

MassHealth CarePlus

MassHealth CarePlus offers a broad range of health care benefits to adults who are not otherwise eligible for MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CarePlus if you are a resident of Massachusetts and a U.S. citizen or qualified noncitizen and

- ◆ you are an adult aged 21-64, and
- ◆ you are not eligible for MassHealth Standard.

Income standards

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 133% of the federal poverty level. See the chart on page 28 for the federal poverty levels.

Copayments

There are no premiums for MassHealth CarePlus. Certain adults may have to pay copayments for some medical services.

Other health insurance

If you have other health insurance, MassHealth may pay part of your household's health insurance premiums. See the section on "MassHealth and other health insurance" on pages 33-34.

Covered services

For MassHealth CarePlus, covered services include the ones listed below. There may be some limits. Your health care provider can explain them.

- ◆ Inpatient hospital services*
- ◆ Outpatient services: hospitals, clinics, doctors, dentists, vision care, and family planning
- ◆ Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, and medical equipment and supplies
- ◆ Behavioral health (mental health and substance abuse) services
- ◆ Home health services
- ◆ Transportation services**
- ◆ Quit-smoking services

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

** *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*

Some of the services not covered

The following are examples of services not covered when you are enrolled in a health plan through MassHealth CarePlus:

- ◆ Day habilitation services
- ◆ Personal care services
- ◆ Private duty nursing services
- ◆ Long-term nursing facility services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

If you need these services, you may have special health care needs and be eligible to choose to enroll in MassHealth Standard. Please call MassHealth Customer Service.

Coverage begins

If we get all needed information within 90 days, except for proof of disability, your coverage may begin 10 calendar days before the date MassHealth gets your application.

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance, or in the month your health insurance deductions begin, whichever is later.

Individuals with Special Health Care Needs

Individuals who have special health care needs may be able to get more benefits. Special health care needs include if you

- ◆ have a medical, mental health, or substance abuse condition that limits your ability to work or go to school;
- ◆ need help with daily activities, like bathing or dressing;
- ◆ regularly get medical care, personal care, or health services at home or in another community setting, like adult day care; or
- ◆ are terminally ill.

If you have special health care needs, please call MassHealth at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled). You can tell us at any time if you have special health care needs, including if your health changes in the future.

If you tell us about your special health care needs, you may choose to enroll in MassHealth Standard. MassHealth Standard covers all the same benefits

as MassHealth CarePlus, as well as additional health benefits like community long-term services and supports such as personal care attendants, adult day health programs, and more. Your health plan options in MassHealth Standard may be different than those offered in MassHealth CarePlus. There are no monthly premiums for either MassHealth CarePlus or MassHealth Standard. And with MassHealth Standard, your copays will be the same as what you pay in MassHealth CarePlus.

If you move to MassHealth Standard, there may be some additional steps needed to get some of the added benefits that MassHealth Standard provides. For example, MassHealth may need additional information or may need to check to make sure the benefits are necessary and appropriate for you. Your doctor and MassHealth Customer Service can help explain these additional steps to you. Even if you have special health care needs, you can choose to stay enrolled in MassHealth CarePlus instead of moving to MassHealth Standard. If you want to stay in MassHealth CarePlus, you do not have to do anything else.

MassHealth Family Assistance

Who can get benefits

You may be able to get MassHealth Family Assistance if you are a resident of Massachusetts, and are not eligible for MassHealth Standard.

For children

- ◆ A child younger than age 19 is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is at or below 300% of the federal poverty level and is a U.S. citizen/national or lawfully present immigrant.
- ◆ A child younger than age 19 is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is at or below 300% of the federal poverty level and is a nonqualified PRUCOL. (See pages 38-39.)

For young adults

- ◆ A young adult aged 19 or 20 is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is at or below 150% of the federal poverty level and is a nonqualified PRUCOL. (See pages 38-39.)

