)</th>
<th>Basic</th>
<th>Essential</th>
<th>Common wealth Care²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health (mental health &amp; substance abuse)</td>
<td>§§ 411, 417, 418, 425, 429, 434</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Chapter 766: Assessments &amp; Team Meetings</td>
<td>§ 439</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>§ 441</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Chronic Disease and Rehabilitation Hospital Acute Inpatient</td>
<td>§ 435</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>100 day max.</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>§ 405</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>§ 419</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Dental Services†</td>
<td>§ 420</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Plan Type 1 only</td>
</tr>
<tr>
<td>Durable Medical Equipment and Supplies</td>
<td>§ 409</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Early Intervention</td>
<td>§ 440</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Family Planning</td>
<td>§ 421</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid</td>
<td>§ 416</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td>§ 403</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>§ 437</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>§ 401</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Nurse midwife</td>
<td>§ 433.402</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td>§ 433.433</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>*</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>§ 456</td>
<td>✔️</td>
<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>100 day max.</td>
</tr>
</tbody>
</table>

† Adult dental services were restricted in July 2010.

* Plans may include nurse practitioners as primary care practitioners but are not required to do so.
## MassHealth Coverage Types

<table>
<thead>
<tr>
<th>Services</th>
<th>MassHealth Regulations 130 C.M.R.</th>
<th>Standard</th>
<th>Common Health</th>
<th>Family Assistance (Direct Coverage)</th>
<th>Basic</th>
<th>Essential</th>
<th>Common wealth Care&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthotic</td>
<td>§ 442</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>Diabetes care only</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>§ 410</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Oxygen and Respiratory Therapy Equipment</td>
<td>§ 427</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td>§ 422</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>§ 406</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>§ 433</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Podiatrist</td>
<td>§ 424</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Diabetes care only</td>
</tr>
<tr>
<td>Private Duty Nursing/Continuous Skilled Nursing</td>
<td>§§ 403, 414</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Prosthetic</td>
<td>§ 428</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rehabilitation Center</td>
<td>§ 430</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>*</td>
</tr>
<tr>
<td>Renal Dialysis Clinic</td>
<td>§ 412</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>*</td>
</tr>
<tr>
<td>Speech and Hearing Center</td>
<td>§ 413</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>*</td>
</tr>
<tr>
<td>Therapy: Physical, Occupational, and Speech/Language</td>
<td>§ 432</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transportaion (non-emergency)</td>
<td>§ 407</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Vision Care/eyeglasses</td>
<td>§ 402</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>No</td>
<td>eyeglasses</td>
</tr>
<tr>
<td>X-ray/Radiology</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> Rehabilitation services, renal dialysis and speech and language services are covered but plans are not required to provide services through centers or clinics.

<sup>2</sup> Without the need to provide services through centers or clinics.
### Table 18: Monthly Premium Charges in MassHealth and Commonwealth Care, July 1, 2011 to June 30, 2012

<table>
<thead>
<tr>
<th>Income as Percentage of Federal Poverty Level</th>
<th>Standard Disabled Adults</th>
<th>Standard Children</th>
<th>Commonwealth Adults ²</th>
<th>Commonwealth Children ³</th>
<th>Family Assistance Adults ⁴</th>
<th>Family Assistance Children ⁵</th>
<th>Commonwealth Care ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 150%</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>150–200%</td>
<td>$15–$35/ women with breast-cervical cancer</td>
<td>$15–$35</td>
<td>$12/child, $36 max. for 3 or more children</td>
<td>$15–$35/ HIV; $27/IP single adult or $54/IP couple</td>
<td>$12/child, $36 max. for 3 or more children</td>
<td>$39/single adult; $78/couple</td>
<td></td>
</tr>
<tr>
<td>200–250%</td>
<td>$40–$72/ women with breast-cervical cancer</td>
<td>N/A</td>
<td>$20/child, $60 max. for 3 or more children</td>
<td>$53/IP single adult; $106 couple</td>
<td>$20/child, $60 max. for 3 or more children</td>
<td>$77/single adult; $154/couple</td>
<td></td>
</tr>
<tr>
<td>250–300%</td>
<td>N/A</td>
<td>$88–$128</td>
<td>$28/child, $84 max. for 3 or more children</td>
<td>$80/IP single adult; $160 couple</td>
<td>$28/child, $84 max. for 3 or more children</td>
<td>$116/single adult; $232/couple</td>
<td></td>
</tr>
<tr>
<td>Over 300%</td>
<td>N/A</td>
<td>N/A</td>
<td>See regulation</td>
<td>See regulation</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: 130 C.M.R. § 506.011 (MassHealth) and mahealthconnector.org  
(Commonwealth Care Frequently Asked Questions)

---

¹ If a family group includes members in more than one MassHealth coverage type who are charged premiums, only the higher premium is due. 130 C.M.R. § 506.011(A)(5).

² The premiums shown are the charge for the lowest cost plan available; the charge will be higher if an individual with gross family income over 100% of poverty chooses a higher cost plan.

