



MassHealth Premium Assistance Program

**Presented by: MassHealth Premium Assistance
and ForHealth Consulting at UMass Chan
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Today's Topics



- What is Premium Assistance?
- Review of Eligibility Criteria
- Investigations and Outreach
- Requirement to Enroll
- Approval for Premium Assistance
- Annual Premium Assistance Reviews (Compliance Forms)

What is Premium Assistance?



- MassHealth helps eligible members pay for their health insurance by sending them monthly payments.
- Eligibility for MassHealth Premium Assistance is determined by the individual's MassHealth coverage type and the type of health insurance that the individual has or has access to.
- MassHealth Premium Assistance programs are designed to provide MassHealth a cost effective way of delivering benefits to MassHealth members who have health insurance.

Eligibility Criteria for Premium Assistance



MassHealth can provide members with a Premium Assistance (PA) benefit when the member and the health insurance policy meet certain criteria. MassHealth may provide a PA payment to an eligible member when all of the following criteria are met:

- The health insurance coverage meets the Basic Benefit Level (BBL).
- The health insurance policy holder is either in the Premium Billing Family Group (PBFPG) or in certain situations the policyholder resides with the individual who is eligible for the PA benefit.
- The health insurance policy is a policy that MassHealth has authorization to purchase based on the eligibility of the MassHealth members covered by the policy.

Eligibility Criteria for Premium Assistance (continued)



MassHealth may provide premium assistance for the following categories of health insurance:

- **Employer Sponsored Insurance (ESI):** To which the employer contributes at least 50% toward the monthly premium amount.
- **Other Group Insurance Plans:** To which an employer may contribute less than 50% toward the monthly premium amount, COBRA coverage, and other group health insurance access.

The categories of health insurance that MassHealth has authorization to provide premium assistance for by MassHealth coverage type are:

| MassHealth Coverage Type | ESI 50% Plans | Other Group Insurance Plans |
|---|---------------|-------------------------------------|
| <ul style="list-style-type: none"> • Standard (except BCCTP members with income over 133%) • CommonHealth • CarePlus • Family Assistance Children at or below 150%FPL, Young Adults, HIV+ and Disabled Adults | Yes | Yes |
| <ul style="list-style-type: none"> • Family Assistance Children between 150% and 300% FPL | Yes | Not eligible for Premium Assistance |

Investigations by Coverage Type



| MassHealth Coverage Type | Investigate self declared insurance? | Investigate access to ESI and require enrollment in coverage? |
|------------------------------------|--------------------------------------|---|
| Standard | Yes | Yes, all but BCCT and HIV |
| CommonHealth | Yes | Yes |
| CarePlus | Yes | Yes |
| Family Assistance | | |
| • Children | Yes | Yes |
| • Young Adults 19-20 below 150%FPL | Yes | Yes |
| • Young Adults 19-20 above 150% | No | No |
| • Disabled Adults | Yes | Yes |
| • Adults and Elders | No | No |
| Limited | No | No |

Investigations and Outreach

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1

ESI-1 Form (Access to Employer-Sponsored Health Insurance Coverage)

Members are identified for PA outreach based on factors that could indicate access to PA-qualifying ESI (hours worked per month, self-attested access to ESI, etc.).

- MassHealth mails approximately 4,000 per month.
- The ESI-1 Form asks members for information on their employer's ESI offerings to see if they may have access to PA-qualifying ESI.
- Members are asked to respond to the ESI-1 Form within 30 days.
- Completed ESI-1 forms are reviewed to determine eligibility for PA.