For adults

- ◆ An adult is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is at or below 300% of the federal poverty level and is a nonqualified PRUCOL, and does not have access to employer-sponsored insurance that is considered affordable (meets the Minimum Essential Coverage (MEC) requirements under section 1401 of the Patient Protection and Affordable Care Act (ACA)).
- ◆ An adult who is HIV positive is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is greater than 133%, but at or below 200% of the federal poverty level and is a U.S. citizen/national or a qualified noncitizen.
- ◆ A disabled adult is eligible if the household income is at or below 100% of the federal poverty level and is a qualified noncitizen barred, a nonqualified individual lawfully present, or a nonqualified PRUCOL.
- ◆ A certain adult is eligible who gets Emergency Aid to the Elderly, Disabled and Children (EAEDC).

SECTION 6

How income is counted

Who is counted in your household for MassHealth and the Health Safety Net

MassHealth determines household size or household composition at the individual member level in one of two ways.

To calculate financial eligibility for an individual, a household will be constructed for each individual who is applying for or renewing coverage. Different households may exist within a single family, dependent on the family members' familial and tax relationships to each other.

Income of all household members forms the basis for establishing an individual's eligibility. A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a tax return.

1. MassHealth MAGI household composition.

- a. MassHealth will use the MassHealth MAGI household composition rules to determine members eligible for one of the following benefits.
 - MassHealth Standard, except for disabled adults
 - MassHealth Commonwealth for disabled children younger than age 19
 - MassHealth CarePlus
 - MassHealth Family Assistance
 - Small Business Employee Premium Assistance
 - MassHealth Limited
 - Children's Medical Security Plan
- b. The household consists of
 - taxpayers not claimed as a tax dependent on his or her federal income taxes:
If the individual expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and does not expect to be claimed as a tax dependent by another taxpayer, the household consists of
 - the taxpayer,
 - the taxpayer's spouse (if living with him or her),
 - all persons who the taxpayer expects to claim as a tax dependent, and
 - the number of expected children

- individuals claimed as a tax dependent on federal income taxes:
If the individual expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.000, the household consists of
 - the individual person claimed as a dependent,
 - the dependent’s spouse (if living with him or her),
 - the taxpayer claiming the individual as a tax dependent,
 - any of the taxpayer’s tax dependents, and
 - the number of expected children
- c. Household size must be determined in accordance with nontax filer rules if any of the following exceptions apply:
 - individuals other than a spouse or a biological, adopted, or step child who expects to be claimed as a tax dependent by another taxpayer,
 - individuals younger than 19 years of age who expect to be claimed by one parent as a tax dependent, and are living with both parents but whose parents do not expect to file a joint tax return, and
 - individuals under 19 years of age who expect to be claimed as a tax dependent by a noncustodial parent.
- d. For an individual who neither files a federal tax return or is not claimed as a tax dependent on a federal tax return, or when any of the exceptions apply as described in 1.c. above, the household consists of the individual and if living with the individual:
 - the individual’s spouse,
 - the individual’s natural, adopted, and step children younger than age 19,
 - individuals younger than 19 years of age, the individual’s natural, adopted, and stepparents and natural, adoptive, and step siblings younger than age of 19, and
 - the number of expected children

2. Disabled adult MassHealth household composition.

- a. MassHealth will use the Disabled Adult MassHealth household composition rules to determine members eligible for one the following benefits.
 - MassHealth Standard for disabled adults aged 21-64
 - MassHealth CommonHealth for disabled adults aged 21-64
 - MassHealth CommonHealth for certain disabled young adults aged 19-20
 - MassHealth Family Assistance for certain disabled individuals
- b. The household consists of
 - the individual,
 - the individual’s spouse,
 - the individual’s natural, adopted and step children younger than age 19, and
 - the number of expected children.

✕ Who is counted in your household for ConnectorCare Plans and premium tax credits

The Health Connector determines household size or household composition by applying tax filing rules. The household consists of

- ◆ the primary taxpayer,
- ◆ the spouse, and
- ◆ all tax dependents.