³ For disabled adults above 150% FPL, add $5 for each additional 10% FPL to 200%, add $8 for each additional 10% FPL to 400%. See regulation for higher incomes. The premium charge is reduced by 40% if the family is also paying for private insurance.

⁴ Children’s premiums will be waived if the parents are enrolled & charged premiums in Commonwealth Care. 130 C.M.R. § 506.011(L)(4).

⁵ In Family Assistance Premium Assistance, the Office of Medicaid provides partial reimbursement for the costs of employer coverage. Premiums shown are the minimum charge. Actual charges may be higher because reimbursement is capped by a “cost effective” amount for each eligible person. See Table 8 for cost-effective amounts in state fiscal year 2012.

⁶ Children’s premiums will be waived if the parents are enrolled and charged premiums in Commonwealth Care.
Index

A

ADMINISTRATION
Commonwealth Care, 97–98
MassHealth, overview of, 6–7

ADULTS UNDER AGE 65
See, for older adults, SENIORS (65+)
Childless refugees, MassHealth Standard eligibility, 93
EAEDC, 94
Eligibility criteria, 85–94
Employer-sponsored insurance, premium assistance with, 87–88
HIV-positive persons, eligibility requirements for, 86–87
Ineligible persons, other programs available for, 94
Insurance Partnership program, 89
Premium assistance for employer-sponsored insurance, 87–88
Qualified employer defined, 89
Self-employed persons, options for, 89
Unemployed persons
  MassHealth Basic eligibility, 90–91, 93
  MassHealth Essential eligibility, 91–93

ADVOCATES
Appeal process tips, 109
Information sources for, 9–10
Role of, 8–9

AFFIDAVIT
Proof of citizenship and identity by means of, 38

AFFORDABLE CARE ACT, 2, 236, 245, 247

ALIENS
See NONCITIZEN ELIGIBILITY

ANNUITIES
Nursing home resident financial eligibility and, 140

APPEAL RIGHTS, 215–225
Actions that are appealable, 217–218
Benefit continuation while pending, 219–220
Commonwealth Care
  Generally, 108–109
  MassHealth role in, 216–217
Loss of, effect of, 225
Preparation for, 221
Procedure for, 219
Provider decisions, 218
Reimbursement of care costs if appeal won, 224
Resolution without hearing, 222

APPLICATION AND ELIGIBILITY DETERMINATION, 33–50
See also ELIGIBILITY
Additional information possibly required, 40–41
Benefits, start date of, 46
Card, MassHealth
  Temporary, 43
  When issued, 43
Children, presumptive eligibility of, 40
Commonwealth Care, how to apply, 34–35
Extended benefits
  Termination of, 49
  What they are, 47–49
Health Safety Net, 229
HIV positive persons, presumptive eligibility of, 40
Immigration status, acceptable proof of eligibility and, 39
Length of eligibility, 46–47
MassHealth, how to apply, 34–35
Medicaid reform
  Application, proof required, 37
  Benefits under, start date of, 42
Notification of eligibility, when, 45
Others, applications on behalf of, 44
Pregnant women, presumptive eligibility of, 40
Prescription Advantage Program, 234
Proof required with application, 44–45
Review of eligibility, frequency of, 49–50
Seniors (65+) in Medicaid, application of, 43
Transitional benefits
  Termination of, 49
  What they are, 47–49
U.S. citizenship and identity, acceptable proof of, 38–39
Welfare recipients, loss of cash benefits and, 47
Who to include in application, 35–36

ARRIVAL/DEPARTURE RECORD, KEY TO
274–275

ASSET SPENDDOWN, 138

ASSETS
Exceeding limits, how to obtain coverage despite, 115
Limits, traditional Medicaid, 134–135
MassHealth application and proof of, 44–45
Medicare reform and, 128
Nursing home residents, 139–141
Pregnant women and, 66
Seniors, 135–136
Spenddown of, 138
Index

ASSETS (cont’d)
Transfer of
Nursing home resident financial eligibility and, 140
Rules of, 141–142

AUTHORIZATION, PRIOR
See PRIOR AUTHORIZATION

AUTISM
Children having, services available, 171–172

B

BEGIN DATES OF COVERAGE
CommonHealth, 13
Commonwealth Care, 19, 102–103
Family Assistance, 15
MassHealth Basic, 17
MassHealth Essential, 18
MassHealth generally, 46
MassHealth Standard, 12

BENEFITS
See also SERVICES COVERED
Commonwealth Care, 98–99
Continuation of during appeal, 219–220
Disputes as to, 106
Extended
Termination of, 49
What they are, 47–49
MassHealth, begin date of, 46
Medical Security Plan, 233
Prescription Advantage Program, 234
Repayment of, 212–213
Transitional
Termination of, 49
What they are, 47–49

BIBLIOGRAPHY, 245–246

BIRTH CERTIFICATE
Use of as proof of citizenship and identity, 38

BREAST CANCER COVERAGE, 82–83

C

CANCER COVERAGE
Breast, 82–83
Cervical, 82–83

CARETAKER RELATIVES
Definition of, 70
Eligibility criteria, 69–74
Family Assistance Premium Assistance eligibility,
72–73
MassHealth application and eligibility, 36
MassHealth Standard eligibility, 70–71