The screenshot shows the ESI-1 form and its instructions. At the top, it includes the Commonwealth of Massachusetts logo and the MassHealth logo. The form is addressed to [Policy Holder Name] at [Address1], [Address2], [City, State, ZIP]. It includes fields for [Letter ID] and [Date] ESI-N1. The recipient is informed that their MassHealth regulations require them to obtain and maintain available health insurance, and that MassHealth's Premium Assistance Program may help with the cost. The form requests more information about the member's access to employer-sponsored health insurance to determine eligibility for the Premium Assistance Program. The form is titled "Access to Employer-Sponsored Health Insurance Coverage" and includes the MassHealth and HEALTH CONNECTOR logos. The instructions section explains that the form is needed to determine continued eligibility for MassHealth and provides a list of instructions: 1. Complete Part 1: Member Information section and sign below. 2. Have your employer complete Part 2: Employer-Sponsored Health Insurance Information section. 3. Return your completed form by the deadline on your notice. The instructions also provide contact information for MassHealth Premium Assistance Program: Mail: 519 Somerville Ave., #372, Somerville, MA 02143; Fax: (617) 451-1332. The form includes a section for "PART 1: Member Information" with fields for: 1. First name, middle name, last name, and suffix; 2. Date of birth (DOB); 3. MassHealth Member ID #; 4. Phone; 5. Email; 6. Address; 7. City; 8. State; 9. Zip Code. At the bottom, there is a question: "10. Are you currently working?" with options "Yes (Complete the rest of the form)" and "No (Go to question 11)".

Investigations and Outreach



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2 Premium Assistance Program Application

Application for members who wish to proactively enroll in Premium Assistance.

- Members may already be enrolled in ESI or seeking to enroll in ESI.
- Applications are available to download on the MassHealth Premium Assistance website (www.mass.gov/masshealth/pa).
- Application asks members for information on their employer's ESI offerings or the ESI they are already enrolled in to see if they may qualify for PA.
- Completed Premium Assistance Program Applications are reviewed to determine eligibility for PA.

Premium Assistance Program Application   ESI-2

In order to determine eligibility for the MassHealth Premium Assistance Program for you and members of your household, we need more information from you AND your employer about your access to employer-sponsored health insurance coverage. Do not enroll in any health plan through your employer until we have reviewed the plan to see if it meets Premium Assistance program standards. We will send you a letter to tell you if you have to enroll in a plan if we decide a plan offered through your employer meets program requirements.

INSTRUCTIONS

1. Complete **Part 1: Member Information** section and sign below.
2. Have your employer complete **Part 2: Employer-Sponsored Health Insurance Information** section.
3. Return your completed form by the deadline on your notice. Include the Summary of Benefits from your employer if one has been provided to you. If your employer does not complete the form, please still complete and return Part 1 by the deadline on your notice. You can return your form in one of the following ways:
Mail: MassHealth Premium Assistance Program, 519 Somerville Ave., #372, Somerville, MA 02143
Fax: (617) 451-1332

PART 1: Member Information (You must complete this section.)

1. First name, middle name, last name, and suffix _____

2. Date of birth (DOB) _____ 3. MassHealth Member ID # _____

4. Phone _____ 5. Email _____

6. Address _____ 7. City _____ 8. State _____ 9. Zip Code _____

10. Are you currently working? Yes (Complete the rest of the form) No (Go to question 11.)

10a. If yes, Employer name and address _____
Wages/tips (before taxes) \$ _____ Weekly Every 2 weeks Twice a month Monthly Yearly
(Subtract any pre-tax deductions, such as nontaxable health insurance premiums.)
Date you started getting these wages/tips _____ Average number of hours worked each WEEK _____
Are you seasonally employed? Yes No If yes, how many months do you work each calendar year? _____
If you have more jobs and need more space, attach another sheet of paper.
Yearly income: 1. What is your total expected income for the current calendar year? _____
2. What is your total expected income for next calendar year, if different? _____

10b. Are you and/or your family members enrolled in health coverage from this employer? Yes No
If yes, please provide the following:
Carrier Name _____ Policyholder Name _____
Policy Number _____ Group Number _____
Plan Effective Date _____ Policy Holder SSN _____
Name, DOB, and SSN of individuals covered by this policy _____

If you answered yes to question 10, sign and date question 11 and give this form to the employer named in Question 10a to complete Part 2: Employer-Sponsored Health Insurance Information. After the employer completes Part 2, return the form to the address or fax number in the instructions.
If you answered no to question 10, sign and date question 11 and return this form to the address or fax number in the instructions.

11. SIGNATURE

I certify under pains and penalty of perjury that what is stated on this form is correct and complete to the best of my knowledge.