Additional tax filing requirements are the following.

- ◆ Married taxpayers are required to file jointly.
- ◆ Recipients of premium tax credits are required to file taxes for the year in which they receive credits.

✕ Modified Adjusted Gross Income (MAGI)

Financial eligibility is based on Modified Adjusted Gross Income (MAGI). MAGI is the income reported on line 22 on the personal 1040 income tax return after the deductions from lines 23-35 have been deducted. Then tax-exempt interest and foreign earned income exclusions are added back in.

Countable Income

- ◆ MAGI methodology includes earned income, such as wages, salary, tips, commissions, and bonuses.
- ◆ MAGI methodology does not count pre-tax contributions to salary reduction plans (of up to \$2,500 or \$5,000 depending on filing status) for payment of dependent care, transportation, and certain health expenses.

- ◆ Self-employment income is included in adjusted gross income, but the tax code allows deductions for various business-related travel and entertainment expenses (up to a limit), and business use of a personal home. If the deductions exceed the income earned from self-employment, the losses can be used to offset other income.
- ◆ An amount received as a lump sum is counted as income only in the month received.

Exception: for plans through the Health Connector, income received as a lump sum is countable for the **year** in which it is received.

Deductions

The following are allowable deductions from countable income when determining MAGI: educator expenses; expenses for reservists; performance artist, or fee-based government officials; health savings account; moving expenses; self-employment taxes; self-employment retirement accounts; penalties on early withdrawal of savings; alimony paid to a former spouse; individual retirement accounts (IRAs); student loan interest; and higher education tuition and fees.

Noncountable Income

- ◆ Scholarships, awards, or fellowship grants used for education purposes and not for living expenses*
- ◆ Distributions to American Indians and Alaska Natives (AI/AN)*
- ◆ Child support received
- ◆ Income received by a Transitional Assistance to Families with Dependent Children (TAFDC), Emergency Aid to the Elderly, Disabled and Children (EAEDC), or Supplemental Security Income (SSI) recipient
- ◆ Sheltered workshop earnings
- ◆ Nontaxable federal veterans' benefits
- ◆ Certain income-in-kind
- ◆ Certain room and board income derived from persons living in the applicant's or member's principal place of residence
- ◆ Any other income that is excluded by federal laws other than the Social Security Act
- ◆ Income received by an independent foster care adolescent

* Exception: for plans through the Health Connector, income received is countable income.

Federal Poverty Levels (Monthly)

Household Size	100%	5%	133%	150%	200%	250%	300%	400%
1	\$981	\$50	\$1,305	\$1,472	\$1,962	\$2,453	\$2,943	\$3,924
2	\$1,328	\$67	\$1,766	\$1,992	\$2,655	\$3,319	\$3,983	\$5,310
3	\$1,675	\$84	\$2,227	\$2,512	\$3,349	\$4,186	\$5,023	\$6,697
4	\$2,021	\$102	\$2,688	\$3,032	\$4,042	\$5,053	\$6,063	\$8,084
5	\$2,368	\$119	\$3,149	\$3,552	\$4,735	\$5,919	\$7,103	\$9,470
6	\$2,715	\$136	\$3,610	\$4,072	\$5,429	\$6,786	\$8,143	\$10,857
7	\$3,061	\$154	\$4,071	\$4,592	\$6,122	\$7,653	\$9,183	\$12,244
8	\$3,408	\$171	\$4,532	\$5,112	\$6,815	\$8,519	\$10,223	\$13,630
Additional Persons	\$347	\$18	\$462	\$520	\$694	\$867	\$1,040	\$1,387

MassHealth updates the federal poverty levels each year based on changes made by the federal government. The income levels above reflect the standards as of March 1, 2015.