CASH ASSISTANCE
MassHealth eligibility and, 25–31, 35

CERVICAL CANCER COVERAGE, 82–83

CHECKLIST FOR MASSHEALTH
ELIGIBILITY, 253–260

CHILDREN
Autistic, services available to, 171–172
Disabled
Adult, SSI receipt and MassHealth eligibility, 29–30
CommonHealth eligibility of, 53–55
Kaileigh Mulligan program, 53
MassHealth Standard eligibility, 53
Eligibility of, 51–63
College students, 62
CommonHealth, 53–55
CommonHealth Premium Assistance, 53–55
Emotional disturbances, services available to children with, 171–172
Family Assistance, 56–60
High school students over 19, 62
Immigration status and, 61
Living on own, 61
MassHealth Limited, 61
MassHealth Standard, 52–53, 55–56
EPSDT services and benefits, 170–171, 173, 183–184
Ineligibility of, 61
Infants, MassHealth Standard eligibility, 52
Kaileigh Mulligan Program, 53
Parents, minor, MassHealth application and eligibility, 36
Presumptive MassHealth eligibility of, 40
Programs available for nonqualifying children, 63

CHILDREN’S MEDICAL SECURITY PLAN
Defined, 231
Immigrant eligibility for, 151
Premiums, 231
Services, 231
Website address, 247

CITIZENSHIP
See U.S. CITIZENSHIP

COLLEGE STUDENTS
Health services available to, 236
MassHealth eligibility of, 62

COMMONWEALTH
Children eligible for, 53–55
Cost of, 206
Coverage begin date, 13
Deductible, 137–138
Disability standards
Adults, for, 80
Children, for, 54–55
COMMONHEALTH (cont’d)
Disabled adults eligible for
Generally, 78
One-time deductible calculation, 128–129
Working, 79
18-year-olds, eligibility criteria, 80
Eligible groups, 13
Financial eligibility, 13
Managed care, 13
Noncitizen eligibility, 13
Overview, 13
Premiums and copayments, 13
Seniors eligible for, 113
Services covered, 13, 165

COMMONHEALTH PREMIUM ASSISTANCE
Children eligible for, 55–56

COMMONWEALTH CARE
Administration of, 101–102
Appeal rights, 111–112, 207–208
Applying for, 34–35
Benefits, 98–99
Cost of, 101–103
Coverage begin date, 19, 102–103
Denial of coverage, reasons for, 107–108
Disabled adults eligible for, 75–84
Dispute resolution, 105–106
Eligible groups, 19, 262
Enrollment, numbers of, 6
Financial eligibility, 19
Immigrant eligibility for, 143–154, 271
Managed care, 20
Noncitizen eligibility, 19
Obtaining, how to, 8
Overview, 13
Plans, types of, table showing, 267–269
Premiums and copayments
Generally, 20
Table of, 282
Unaffordable, 106–109
PRUCOL alien eligibility for, 147–149, 274–275
Self-employed persons eligible for, 90
Service delivery, 99–100
Services covered, 19
Special status alien eligibility for, 147–149
Telephone number, 242–244
Uninsured adults, eligibility criteria, 95–109

COPAYMENTS
CommonHealth, 13
Commonwealth Care, 20
Exemptions from, 211
Family Assistance, 15–16
MassHealth Basic, 17
MassHealth Essential, 18
MassHealth generally, 209–210
MassHealth Standard, 12
Services not requiring, 212
Unaffordable, 210

COSTS AND EXPENSES
See also COPAYMENTS; PREMIUMS
CommonHealth, 206
Commonwealth Care, 101-102
Deductible, certain used to meet, 138
Family Assistance, 202-203
MassHealth, 202
MassHealth Standard, 202
Medicare, covered by MassHealth, 118–119
Reimbursement for costs of care when appeal won, 224

COVERED SERVICES
See SERVICES COVERED

D

DEDUCTIBLES
Expenses used to meet, 138
Meeting, 129–131, 138
One-time, 78–79, 129–131
Seniors
CommonHealth vs., 137–138
MassHealth standard used to calculate, 137

DENIAL
Coverage by Commonwealth Care, 107–108
Needed service, 182
Prior authorization, 176

DENTAL SERVICES, 173–174

DEPARTMENT OF PUBLIC HEALTH
Disabled HIV-positive persons eligibility for assistance from, 86–87
Immigrant eligibility for programs of, 150–151
Telephone numbers, 242–244
Website address, 248

DISABLED ADULTS AGES 18–64
CommonHealth eligibility
Disability standards, 79
18-year-olds, 80
Generally, 80
Working disabled adults, 79
Commonwealth Care eligibility, 81–82
Determination of disability, 77
Disability test, 77
Eligibility criteria, 75–84
MassHealth Basic eligibility, 81–82
MassHealth Essential eligibility, 81–82
MassHealth Standard eligibility, 76
One-time deductible, 78–79
Other programs, 83–84
Reasonable accommodation, obtaining services as, 184
Index

DISPUTE RESOLUTION
Commonwealth Care, 105–106

DOMESTIC VIOLENCE
Medical support, pursuit of leading to, 157
Private insurance use possibly leading to, 193–194

