

# MassHealth Updates

Massachusetts Health Care Training Forum  
April 2017



# Agenda

- MassHealth Income Standards Federal Poverty Level Guidelines 2017
- MassHealth Residency Requirement Reminder
- Verification of Eligibility and Data Matching Reminders
- MassHealth CommonHealth Premium Eligibility Update
- ACA-3 Application Completion Tips
- SACA-2 Application and Senior Guide Revision Update
- Renewal for Mixed Age Households
- One Care Update

# MassHealth Income Standards and Federal Poverty Guidelines

- Effective 3-1-2017 Federal Poverty Level (FPL) standards increased
- The 2017 FPL chart has been posted to the MassHealth website and can be found at:

<http://www.mass.gov/eohhs/docs/masshealth/desktopguides/fpl-deskguide.pdf>

# MassHealth Income Standards and Federal Poverty Guidelines (continued)

- MassHealth eligibility systems were updated with the new 2017 FPL figures on 03/01/2017. The systems are now using the new FPL amounts for any new eligibility determinations.
- An automatic eligibility re-determination occurred on 03/01/2017 for households with members who were active on PACES or currently eligible for a Buy-In program.
- The systematic re-determination(s) established household members' current eligibility using the 2017 FPL standards.

*Please note:* for QHP eligibility determinations, the 2016 FPL amounts are still in effect.

# Verification of Eligibility and Data Matching Reminders

# Verification of Eligibility and Data Matching

- MassHealth requires verification of eligibility factors including:

• Income	• Citizenship	• Immigration Status
• Residency	• Social Security Number	• Identity

- MassHealth initiates information matches with other agencies and information sources in the following order,

(1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and

(2) other federal and state agencies and other informational services

## Verification of Eligibility and Data Matching (continued)

- If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.
- If additional documentation is required including corroborative information a Request for Information Notice (RFI) will be sent to the applicant.
- If all supporting information is received within 90 days, MassHealth or the Health Connector will use information submitted to verify and redetermine the individual's eligibility with the information provided, which may impact the individual and or the entire household

# Verification of Eligibility and Data Matching (continued)

- If the supporting information is not received within 90 days, MassHealth and the Health Connector will use available data to redetermine eligibility for the appropriate benefit/program.
- The following then occurs:
  - If there is no data available, a notice is sent by MassHealth or the Health Connector. If coverage ends for MassHealth, benefits end 14 days from date of notice
  - If there is data available, a notice is sent about new benefit eligibility if redetermined for a different MassHealth benefit, an unsubsidized or subsidized QHP with HSN/CMSP, or an unsubsidized QHP



# MassHealth Residency Requirements

# MassHealth Residency Requirements

- As a condition of MassHealth eligibility, an applicant or member must be a resident of the Commonwealth of Massachusetts.
- Individuals 21 years of age or older who live in the Commonwealth, with or without a fixed address, are considered residents if either of the following is the case:
  - they intend to reside in the Commonwealth, **or**
  - they have entered the Commonwealth with a job commitment or they are seeking employment

# MassHealth Residency Requirements (continued)

- Individuals younger than 21 years of age who live in the Commonwealth with or without a fixed address are considered residents if either of the following applies:
  - They are capable of indicating intent, and they are either married or emancipated from their parents, and or they intend to reside in the Commonwealth, or
  - They have entered the Commonwealth with a job commitment or they are seeking employment; or
  - They are not capable of indicating intent and or they live in the Commonwealth with or without a fixed address, or
  - They are living with their parent or caretaker who meets the residency rules for individuals over 21 years of age

# MassHealth Residency and Visitor Requirements

- Applicants must attest to Massachusetts residency.
- The following individuals who are visiting Massachusetts, **DO NOT** meet the residency requirement for MassHealth. Those:
  - who are visiting for personal pleasure or
  - for the purposes of receiving medical care in a setting other than a nursing facility
- Applicants who do not meet the residency requirements will not be approved for coverage.
- When completing an application via paper or online, “**no**” to the residency question must be checked if an applicant does not meet the residency requirements listed above.

\* See MassHealth residency regulations 130 CMR:503.002 and 517.002 for full details.