SECTION 8

Other things you need to know

✦ Choosing a health plan and a doctor

If you are approved for MassHealth Standard, CarePlus or Family Assistance, and do not have other health insurance, you must choose a doctor and a health plan through MassHealth. For Standard, CarePlus, and Family Assistance members without health insurance, you get coverage before you enroll in a health plan, but you are still required to enroll.

Soon after we tell you that you can get MassHealth, we will send you information in an enrollment package that explains the MassHealth health plan choices you have and tells you how to enroll. You do not have to enroll in a health plan through MassHealth if you are eligible for

- ◆ MassHealth Limited; or
- ◆ any other MassHealth coverage type and have other health insurance.

Choosing a health plan and doctor for yourself and your household is an important decision. If you need help making this decision, you can call the toll-free telephone number that is in the enrollment package and talk to a Customer Service Representative. The Customer Service Representative is trained to help you make the choice that is best for you and your household. If you are required to enroll in a health plan and you do not choose one, MassHealth will choose one for you.

More information about choosing a health plan through MassHealth can be found in the MassHealth regulations at 130 CMR 508.000.

✦ MassHealth and other health insurance

To get and keep MassHealth, you must

- ◆ apply for and enroll in any health insurance that is available to you at no cost, including Medicare,
- ◆ enroll in health insurance when MassHealth determines it is cost effective for you to do so, or
- ◆ keep any health insurance that you already have.

You must also give MassHealth information about any health insurance that you or a household member already have or may be able to get. We will use this information to decide

- ◆ if the services covered under your health insurance meet MassHealth's standards, and
- ◆ what we may pay toward the cost of your health insurance premium.

Under MassHealth, we may pay part of your health insurance premiums if

- ◆ your employer contributes at least 50% of the cost of the health insurance premiums; and
- ◆ the health insurance plan meets the Basic Benefit Level (that is if it provides comprehensive medical coverage to its members including MassHealth-required health care benefits).

✕ **Prior approval**

For some medical services, your doctor or health care provider has to get approval from MassHealth first. This is called “prior approval.” Medical services that are covered by Medicare do not need prior approval from MassHealth.

✕ **Choosing and enrolling in a Medicare prescription drug plan**

If you are eligible for both Medicare and MassHealth, Medicare provides most of your prescription drug coverage through a Medicare prescription drug plan. This means you must choose and enroll in a Medicare prescription drug plan. If you do not choose a drug plan, Medicare will choose one for you. You may change plans at any time. Visit www.medicare.gov or call 1-800-MEDICARE for information about how to choose and enroll in a Medicare prescription drug plan that is best for you. If you are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) or Senior Care Options (SCO) plan, One Care Plan, a Medicare Advantage plan, a Medicare supplement (Medigap) plan, or have drug coverage through a current or former employer, be sure to contact your plan to find out more information about whether or not to enroll in a Medicare prescription drug plan.

✕ **Out-of-pocket expenses**

In some cases, MassHealth can pay you back for medical bills that you paid before you got your MassHealth approval notice. We will do this if

- ◆ we denied your eligibility and later decided that the denial was incorrect; or
- ◆ you paid for a MassHealth covered medical service that you got before we told you that you would get MassHealth. In this case, your health care provider must pay you back and bill MassHealth for the service. The provider must accept the MassHealth payment as payment in full.

✕ **Out-of-state emergency treatment**

MassHealth is a health care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state*. If an emergency occurs while you are out of state, show your MassHealth card and any other health insurance cards you have, if possible. Also, if possible, tell your primary care provider or health plan within 24 hours of the emergency treatment. If you are not enrolled in a health plan through MassHealth, but instead get premium assistance, your other health insurance may also pay for emergency care you get out of state.

** Per MassHealth regulation 130 CMR 450.109(B), MassHealth does not cover any medical services provided outside the United States and its territories.*

✕ **MassHealth members turning age 65**

If you are or will soon be aged 65, and do not have children younger than age 19 living with you, you must meet certain income and asset requirements to keep getting MassHealth. We will send you a new form to fill out to give us the information we need to make a decision. If you can keep getting MassHealth, you will not get your medical care through a MassHealth managed care plan. Instead, you can get your medical care from any other MassHealth health care provider.