DRUGS
MassHealth
Coverage, 179–180
Drug list, 178–179
Medicare coverage, 179–180

DURABLE MEDICAL EQUIPMENT
Prior authorization time limit, 175

E
EAEDC
Children receiving, 11
Coverage available to prior to enrollment in MassHealth Basic, 167
Definition of, 94
Eligibility for, 27–28

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT
See EPSDT

ELECTRONIC DATA MANAGEMENT (EDM) SYSTEM, 34–35

ELIGIBILITY
Adults under age 65, 85–94
See also ADULTS UNDER AGE 65
Caretaker relatives, 69–74
See also CARETAKER RELATIVES
Checklist, 253–260
Children, 42, 55–68
See also CHILDREN
Citizenship and immigration status rules, 152–163
See also IMMIGRANTS; NONCITIZEN ELIGIBILITY
CommonHealth, 14-15
Commonwealth Care, 21-22, 284-286
Disabled adults ages 18–64, 80–89
See also DISABLED ADULTS AGES 18–64
Disputes over, 112-113
Family Assistance, 15-19
Financial, 131–151, 252
See also FINANCIAL ELIGIBILITY
Health insurance, maintenance of other, 167-168
Health Safety Net, 241–244
HIV positive persons, 42
Length of, 50
MassHealth Basic, 18-19
MassHealth Essential, 20
MassHealth Standard, 12-14
Medical Security Plan, 246–247
Medical support, assignment of rights to, 166
Notification of, 44, 49
Parents, 74–79
See also PARENTS
Pregnant women, 42, 70–73
See also PREGNANT WOMEN
Prescription Advantage Program, 247-249
Review of, frequency, 53-54
Seniors (adults 65 and over), 119–129
See also SENIORS (65+)
Social Security number, 165
Table summarizing, 278
Third-party payments, assignment of rights to, 166
Third-party recoveries, assignment of rights to, 167
Uninsured adults, Commonwealth Care eligibility criteria, 101–117
See also UNINSURED ADULTS
Verification system, 43

EMERGENCY ASSISTANCE FOR THE ELDERLY, DISABLED AND CHILDREN
See EAEDC

EMOTIONAL DISTURBANCES
Children with, services available, 171–172
Managed care, delivery of service for by, 195

EMPLOYER-SPONSORED INSURANCE
Adults under age 65, eligibility for premium assistance, 92-93
Effect of on children’s eligibility for Family Assistance, 65
Qualified employer defined, 94

EMPLOYMENT AUTHORIZATION DOCUMENT, KEY TO, 289–290

ENGLISH-LANGUAGE, LIMITED PROFICIENCY IN
Services available to persons with, 162–163

ENROLLMENT EFFECTIVE DATE
Disputes, 112-113

EPSDT
Additional services and benefits for children under, 180–181, 194–195

EXTENDED BENEFITS
Termination of, 53
What they are, 51–53

F
FAIR HEARING
See also APPEAL RIGHTS
Advance notice of, 233
Attendance at, 233–234
**FAIR HEARING** *(cont’d)*
Decision, timing of, 236
Grievance filing prior to requesting, 236–237
Place of, 233
Preparation for, 234
Procedure at, 235
Resolution of appeal without, 235

**FAMILIES**
MassHealth application and eligibility, 39
Military, health services available to, 249–250

**FAMILY ASSISTANCE**
Adults under age 65 who are HIV positive, 91–92
Children eligible for
  Employer-sponsored insurance effect on, 65
    Generally, 61–64
CommonHealth coverage of children and, 58
Cost of, 216, 217-218
Coverage begin date, 17
Direct coverage, 65
Eligible groups, 15-16
Financial eligibility, 16
Managed care, 18
Noncitizen eligibility, 18
Overview, 18
Premium assistance, 61-64
Premiums and copayments, 19, 61–64
Self-employed persons and, 218
Services covered, 19, 175

**FAMILY ASSISTANCE PREMIUM ASSISTANCE**
Adults under age 65 who are HIV positive, 91–92
Children eligible for, 61-64
Parents eligible for, 77-78
Self-employed persons eligible for, 95
Services covered, 175
Telephone number for, 256-258

**FEE-FOR-SERVICE**
Coverage types employing, 205
Defined, 199

**FINANCIAL ELIGIBILITY**, 131–151
Asset spenddown, 146
Asset transfer rules, 150–151
Assets not counted for seniors, 143–144
CommonHealth
  Disabled adult one-time deductible, 136–137
Commonwealth Care, 21
Criteria for, 132
Deductibles
  CommonHealth vs. senior, 145
  Expenses that may be used to meet, 146
  Meeting, 138–139
Disabled adult one-time deductible calculation, 136–137
Excess income, eligibility of seniors with, 144–145
Expenses used to meet deductible, 146
Family Assistance, 15
Income limit for seniors, 142
MassHealth Basic, 18–19
MassHealth Essential, 20
MassHealth Standard, 12–14
Medicaid reform
  Assets under, 136
  What counts as income under, 134
  What does not count as income under, 134–135
  Whose income counts under, 132–133
Medicaid traditional
  Asset limit under, 143
  Community resident deductions under, 140–141
  Financial eligibility rules under, 139–140
  What does not count as income under, 141–142
Monthly income determination, 135
Nursing home residents
  Generally, 147–148
  One spouse in, one spouse not, 149
Poverty level and eligible group, table, 278
Seniors
  Assets not counted for, 143–144
  Excess income of, eligibility and, 144–145
  Income limit for, 142
Transfer of asset rules, 150–151

