




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 09-11
August 1, 2009

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations. 

RE: **Children's Health Insurance Program Reauthorization Act**

Background

The Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed into law on February 4, 2009. CHIPRA requires or allows MassHealth to make changes to certain regulations and procedures. These changes are described in this memo.

MassHealth regulations are being revised to comply with CHIPRA.

Changes in Benefits

Five-year barred aliens with special status (AWSS) who are under the age of 19 or who are pregnant will get federally funded benefits.

- Five-year barred AWSS who are under the age of 19 and who have family group income that is less than or equal to 150% of the federal poverty level (FPL) will be upgraded from state-funded Family Assistance to MassHealth Standard.
- Five-year barred AWSS who are under the age of 19 and who have family group income that is greater than 150% of the FPL and is less than or equal to 200% of the FPL will receive federally funded Family Assistance instead of state-funded Family Assistance.
- Five-year barred AWSS who are under the age of 19 and who have family group income that is greater than 200% of the FPL and is less than or equal to 300% of the FPL will be upgraded from the Children's Medical Security Plan (CMSP) to federally funded Family Assistance. All of the rules for Family Assistance, including the crowd-out provision, apply.
- Five-year barred AWSS who are pregnant and who have family group income that is less than or equal to 200% of the FPL will be upgraded from the Healthy Start Program (HSP) to MassHealth Standard.

The target date for these changes is August 28, 2009.

(continued on next page)

Notices

Advance notices will be sent to CMSP and HSP members who are affected by these changes. Copies of these notices are attached to this memo.

**Citizenship and
Identity
Verifications**

A document issued by a federally recognized Indian tribe showing membership or enrollment in or affiliation with such tribe has been added as an acceptable Level 1 document for verification of citizenship and identity. Level 1 documents satisfy the verification requirement for both citizenship and identity. Examples of these documents are tribal enrollment cards and certificates of degree of Indian blood.

MassHealth will now provide benefits to individuals who have unverified citizenship or identity during the verification period. If citizenship or identity is the only outstanding verification, the individual may be determined eligible for any coverage type. A Request for Information (VC) notice will be sent. If the verifications are not provided within the appropriate time frames, the MassHealth or Commonwealth Care benefits will be terminated. The member will receive Health Safety Net if the family group income is less than or equal to 400% of the FPL.

**Infants Born to
MassHealth -
Eligible Women**

Infants who are born to women who are receiving MassHealth in any category of assistance are automatically eligible for one year and are exempt from providing verification of citizenship and identity.

The requirement that the infant must be living in the same household as the mother to receive automatic benefits has been removed from the MassHealth regulations.

Questions

If you have any questions about this memo, please have your MEC designee call the Policy Hotline.



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Dear CMSP Member, Parent, or Caretaker,

We are pleased to tell you that your child may be able to get more health-insurance coverage than he or she has now. Your child is on the Children's Medical Security Plan (CMSP) or the Health Safety Net (HSN). Based on your family income, your child may get MassHealth Family Assistance.

New federal law now allows MassHealth to offer federal benefits to legal immigrant children and pregnant women who used to have to wait five years after they got legal status.

During September 2009, we will send letters to the homes of all children who move from CMSP to MassHealth. This letter will include the date MassHealth will start for your child. On that date, your child will no longer be eligible for CMSP. Instead, your child will get more benefits through MassHealth.

Below is some information about this new MassHealth coverage and what you will need to do to make sure your child gets this new coverage.

Help with health-insurance premiums

If your employer offers family health insurance that you have not been able to afford, MassHealth may be able to help you pay the premiums for this coverage. We will do this instead of providing benefits to your child directly. You must enroll in qualifying employer-sponsored insurance that you can get at your job.

Signing up for family health-insurance coverage at your job is a great way to get health insurance for parents and children.

We will send you more information about this if we find out that your child can get qualified health insurance through your employer. MassHealth will cover your child directly for some time while you arrange to get family health-insurance at work.

More complete benefits

MassHealth will give your child Family Assistance direct coverage if you cannot get health insurance at work. This includes all of the benefits your child now gets from CMSP or HSN. It also covers many more services if they are medically necessary. These benefits include

- **Inpatient and outpatient hospital coverage:** MassHealth **includes** inpatient hospital coverage that CMSP does not. And, unlike HSN, MassHealth has no deductibles.
- **Dental coverage:** MassHealth **does not** limit dental benefits to \$750 the way CMSP does.
- **Full pharmacy coverage:** MassHealth **does not** limit pharmacy benefits to \$200 the way CMSP does.
- **Mental health and substance abuse treatment services:** MassHealth **does not** limit these services the way CMSP does.
- **MassHealth provides eyeglasses, medical supplies and equipment, and more.**
- **No copayments:** Unlike CMSP, MassHealth **does not** charge copays for any benefits for children. Unlike HSN, MassHealth **has no** deductibles or coinsurance for children.