✕ **If you or members of your household are in an accident**

If you or any members of your household are in an accident or are injured in some other way, and get money from a third party because of that accident or injury, you will need to use that money to repay whoever paid the medical expenses related to that accident or injury.

1. You will have to pay MassHealth for services that were covered by MassHealth or CMSP.
 - If you are applying for MassHealth or CMSP because of an accident or injury, you will need to use the money to repay the costs paid by MassHealth for all medical services you and your household get.
 - If you or any members of your household are in an accident, or are injured in some other way, after becoming eligible for MassHealth or CMSP, you will need to use that money to repay only the costs paid by MassHealth or CMSP for medical services provided because of that accident or injury.

2. You will have to pay the Massachusetts Health Connector or your health insurer for certain medical services provided.
3. You will have to pay the Health Safety Net for medical services reimbursed for you and any household members.

You must tell MassHealth (for MassHealth and CMSP), your health insurer for ConnectorCare Plans and premium tax credits, or the Health Safety Net in writing within 10 calendar days, or as soon as possible, if you file any insurance claim or lawsuit because of an accident or injury to you or any household members who are applying for, or who already have, benefits.

Third parties who might give you or members of your household money because of an accident or injury include the following:

- a person or business who may have caused the accident or injury;
- an insurance company, including your own insurance company; or
- other sources, like workers' compensation.

For more information about accident recovery, see the MassHealth regulations at 130 CMR 503.000 and Chapter 118E of the Massachusetts General Laws.

✕ **Recovery against estates of certain members who die**

MassHealth has the right to get back money from the estates of certain MassHealth members after they die. In general, the money that must be repaid is for services paid by MassHealth for a member after the member turned age 55.

If a deceased member leaves behind a child who is blind, permanently and totally disabled, or younger than age 21, or a husband or wife, MassHealth will not require repayment while any of these persons are still living.

If real property, like a home, must be sold to get money to repay MassHealth, MassHealth, in limited circumstances, may decide that the estate does not need to repay MassHealth. The property must be left to a person who meets certain financial standards, and who has lived in the property, without leaving, for at least one year before the now-deceased member became eligible for MassHealth. Also, certain income, resources, and property of American Indians and Alaska Natives may be exempt from recovery.

In addition, when a member is eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost sharing benefits (premiums, deductibles, and copayments) paid on or after January 1, 2010, for persons who got these benefits while they were aged 55 or older.

For more information about estate recovery, see the MassHealth regulations at 130 CMR 501.000 and Chapter 118E of the Massachusetts General Laws.

✕ **Signing up to vote**

This booklet includes information about voter registration. You do not need to register to vote to get health benefits.

✕ **Giving correct information**

Giving incorrect or false information may end your benefits. It may also result in fines, imprisonment, or both.

✕ **Reporting changes**

Once you start getting benefits, you must let us know about certain changes within 10 days of the changes or as soon as possible. These include any changes in income, household size, employment, disability status, health insurance, and address. If you do not tell us about changes, you may lose your benefits. MassHealth will perform information matches with other agencies and information sources when an application is submitted, at annual review, and periodically to update or prove eligibility. These agencies and information sources may include, but are not limited to: the Internal Revenue Service, the Social Security Administration, the Department of Revenue, and the Division of Unemployment Assistance.

Income information will be obtained through an electronic data match. Income is considered proved if the income data received through an electronic data match is reasonably compatible with the income amount you stated on your application (the "attested" income amount). To be reasonably compatible

- ◆ the attested income must be higher than the income from the data sources: or
- ◆ the attested income and the income from the data sources must be within a 10 percent range of each other.

If electronic data sources are unable to prove attested information or are not reasonably compatible with attested information, additional documentation will be required from the applicant.