**FISHING PARTNERSHIP**, 251

**H**

**HEALTH INSURANCE**
MassHealth application and proof of, 46
Other, when required to be maintained, 167–168
Payment of claims when MassHealth and other type both involved, 211–212

**HEALTH PROGRAMS, OTHER**, 227–237
*See also* particular programs by name

**HEALTH REFORM LAW 2006**
Generally, 4
Insurance Partnership program and, 89

**HEALTH SAFETY NET**
Application and determination of eligibility, 229
Deductibles and, 130
Defined, 228
Disabled person eligibility for, 84
Eligibility for, 228–229
Immigrant eligibility for, 150–151
Medical hardship, 230
Senior citizen eligibility for, 120–1212
Services, 229–230
Telephone number, 242
HEALTHY START PROGRAM
Defined, 232
Immigrant eligibility for, 151
Website address, 247

HEARING, FAIR
See FAIR HEARING

HIGH-SCHOOL STUDENTS OVER 19
MassHealth eligibility of, 62

HIV-POSITIVE PEOPLE
Adults under age 65
   Eligibility requirements, 86–87
   Other programs for, 87
Disabled persons with, other programs available to, 83–84
MassHealth cost for, 203
Presumptive MassHealth eligibility of, 40

HOME
Return to, effect of on nursing home resident financial eligibility, 140
Treatment of as to financial eligibility of nursing home resident, 139–140

HOME AND COMMUNITY-BASED SERVICES WAIVER
Defined, 115–116
Disabled persons, 83
Services available to seniors, 170

HOMELESS PEOPLE
Managed care and, 196
Residence requirements and, 23–24

IDENTITY
Acceptable proof of, 38–39

IMMIGRANTS
Acceptable proof of status, 39
Children, MassHealth Limited eligibility, 61
Eligibility rules on status as, 149–150
Eligible immigration status, proof of, 149, 265, 270
MassHealth
   Application and proof of, 45
   Immigration problems based on receipt of, 151–152
   Recipient as public charge, 151–152
Nonqualified, other programs available to, 150–151
Parents ineligible, benefits available to, 73
Residence requirements, 22

INCOME
Exceeding limits, how to obtain coverage despite, 115, 136–137
Excluded, 126
Limits for seniors, 134
MassHealth application and proof of, 45
Medicaid reform and
   What counts as income, 125–126
   What does not count as income, 126–127
   Whose income counts, 124–125
Medicaid (traditional) and
   What does not count as income, 133–134
   Whose income counts, 132
Monthly, determination of, 127
Nursing home resident, effect on eligibility, 139, 140–141
Standards, table, 263

INDIVIDUAL MANDATE, 4

INDIVIDUALS
MassHealth application and eligibility, 36

INFANTS
See CHILDREN

INSURANCE PARTNERSHIP PROGRAM, 89, 204, 241

K

KAILEIGH MULLIGAN PROGRAM, 53

L

LEGAL CITATIONS AND REFERENCES, 244–245

LEGAL SERVICES OFFICES, 251–252

LONG-TERM CARE
Immigrant eligibility for, 151

M

MANAGED CARE
Assignment to, disputes over, 109
Choices available, 190–191
CommonHealth, 13
Commonwealth Care, 20
Defined, 188–189
Family Assistance, 16
Homeless persons and, 196
MassHealth Basic
   Generally, 17
   Time to enroll, 194–195
MassHealth Essential
   Generally, 18
   Time to enroll, 194–195
MassHealth Standard, 12
Mental health services, 195
Required use of, 189–190
MANAGED CARE ORGANIZATION  
See MCO

MANDATE, INDIVIDUAL, 4

MARRIED COUPLES  
MassHealth application and eligibility, 36

MASSACHUSETTS HOME CARE PROGRAM  
Defined, 234–235
Disabled person eligibility for, 83
Immigrant eligibility for, 151–152
Senior citizen eligibility for, 121

MASSACHUSETTS INSURANCE CONNECTION  
Disabled HIV-positive persons eligibility for, 84

MASSHEALTH BASIC  
Coverage begin date, 17
Disabled adults eligible for, 81–82
Eligible groups, 16
Financial eligibility, 17
Managed care, 17, 194
Noncitizen eligibility, 17
Overview, 16
Premiums and copayments, 17
Services covered, 17, 166
Unemployed persons eligible for, 90–91