# Provider Reporting Process

- Hospitals, community health centers, and other providers may receive information from a patient that indicates the individual may not meet the MassHealth residency requirements.
- If a provider suspects that a MassHealth applicant or member **does not** meet MassHealth residency requirements, a referral can be made to MassHealth's Program Integrity Unit.
  - Providers should complete the *MassHealth Program Integrity Referral Form*
  - E-mail the completed *MassHealth Program Integrity Referral Form* and a copy of any supporting documentation to the [integrityreferral@massmail.state.ma.us](mailto:integrityreferral@massmail.state.ma.us)
  - On receipt of the e-mail, MassHealth Program Integrity Unit staff will review the case and provided documentation to determine if verification of residency is needed.

\* Please See MassHealth All Provider Bulletin 264 January 2017 for full details  
<http://www.mass.gov/eohhs/docs/masshealth/bull-2017/all-264.pdf>



Print

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**MASSEALTH RESIDENCY PROGRAM INTEGRITY REFERRAL FORM**

**Provider Contact Information:**

Provider Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Patient Information:**

Applicant/Member Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ MassHealth ID # (if applicable): \_\_\_\_\_

Is the patient currently on MassHealth?  Yes  No  
If no, has the patient applied for MassHealth?  Yes  No

Where did patient complete the MassHealth application, if known?  
\_\_\_\_\_

Did patient express intent to live in Massachusetts?  Yes  No

Why do you believe patient does not meet MassHealth residency requirement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit via e-mail to: [integrityreferral@massmail.state.ma.us](mailto:integrityreferral@massmail.state.ma.us) and attach copies of any supporting documentation.



- Complete all fields

# MassHealth Commonwealth Premium Eligibility Update

# MassHealth CommonHealth

- MassHealth CommonHealth offers health care benefits similar to MassHealth Standard for:
  - disabled adults,
  - working disabled adults,
  - disabled young adults, and
  - disabled children who are not eligible for MassHealth Standard
- MassHealth determines if an applicant is disabled under state and federal law.
- Monthly premiums may be charged for MassHealth CommonHealth benefits if income is over 150% FPL.



# MassHealth CommonHealth Updated Premium Notice

- MassHealth has recently updated the MassHealth CommonHealth eligibility notice providing important information about premium information
  - The month and year the premium will start, or in certain circumstances, be modified, has recently been added to the CommonHealth eligibility notice. Example of this updated notice language:

*You must pay a monthly premium (fee) to MassHealth. [Head of Premium Billing Family Group] will get a bill for \$[Premium Amount] each month starting in [Month Year]. This bill will tell you how to pay.*

- The monthly premium covers:

Name: [First Name, Middle Name, Last Name, Suffix], Member ID: [Member ID]

*If you are required to pay a MassHealth premium, you must pay the premium on time so these benefits do not end. If you do not want to pay the premium, you must tell us to cancel your benefits within 60 days from the date that the premium changed. If you do not cancel your benefits by that date, you will need to pay any premium bills you get*

# MassHealth CommonHealth Premium Information



- Premiums must be paid on time monthly in order for coverage to continue.
- If the applicant/member does not want to pay the premium, they must tell MassHealth to cancel their benefits **within 60 days** from the date the premium amount changed.
- If the applicant/member does not cancel their benefits *by that date*, they will need to pay any premium bills they receive.

Note: The “date the premium changed” is the date on the notice they received.

# ACA-3 Application Completion Tips

## Application Completion Tip (Social Security Number)

- If an applicant attests and answers “no” to the social security number question, they **must check one** of the following reasons why:
  - Just applied,
  - Noncitizen Exception,
  - Religious Exception.

## Application Completion Tip (Health Insurance)

- When adding health insurance information on an application, the date the health insurance coverage started must be put on the application form
- When adding Medicare information the Medicare claim number must be added. The claim number is often the applicants Social Security number with an “A” at the end
  - The Medicare claim number may be different than the applicants Social Security number if they are drawing a benefit from a spouse or parent.