Choice of health plans

MassHealth offers a choice of health plans. Children have access to thousands of health-care providers across the state. This includes primary-care physicians, specialists, hospitals, community health centers, and more.

Your child may have a doctor that you would like to keep seeing. That doctor must be a MassHealth provider or participate in a MassHealth managed-care plan.

When MassHealth Standard starts, you will be asked to choose a primary-care provider or a health plan within 14 days. **If you do not let us know your choice, MassHealth will choose for your child.**

MassHealth premiums

You will not have to pay copays or deductibles for MassHealth direct coverage, but you will be charged a monthly premium. How much you will be charged depends on your family income. The premium will be either \$20 per child per month (up to \$60 per month for three or more children) or \$28 per child per month (up to \$84 per month for three or more children). You will get a letter from MassHealth telling you what your monthly premium will be.

There may be times that you cannot pay your MassHealth monthly premium. If that happens, you may be able to get on a payment plan. If you have a hardship, MassHealth may be able to stop charging you a premium for some months. We will send you more information about MassHealth premiums later.

What you need to do now

- Keep paying CMSP premiums until the MassHealth coverage begins.
- Reply to any requests for information or reviews from MassHealth.
- Tell MassHealth if you move.

Important: If your child loses CMSP because you did not pay the premium or you did not send in information we asked for, your child **will not** be automatically enrolled in Family Assistance. Also, your child will not be able to reenroll in CMSP.

Questions

If you have any questions, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss), 8 A.M. to 5 P.M., Monday through Friday.



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Dear HSP Member,

We are pleased to tell you that you may be able to get better health-insurance coverage than you have now. You are on the Healthy Start Program (HSP) and MassHealth Limited. Based on your family income and your pregnancy status, you may get MassHealth Standard while you are pregnant.

New federal law allows MassHealth to offer federal benefits to pregnant women who used to have to wait five years after they got legal status.

During September 2009, we will send letters to the pregnant women who move from HSP and MassHealth Limited to MassHealth Standard. This letter will tell you the date MassHealth Standard will start. On that date, you will no longer be eligible for HSP.

Below is some information about this new MassHealth coverage and what you will need to do to make sure you get this new coverage.

More complete benefits

MassHealth Standard offers a complete set of benefits.

- **Inpatient and outpatient hospital coverage:** MassHealth Standard **includes** inpatient hospital coverage. You will not have to worry about hospital bills for yourself!
- **Dental coverage:** MassHealth Standard offers full dental benefits including preventive care.
- **Pharmacy coverage without copayments while you are pregnant**
- **Mental health and substance abuse treatment services**
- **MassHealth provides eyeglasses, medical supplies and equipment, and more.** There is no dollar limitation on the amount of benefits you may get.
- **No copayments:** MassHealth **does not** charge copays for any benefits for pregnant women.

Choice of health plans

MassHealth offers a choice of health plans. Pregnant women have access to thousands of health-care providers across the state. This includes primary-care physicians, specialists, hospitals, community health centers, and more.

If you have a primary-care provider, obstetric-care provider, or specialist that you would like to keep seeing, please be sure that the provider takes MassHealth or is in a MassHealth managed-care plan.

When MassHealth Standard starts, you will be asked to choose a primary-care provider or a health plan within 14 days. **If you do not let us know your choice, MassHealth will choose for you.**

What you need to do now

- Keep using the HSP coverage and card until your new MassHealth coverage begins. Always show any health insurance cards, including MassHealth, to all of your providers at every visit.
- Reply to any requests for information or reviews from MassHealth.
- Tell MassHealth if you move or if there are any changes in your household.

Important: If you lose HSP because you did not send in information we asked for or because you are no longer pregnant, you **will not** be automatically enrolled in MassHealth Standard.

At the end of your postpartum period, your eligibility for benefits will be reviewed again to see if you are eligible for MassHealth Standard. The postpartum period includes the 60 days following the end of your pregnancy, plus an additional period extending to the end of the month in which the 60-day period ends.

Questions

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