MASSHEALTH BUY-IN FOR QUALIFIED MEDICARE BENEFICIARIES, 119

MASSHEALTH BUY-IN FOR SPECIFIED LOW-INCOME BENEFICIARIES, 120

MASSHEALTH BUY-IN FOR SPECIFIED LOW-INCOME BENEFICIARIES, 121

MASSHEALTH ESSENTIAL  
Coverage begin date, 18
Disabled adults eligible for, 81–82
Eligible groups, 18
Financial eligibility, 18
Managed care, 18, 194–195
Noncitizen eligibility, 18
Overview, 18
Premiums and copayments, 18
Seniors eligible for, 113
Services covered, 18, 167–168
Unemployed persons eligible for, 91–92

MASSHEALTH GENERALLY, 1–20
See also APPLICATION AND ELIGIBILITY DETERMINATION
Administration of, 6–7
Adults under age 65, eligibility of, 86
Advocates  
Information sources for, 9–10
Role of, 8–9
Applying for, 34–35

Board of Hearings contact information, 240
Breast cancer coverage, 82–83
Cards  
Provision of, when, 42
Temporary, 43
Cash assistance, eligibility and, 26–27
Cervical cancer coverage, 82–83
Citizenship and eligibility, 144–145
Commonwealth Care appeals, 216–217
Cost of, 202–204
Deductibles for seniors, income standard for, 137
Dental services, 173
Drug coverage, 179–180
Drug list, 178–179
Eligibility  
Cash assistance receipt and, relationship between, 25–31
Checklist, 253–260
Table summarizing, 265–266
Enrollment center contact information, 240
Enrollment in, numbers, 6
Fee-for-service, 193
Hardship premium waiver, 208
Health reform law 2006, 4
HIV-positive persons, cost of for, 203
Income standards, table, 263
Individual mandate, 4
Managed care  
Choices available, 190–191
Mental health services, 195
When use of required, 189–190

MCO  
Participants, 191–92
Services not delivered by, 192
Medicaid reform, 3
Medicare costs covered by, 118–119
Notice, timing of, 216
Obtaining, how to, 8
Payment when other insurance also involved, 198–199
Premium assistance  
Employer-sponsored insurance, for, adults under age 65, 87–88
Upper payment limits, 266
Premium charges, table of, 282
Prior authorization time limits, 175
Protected alien eligibility for, 147
Providers who accept, finding, 197
PRUCOL alien eligibility for, 147–149, 271–273
Qualified alien eligibility for, 145–146
Refugee Resettlement Program participants, eligibility of, 31
Residence requirements, 22–24
Services covered  
See SERVICES COVERED
Social Security number and, 156

Index
Index

MASSHEALTH GENERALLY (cont’d)
Special status alien eligibility for, 147–149
Telephone number, 242
Transportation assistance, 177–178
Types of, 4–5, 10–20
  CommonHealth, 13
  Commonwealth Care, 19–20
  Family Assistance, 14–16
  MassHealth Basic, 16–17
  MassHealth Essential, 18
  MassHealth Standard, 10–12
Undocumented persons, 150
Upgrading to receive additional services, 183
What is it, 2

MASSHEALTH LIMITED
Children eligible for, 61
Pregnant women eligible for, 68
Seniors eligible for, 114
Services covered, 168–169

MASSHEALTH PRENATAL, 67, 169

MASSHEALTH STANDARD
Adult childless refugees eligible for, 93
Caretaker relatives eligible for, 70–71
Children eligible for, 52–54, 55–56
Cost of, 202
Coverage begin date, 12
Disabled adults eligible for, 76
Eligible groups, 11
Financial eligibility, 11–12
Income and assets exceeding limits, eligibility, 115
Managed care, 12
Noncitizen eligibility, 11
Overview, 10
Parents eligible for, 70–71
Pregnant women eligible for, 66
Premiums and copayments, 12
Seniors eligible for, 112, 115
Services covered, 12, 164–165

MCO
Grievance, filing with before requesting hearing, 223–224
MassHealth participants, 191–192
PCC vs., 193–194
Refusal to provided needed service, 196–197
Services not delivered by, 192

MEDICAID
Citizenship and, 144–145
Federal expansion of state service limitations, 185
MassHealth application by persons receiving, 43
Office of, contact information, 240, 247
Protection for seniors no longer receiving SSI, 113
Reform
  Application, 37
Assets and, 128
Benefits under, start date of, 42
Counting income under, 124–127
Eligibility rules, 117
Generally, 3
Traditional
  Asset limits under, 134–135
  Deductions allowed under, 132–133
  Financial eligibility rules under, 131
  What income is not counted under, 133–134
  Whose income counts under, 132

MEDICAL HARDSHIP, 230

MEDICAL NECESSITY
Defined, 173–174
Disputes, 100

MEDICAL SECURITY PROGRAM
Benefits, 233
Defined, 232
Eligibility, 232–233

MEDICAL SUPPORT
Assignation of rights to, 156–157
Domestic violence result of pursuit of, 157

MEDICARE
Costs of covered by MassHealth, 118–119
Drug coverage, 179–180

MEDICARE SAVINGS PROGRAMS
Defined, 119–120
Disabled person eligibility for, 83
MassHealth Buy-In for Qualified Medicare Beneficiaries, 119
MassHealth Buy-In for Specified Low-Income Beneficiaries, 120