## Application Completion Tip (Reporting Income )

- All countable income should be reported on the application. Some of these include but are not limited to;
  - Money drawn from a (self employed) business
  - Taxable interest and dividends
  - Capital gains
  - Income from tips
  - Commissions and Bonuses
- A detailed list of all countable, non countable income, and allowable deductions can be found in the MassHealth Regulations at 130 CMR 506.003 and 506.004

# **SACA-2 APPLICATION AND SENIOR GUIDE UPDATE**

# SACA-2 Application and Senior Guide Update

- The SACA-2 - Application for Health Coverage for Seniors and People Needing Long-Term-Care Services application were revised in March 2017.
- The Senior Guide to Health Care Coverage were revised in March 2017.
- The SACA-2 application must be completed on paper and can be downloaded at [www.mass.gov/masshealth](http://www.mass.gov/masshealth)



# Ordering Paper Applications

- Applications are available for download on the MassHealth website [www.mass.gov/masshealth](http://www.mass.gov/masshealth) using the left navigation bar *Apply for Health Coverage*.
- To order paper applications
  - Call: 1-800-841-2900
  - Fax a request: 617-988-8973
  - Email a request: [publications@mahealth.net](mailto:publications@mahealth.net)

**MIXED AGE RENEWAL  
INCLUDING  
CHILDREN UNDER AGE 19**

# Mixed Age Renewal Including Children Under Age 19

- On March 8th, 2107 MassHealth began mailing additional renewal notices to mixed age households that included children under the age of 19
- This renewal process included households:
  - that have both a member that has been determined using traditional rules (including members over age 65, HCBWS members, and LTC members) and a member that has been determined using HCR rules; or
  - that have a member that has turned 65 since their last review and also have another member under the age of 65 in the same household; or
  - that have a traditional member that is not applying but an active HCR member in the household; or
  - that have a Traditional member in MA-21 and an under-65 member in HIX that may have been sent the incorrect review form previously

\*In these cases, the member determined using HCR rules needs to be transitioned into the online system and the member were determined using traditional rules needs to be updated in MA-21

# Mixed Age Renewal Including Children Under Age 19 (continued)

- A specific cover letter was used for this renewal mailing.
- Members were sent a cover letter along with a SACA-ERV.
- If a member misplaced the SACA-2-ERV they can fill out a regular SACA-2 application.
- *Mixed age households must complete a paper application as the traditional member cannot be determined in the online system.*
- The cover letter provided specific instructions on how to complete a paper application and how to send it by mail, fax, or return it in person.
- The due date for reapplication is **April 24, 2017**.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services



[HEAD OF HOUSEHOLD NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Date: 03/08/2017

Notice ID: [NOTICE ID]

Member ID: [XXXXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

**IMPORTANT! You need to act now to find out if you can still get health care through MassHealth, Children's Medical Security Plan (CMSP), or Health Safety Net (HSN).**

You need to fill out a renewal application for health benefits so we can decide if you and members of your household will qualify for MassHealth, CMSP, or HSN. We must get your application by **04/24/2017**, or health coverage for you and members of your household will end. If you are getting premium assistance, these benefits will also end. If MassHealth is paying your Medicare premiums, we will stop paying these premiums.

Enclosed is the *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services*. You are receiving this renewal application because of one of the following reasons:

- MassHealth records show that you or a member of your household is aged 65 or older.
- MassHealth records show that you or a member of your household will soon be aged 65, and different MassHealth rules apply.
- MassHealth records show that you or a member of your household needs long-term-care services at home or in a medical facility.

We will use the information you provide on this renewal application to complete the annual renewal for all members of your household.

**What do I need to do?**

- You need to fill out the enclosed renewal application to find out if you can keep getting MassHealth, CMSP, or HSN for you and members of your household.
- Send it to us using the directions below.
- You may get another letter from us to let you know if you still qualify for health coverage.

MassHealth

# Mixed Age Renewals – Sample Notice

# Mixed Age Renewals – Sample Notice (continued)

## How do I submit the new application?

Complete the enclosed *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services* for yourself and members of your household and return it to MassHealth in one of the following ways:

- **Mail to:**

MassHealth Enrollment Center  
Central Processing Unit  
P.O. Box 290794  
Charlestown, MA 02129

- **Fax to:** 617-887-8799

- **Hand deliver it to:**

MassHealth Enrollment Center  
Central Processing Unit  
The Schrafft Center  
529 Main Street, Suite 1M  
Charlestown, MA 02129

- **Apply in person:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648) to find a MassHealth Enrollment Center (MEC) near you or visit [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Contact MassHealth for a list of MEC addresses.