Signature of head of household or authorized representative _____ Date _____
Printed name _____

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Investigations and Outreach



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3 Confirmed Access and Qualifying Event Letters (Continued)

- Members who are sent a Confirmed Access Letter are required to enroll by the deadline.
- Premium Assistance ensures member awareness of upcoming deadlines by providing follow-up before the end of the 60 days.

Day 1

- HIX system generates **Confirmed Access Letter** to member
- **Qualifying Event Letter** sent to member and employer



Day 28

Text and Phone outreach performed to member



Day 49

Text and Phone outreach performed to member



Day 14

Text and Phone outreach performed to member



Day 45

Follow-up letter is mailed to member



Day 60

Deadline

MassHealth *may* terminate coverage, resulting in a HIX-generated **MassHealth Termination** notice



Requirement to Enroll in ESI



Members who have access to ESI that meets MassHealth criteria must enroll in coverage upon request

If members are outreached by Premium Assistance Unit and fail to enroll within the 60 day timeframe:

- HIX will perform an eligibility determination and terminate MassHealth coverage for all members with access to enroll, except the following members:
 - Pregnant women in Standard or Commonwealth
 - Children or young adults receiving Standard or Commonwealth
 - Members receiving continuous eligibility
- A MassHealth termination notice will be sent if coverage is terminated for failure to enroll.

A sample of a MassHealth termination notice. It includes a header with a barcode and recipient information for John Q. Public. The notice contains fields for Date, Notice ID, Member ID, and SSN. The main body of the letter states that the person does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan. It provides a reason for non-qualification: the person did not enroll in required employer-sponsored health insurance. The notice concludes with the effective termination date.

John Q. Public
100 Main Street
Boston, MA 02118

Date: [Month DD,YYYY of Notice creation]
Notice ID: [New Sequential Notice ID] / [Template ID]
Member ID: [MMIS ID]
SSN: [xxx-xx-last four digit]

Dear [Primary Recipient Name],

We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan.

Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and the Children's Medical Security Plan?

The person listed below does not qualify because:

- Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID], Date of Birth: [DOB]
 - The person did not enroll in the required employer-sponsored health insurance. 130 CMR 503.007(A)

This coverage is ending on [Effective Termination Date]

Approval for Premium Assistance



Members who enroll in Premium Assistance will receive a Premium Assistance Approval Notice.

- The letter will let the policyholder and member(s) know when the benefit begins and how much Premium Assistance will pay towards the private insurance monthly premium.
 - Please note certain MassHealth members may have a “required member contribution” that reduces the amount of premium assistance, based upon their FPL.
 - In certain circumstances, if the required member contribution exceeds the monthly cost of a member’s ESI, the member will be responsible to pay the difference in the form of a premium bill.
- The policy holder will receive the premium assistance payments monthly for the following month’s health insurance premium.
- Premium assistance payments begin in the month of the MassHealth Premium Assistance eligibility determination or in the month that health insurance deductions begin, whichever is later.
- Members are encouraged to sign up for direct deposit of their premium assistance payment.

Dear Bruce Lee,

Good News! MassHealth has determined that you are enrolled in acceptable private health insurance and has approved you and/or your family members for MassHealth Premium Assistance benefits. MassHealth will send you (the insurance policy holder) a check each month for \$464.00. This is your Premium Assistance payment. The amount we pay is based on the total cost of the health insurance to you or your family, any MassHealth required member contribution and other factors.

Premium Assistance payments will begin in the month that Premium Assistance was approved, or in the month the private health insurance deduction begins, whichever is later. The MassHealth Premium Assistance payment is for the following month’s private health insurance coverage. This check for \$464.00 covers all people approved to receive premium assistance on this insurance policy. You can set up direct deposit by downloading and completing the **Electronic Funds Transfer (EFT)** form from www.mass.gov/masshealth/pa. Direct deposit is the fastest way for you to receive your Premium Assistance payment.

The family members approved to receive Premium Assistance are:

Name: Bruce Lee, **Member ID:** 12345678910, **Date of Birth:** XX-XX-2000

What if I have been paying a monthly MassHealth premium(fee)?