MILITARY FAMILIES
Health services available to, 235–236

N

NONCITIZEN ELIGIBILITY, 143–154
See also RESIDENCE ISSUES
CommonHealth, 13
Commonwealth Care, 19, 147–149
Family Assistance, 15
MassHealth Basic, 17
MassHealth Essential, 18, 81
MassHealth Standard, 11
Protected aliens, 147
PRUCOL aliens, 147–149, 271–273
Qualified aliens, 145–146
Special status aliens, 147–149
Undocumented, 150
NOTICE, 215–225
Advance notice of fair hearing, 220
Timing of, 216

NURSING HOMES
Eligibility rules for, 118, 139–140
One spouse in, one spouse not; financial eligibility rules for, 140–141
Procedure when entrance into becomes necessary, 181–182

O
ONE-TIME DEDUCTIBLE, 78–79, 128–129
OUT-OF-STATE SERVICES
When covered, 176

P
PACE PROGRAM
Defined, 116–117
Disabled person eligibility for, 83–84
Services available to seniors, 170

PARENTS
Definition of, 70
Eligibility criteria, 69–74
Family Assistance Premium Assistance eligibility, 72–73
Ineligible immigrants, benefits available for, 73
MassHealth eligibility generally, 71
MassHealth Standard eligibility, 70–71
Minor, MassHealth application and eligibility, 37
Other program eligibility, 73–74
Premium Assistance eligibility, 72

PCC
Contact information, 242
MCO vs., 193–194
Providers involved in plan, 192
Services for which referral necessary, 193

PERMANENT RESIDENT CARDS, KEY TO, 276

PHARMACY SERVICES
Prior authorization time limit, 175

PICKLE AMENDMENT, 29

PREGNANT WOMEN
Assets and, 66
MassHealth Limited eligibility, 67
MassHealth Prenatal, 67–68
MassHealth Standard eligibility, 66
Prenatal care for noneligible women, 67
Presumptive MassHealth eligibility of, 40

PREMIUM ASSISTANCE
Employer-sponsored insurance, eligibility of adults under age 65, 87–88
Parents eligible for, 72–73
Upper payment levels, 266

PREMIUMS, 201–213
Billing members by providers, 209
Children’s Medical Security Plan, 231
CommonHealth, 13, 206
Commonwealth Care, 19
Copayments
  Amount of, 209–210
  Exemptions from, 211
  Services not requiring, 212
  When unaffordable, 210
Different charges across one family, 206
Disputes as to, 106
Family Assistance, 14–15, 72–73, 202–203
  Employees in the Insurance Partnership, 204
  Self-employed persons, 205
Harmfulness waiver, 208
HIV-positive adults, 203
MassHealth Basic, 17
MassHealth Essential, 18
MassHealth generally, 202
MassHealth Standard, 12, 202
Missed payment, 207–208
Premium Assistance, 72
Repayment of benefits, 212
Table of, 279
Unaffordability of, 106–108

PREGNANT CARE
MassHealth Prenatal, 67–68
Women not eligible for Mass Health, 68

PRESCRIPTION ADVANTAGE PROGRAM
Application and enrollment, 234
Benefits, 234
Defined, 233
Disabled person eligibility for, 84
Eligibility, 234
Immigrant eligibility for, 151
Senior citizen eligibility for, 120

PRIMARY CARE CLINICIAN PLAN
See PCC

PRIOR AUTHORIZATION
Additional services obtained by way of, 174
Denial of, remedies for, 176
Requirement of, 174–175
Time limits, 175

PRIVATE DUTY NURSING
Prior authorization time limit, 175
Index

PUBLIC CHARGE
Immigrant receiving MassHealth as, 151–152

Q
QUALIFIED EMPLOYER DEFINED, 89

R
REASONABLE ACCOMMODATION OF DISABILITY SERVICES, 177–178

REFUGEES
Childless adult, MassHealth Standard eligibility, 93
Resettlement Program, MassHealth eligibility of recipients of, 31

RESIDENCE ISSUES, 21–24
See also NONCITIZEN ELIGIBILITY
Homeless people and, 23–24
Immigrants and, 22
Length of residence necessary to qualify, 23
MassHealth requirements as to, 22
Verification of, 23

S
SAVE SYSTEM, 39, 150

SELF-EMPLOYED PERSONS
Commonwealth Care and, 90
Family Assistance, 205
Family Assistance Premium Assistance and, 90

SENIOR CARE OPTIONS, 170, 191

SENIO (65+)
Additional services available to, 170
Assets, 135–136
CommonHealth eligibility, 113
Deductibles, 137
Eligibility criteria, 111–121
Excess income and eligibility, 136–137
Home and Community-Based Services Waiver, 115
Income and assets exceeding limits, 115
Income limits for, 134
Ineligible persons, other programs available to, 120–121
MassHealth applications, 43
MassHealth Essential eligibility, 113–114
MassHealth Limited eligibility, 114
MassHealth Standard eligibility, 114, 115
Medicaid
Protection for those no longer receiving SSI, 113
Reform, eligibility rules, 117
Medicare, costs of covered by MassHealth, 118–119
Medicare Savings Programs, 119–120
Nursing home resident eligibility, 118
PACE program, 116–117