## How do I get help?

You can get help by calling MassHealth at 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

## What happens next?

When we get your renewal application, we will check the information you give us with federal and state governmental agencies. We will keep the information provided to us private. We will only use and disclose it according to the law. If we need more information, we will contact you.

You will still have health coverage until we review your application or until **04/24/2017**. You will get another letter from us to let you know if you still qualify for health coverage.

If you do not submit a new application  
by 04/24/2017,  
people in your household will lose their health coverage.

**What else do I need to know?**

Your *Member Booklet* and *Senior Guide* have a lot of information about MassHealth and its benefits. To get a copy of the *Member Booklet* or *Senior Guide*, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) or call 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

**Would you or a member of your household like to register to vote?**

The form to register to vote and additional information regarding your rights are included with this application. You can also find them online at [www.sec.state.ma.us](http://www.sec.state.ma.us). If you have any questions about how to register to vote, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the **MassHealth Customer Service Center** at 1-800-841-2900; TTY: 1-800-497-4648.

Sincerely,

MassHealth

MassHealth

**Mixed Age  
Renewals –  
Sample  
Notice  
(continued)**

# Enrollment Events



# MassHealth Enrollment Events

Event Location	Date
Mattapan CHC 1575 Blue Hill Avenue Boston, MA 02126	5/31/2017
Lynn Community Health Center 269 Union St. Lynn, MA 01901	6/7/2017
GLCAC 305 Essex St. Lawrence, MA 01840	6/13/2017
Bay State Medical Center/Bay State Health (Chestnut Bldg. Conference Room 1A) 759 Chestnut St. Springfield, MA 01199	6/16/2017

# One Care Updates

# Tufts Health Unify Accepting Enrollments From Parts of Middlesex County

- Tufts Health Unify (Tufts) is now accepting One Care enrollments for members who live in the following cities/towns within Middlesex County:

City/Town	Zip Code(s)
Billerica	01821, 01822
Chelmsford	01824
Dracut	01826
Lowell	01850, 01851, 01852, 01853, 01854
North Billerica	01862
North Chelmsford	01863
Tewksbury	01876
Tyngsborough	01879
Westford	01886

# Tufts Health Unify Accepting Enrollments From Parts of Middlesex County

- This means eligible members who live in these towns and wish to enroll in One Care now have a choice between two plans, Tufts Health Unify and Commonwealth Care Alliance (CCA)
- For more information about One Care plans and coverage areas, please visit : [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare)

# New Options for One Care Members Turning 65

- CommonHealth members enrolled in One Care can now stay in One Care when they turn 65 (if they continue to meet other One Care and MassHealth eligibility requirements).
- This option also continues to be available for members enrolled in MassHealth Standard.
- One Care members turning 65 will need to complete an *Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)* **prior to their 65<sup>th</sup> birthday** and submit it to MassHealth to determine if they are still eligible for MassHealth Standard or CommonHealth.
  - MassHealth will mail a copy of the SACA-2 to all One Care members approximately 60 days prior to their 65th birthday.
  - The SACA-2 can also be accessed online at: <http://www.mass.gov/portal/>
  - Once MassHealth reviews the One Care member's SACA-2, MassHealth will notify the One Care member whether they are still eligible for MassHealth Standard or CommonHealth.
  - If the member remains eligible, they will not have to take any further action and will stay enrolled in their One Care plan.