If you have to pay a MassHealth premium (fee), your Premium Assistance payment above has already been reduced by that amount. In most cases you will no longer get a bill from MassHealth.

Annual Premium Assistance Review (Compliance Forms)



Most ESI plans update their plan and rate information on an annual basis at the end of their plan year or rate year.

- Premium Assistance requires updated plan and rate information from members and employers at the end of a plan's rate year to continue making PA payments:
 - If Premium Assistance does not know what the updated plan information is, PA cannot know if the plan continues to meet PA requirements.
 - If Premium Assistance does not know what the updated monthly employee premium is, PA cannot pay the member the correct amount.
- PA members and employers are sent a Premium Assistance Compliance Form 2 months prior to the end of the plan's rate year to request this information.

MassHealth The Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth Premium Assistance Program
519 Somerville, Ave #372
Somerville, MA 02143

PREMIUM ASSISTANCE REVIEW FORM

Please review the information below to ensure it is accurate. If the information is not correct, please write in the correct information so we may update our files. If any of the health insurance information for this individual is not populated, please report the correct information

| | INFORMATION ON FILE | UPCOMING PLAN INFORMATION – (IF DIFFERENT) |
|--|--|--|
| Policy Holder/Member | | |
| Employer Name | | |
| Employer's Human Resource Address | | |
| Insurance Company | | |
| Type of Plan | <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> EPO <input type="checkbox"/> Major Medical <input type="checkbox"/> Indemnity | <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> EPO <input type="checkbox"/> Major Medical <input type="checkbox"/> Indemnity |
| Plan Tier | <input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Couple <input type="checkbox"/> Family | <input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Couple <input type="checkbox"/> Family |
| Policy Number | | |
| Group Number | | |
| Policy Start Date: (MM/DD/YYYY) | | |
| Total Monthly Premium | | |
| Monthly Employer Contribution | | |
| Monthly Employee Contribution | | |
| Rate Year (dates premium rates are effective): | | |
| Individuals covered by Policy (MassHealth ID) | | |
| Other Notes: | | |

Name of Human Resources/Benefits Person Completing Form _____
Phone Number: _____ Date: _____

- All Premium Assistance Review Forms must include a copy of the Summary of Benefits (which describes the coverage, deductible, out of pocket max, etc. for the health insurance plan you are enrolled in).
 Summary of Benefits attached
- If this plan is not through your employer, please provide a copy of a bill or statement from your insurance company indicating your monthly premium cost.
 Copy of Insurance Bill or Statement is Attached (only applies to policies not provided by employer or COBRA plans)

If you have any questions on how to complete this form please call 1-800-862-4840 | Fax (617) 451-1332
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Annual Premium Assistance Review (Compliance Forms)



(continued)

- If PA members do not respond to the Premium Assistance Review Compliance Form within 35 days, they risk losing their Premium Assistance (but not their MassHealth).
- Premium Assistance can be reinstated if the member then provides updated plan and rate information at a later date and the ESI plan still meets PA requirements, but members are encouraged to respond in a timely manner to avoid missing payments.

Date: February 22, 2023
Notice ID: 1232131236 / TERM-PA
Member ID: 12345678910
SSN: XXX-XX-1234

Dear Bruce Lee,

Please read this letter carefully!

MassHealth has received information about you and/or your private health insurance and has determined that you can no longer get premium assistance. **MassHealth has stopped your Premium Assistance payments.**

This may be because:

- your private health insurance ended;
- your job ended;
- your employer changed the amount they contribute towards your coverage;
- your employer changed health plans and/or your plan no longer meets MassHealth rules;
- you are eligible for Medicare;
- other reasons.

Call us to find out which of these reasons apply. If our information is not correct and your circumstances have not changed, please contact the Premium Assistance Unit at (800) 862-4840, TDD/TTY: 711. If you now have new insurance from a new or existing job, contact the

Contact Us



Premium Assistance Hotline: 1-800-862-4840

Email: MassPremAssistance@accenture.com

Fax: 617-451-1332

Mailing Address:

Premium Assistance Unit
519 Somerville Ave., #372,
Somerville, MA 02143

Thank you!