SERVICE DELIVERY, 187–199
Changing plan, 194
Fee-for-service
Coverage types using, 193
Defined, 188
Managed care
Choices of, 190
Defined, 188
Homeless people and, 196
MassHealth Basic, time to enroll, 194
MassHealth Essential, time to enroll, 194
Mental health services, 195
MCOs
MassHealth participants, 191
Needed service refusal, 196
PCC vs., 193–194
Services not available through, 192
Payment for services when MassHealth and other insurance coexist, 198
PPC plan
MCO vs., 193
Needed service refusal, 196
Providers, 192
Referral requirements, 193
Providers who accept, finding, 197
Refusal to accept, 198–198

SERVICES COVERED, 163–185
See also BENEFITS
Autism, children with, 171–172
CommonHealth, 13, 165
Commonwealth Care, 19
Children, 170–171
Children’s Medical Security Plan, 231
Comparison across plans, table showing, 276–278
Denial or noncoverage of needed service, 182
Dental, 173
Drug
Coverage, 179–180
List, 178–179
EAEDC recipients, 167–168
Emotional disturbances, children with, 171–172
EPSDT, children under, 170–171, 183–184
Family Assistance, 166
Family Assistance Premium Assistance, 165–166
Health Safety Net, 229–230
Information sources on, 163
MassHealth Basic, 17, 166
MassHealth Essential, 18, 167–68
MassHealth Limited, 168–169
MassHealth Prenatal, 169
Medicaid expansion of state service limitations, 185
Medical necessity, determinations of, 173–174
Medicare drug coverage, 179–180
Nursing home needed, 181–182
SERVICES COVERED (cont’d)
Out-of-state services, 176
Prior authorization
  Additional services by way of, 185
  Denial of, 176
  Time limits for, 175
  When required, 174–175
Reasonable accommodation of a disability, 184
Seniors, 170
Smoking cessation assistance, 180
Transportation assistance, 177–178
Upgrading to procure additional, 183
SMOKING CESSATION ASSISTANCE, 180
SOCIAL SECURITY INCOME
  See SSI
SOCIAL SECURITY NUMBER
  MassHealth and, 156
SPONSOR DEEMING, 152
SSI
  MassHealth eligibility of former recipients of, 28–31
    Disabled adult children, 29–30
    Disabled widows, 30
    Disabled workers, 30–31
    “Pickle Amendment” cases, 29
  Medicaid protection for seniors no longer receiving, 113
STUDENTS
  College
    Health services available to, 236
    MassHealth eligibility of, 62
  High school over 19, MassHealth eligibility of, 62
  Student health insurance (SHIP), 62

T
TELEPHONE NUMBERS, 242–244
THIRD-PARTY PAYMENTS
  Assignment of rights to, 156–157
THIRD-PARTY RECOVERIES
  Assignment of rights to, 158
TIME LIMITS
  Notices, 216
  Prior authorization, 175
TRANSFER OF ASSETS
  Nursing home resident financial eligibility and, 141
  Rules for, 141–142
TRANSITIONAL BENEFITS
  Termination of, 49
  What they are, 47–49
TRANSPORTATION
  Emergency, 177
  MassHealth assistance with, 177–178
  Nonemergency, 177–178
  Prior authorization time limit, 175
TRICARE, 236
TRUSTS
  Nursing home resident financial eligibility and, 140
U
U.S. CITIZENSHIP
  Acceptable proof of, 38–39
  MassHealth
    Application and proof of, 44–45
    Effect of on eligibility for, 144
UNEMPLOYED PERSONS
  MassHealth Basic coverage for, 90–91
  MassHealth Essential coverage for, 91–92
UNINSURED ADULTS
  Commonwealth Care eligibility criteria, 95–109
  Administration, 97–98
  Appeal rights, 109–109
  Benefits available, 98–99
  Cost of, 100–101
  Coverage begin date, 102–103
  Denial, reasons for, 103–104
  Dispute resolution, 105–106
  Premiums unaffordable, 106–108
  Service delivery, 99–100

V
VETERANS
  Health benefits, disabled person eligibility for, 83
  Health services available to, 235–236
  TRICARE, 236
VIRTUAL GATEWAY, 34

W
WEBSITES, 246–250
WELFARE (CASH) RECIPIENTS
  Loss of cash benefits and MassHealth eligibility, 47
WIDOWS
  Disabled, SSI receipt and MassHealth eligibility, 30
WOMEN
  Breast cancer coverage, 82–83
  Cervical cancer coverage, 82–83
  Pregnant
    Assets and, 66
    MassHealth Limited eligibility, 67
Index

WOMEN
Pregnant *(cont’d)*
   MassHealth Prenatal, 67
   MassHealth Standard eligibility, 66
   Prenatal care for noneligible women, 67
   Presumptive MassHealth eligibility of, 40
Widows, disabled, SSI receipt and MassHealth eligibility, 30

WORKERS
Disabled
   CommonHealth eligibility criteria, 79
   SSI receipt and MassHealth eligibility, 30–31