## New Options for One Care Members Turning 65 (continued)

- If members have any questions about this process, they can:
  - Call the MassHealth Customer Service Center:  
Monday–Friday, 8:00 a.m.–5:00 p.m. at (phone) 1-800-841-2900 or (TTY) 1-800-497-4648
  - Contact SHINE (Serving the Health Insurance Needs of Everyone) at (phone) 1-800-243-4636 or (TTY) 1-800-439-2370

# Additional One Care Updates

- On February 27, 2017, MassHealth submitted a non-binding Letter of Intent to CMS to extend the One Care demonstration for an additional two years (through 2020)
  - One Care is currently authorized through December 31, 2018
  - MassHealth’s Letter of Intent is posted on our website under “Related Information” at:  
<http://www.mass.gov/masshealth/duals>

# Upcoming Passive Enrollment Waves

- At the end of April, MassHealth will be sending out 60-day notices to members being passively enrolled into One Care for a July 1, 2017 effective enrollment date
- As previously, this round will include two groups of MassHealth members:
  - members who are currently eligible for One Care, and
  - members who will gain Medicare eligibility as of July 1, 2017 (“new dual eligibles”)
- 30-day notices will be sent out at the end of May
- Members may choose to “opt-out” of passive enrollment at any time prior to July 1, or may choose to enroll in One Care for an earlier effective date (if they are already enrolled in both MassHealth and Medicare)
- If members have any questions about this process, they can:
  - Call the MassHealth Customer Service Center: Monday–Friday, 8:00 a.m.–5:00 p.m. at (phone) 1-800-841-2900 or (TTY) 1-800-497-4648
  - Contact SHINE (Serving the Health Insurance Needs of Everyone) at (phone) 1-800-243-4636 or (TTY) 1-800-439-2370



**Visit us at: [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare)**

**Email us at: [OneCare@state.ma.us](mailto:OneCare@state.ma.us)**

**Questions?**

# RESOURCE

## 2017 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		120% Federal Poverty Level		133% Federal Poverty Level		135% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,005	\$12,060	\$51	\$603	\$1,206	\$14,472	\$1,337	\$16,040	\$1,357	\$16,281
2	\$650	\$7,800	\$1,354	\$16,240	\$68	\$812	\$1,624	\$19,488	\$1,800	\$21,600	\$1,827	\$21,924
3	\$775	\$9,300	\$1,702	\$20,420	\$86	\$1,021			\$2,264	\$27,159		
4	\$891	\$10,692	\$2,050	\$24,600	\$103	\$1,230			\$2,727	\$32,718		
5	\$1,016	\$12,192	\$2,399	\$28,780	\$120	\$1,439			\$3,190	\$38,278		
6	\$1,141	\$13,692	\$2,747	\$32,960	\$138	\$1,648			\$3,654	\$43,837		
7	\$1,266	\$15,192	\$3,095	\$37,140	\$155	\$1,857			\$4,117	\$49,397		
8	\$1,383	\$16,596	\$3,444	\$41,320	\$173	\$2,066			\$4,580	\$54,956		
For each additional person add	\$133	\$1,596	\$349	\$4,180	\$18	\$209			\$464	\$5,560		

## 2017 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	150% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,508	\$18,090	\$2,010	\$24,120	\$2,513	\$30,150	\$3,015	\$36,180	\$4,020	\$48,240
2	\$2,030	\$24,360	\$2,707	\$32,480	\$3,384	\$40,600	\$4,060	\$48,720	\$5,414	\$64,960
3	\$2,553	\$30,630	\$3,404	\$40,840	\$4,255	\$51,050	\$5,105	\$61,260	\$6,807	\$81,680
4	\$3,075	\$36,900	\$4,100	\$49,200	\$5,125	\$61,500	\$6,150	\$73,800	\$8,200	\$98,400
5	\$3,598	\$43,170	\$4,797	\$57,560	\$5,996	\$71,950	\$7,195	\$86,340	\$9,594	\$115,120
6	\$4,120	\$49,440	\$5,494	\$65,920	\$6,867	\$82,400	\$8,240	\$98,880	\$10,987	\$131,840
7	\$4,643	\$55,710	\$6,190	\$74,280	\$7,738	\$92,850	\$9,285	\$111,420	\$12,380	\$148,560
8	\$5,165	\$61,980	\$6,887	\$82,640	\$8,609	\$103,300	\$10,330	\$123,960	\$13,774	\$165,280
For each additional person add	\$523	\$6,270	\$697	\$8,360	\$871	\$10,450	\$1,045	\$12,540	\$1,394	\$16,720

Institutional Income Standard \$72.80