MassHealth Family Assistance Copayments, Deductibles, and Coinsurance

MassHealth will pay for certain copayments, deductibles, and coinsurance for certain MassHealth Family Assistance members under age 19. This appendix describes who is eligible, the types of copayments, deductibles, and coinsurance amounts that are covered, and how to bill for these services.

Eligible Members

The Division covers the copayments, deductibles, and coinsurance amounts of certain services for certain MassHealth Family Assistance members under age 19 (see 130 CMR 450.105(H)(2)). Providers can tell if a member is eligible for this benefit by verifying the member's eligibility and coverage information through the Recipient Eligibility Verification System (REVS). For Family Assistance members who are eligible for this benefit, REVS will give either of the following messages, depending on the member's circumstances.

480 – Bill member's private health insurance. MassHealth pays for all copays and deductibles only.
485 – Bill member's private health insurance. MassHealth pays for all copays and deductibles for well-child visits only.

Family Assistance members who are eligible for this additional benefit receive a MassHealth Family Assistance C.A.R.E. Kit that explains the benefit and provides a supply of claim forms. C.A.R.E. stands for children's allowable receipts and expenses.

Covered Services

For MassHealth Family Assistance members under age 19 who are eligible for this benefit, the Division will pay copayments, deductibles, and coinsurance for the following services after the member's health insurance has paid its portion of the bill.

- **All well-child-care services**. This includes physical exams, immunizations, laboratory tests, hearing tests, and vision tests for covered Family Assistance members under age 19. A family does not need to meet its 5% max (see below) to have MassHealth pay for the copayment, deductible, or coinsurance of well-child-care services.
- **All services covered by the member's health insurance after the family has met its 5% max**. The family of each child that is eligible for this benefit receives notice of the maximum amount they must pay for out-of-pocket health-care expenses for their covered children under age 19 within a 12-month period. This amount is known as the 5% max.

Providers may not refuse to provide services to a member because the member cannot pay a copayment, deductible, or coinsurance amount owed to the provider (see 130 CMR 450.203).

Claiming Payment

A family may claim payment for covered copayments, deductibles, and coinsurance amounts in one of three ways. The family may:

- ask you to send the appropriate claim form to the Division for payment;
- send your bill to the Division; or
- pay your bill, then request reimbursement from the Division.

If the member has not paid the bill for the copayment, deductible, or coinsurance, the Division will pay the provider. If the member has paid the bill, the Division will reimburse the member.

Well-Child Care Claim Form

The Well-Child Care Claim Form is simple to complete and may be filled out by either the member or the provider. Send the completed claim form with a copy of the explanation of benefits from the member's health insurance to the mailing address printed at the end of this appendix. An example of a completed Well-Child Care Claim Form appears below.

Well-Child Care Claim Form Family Assistance C.A.R.E. Coordinator: (Tel.) 1-800-462-1120

Parent/Guardian Name: Daniel J. Doe Parent/Guardian SSN: 012-34-5678

Health Insurance Company: Good Health Care, Inc.

Remember: You do not need to pay this bill. MassHealth can pay your doctor directly.
Fill out one section below for each copay, deductible, or coinsurance amount. Attach a copy of the bill, or if you paid the amount, a copy of the receipt showing how much you paid.

Name of Child	Child's SSN	Date of Visit
Jason Doe	987-65-4321	10/11/98
Type of Visit (check ☑ one) ☒ Physical Exam ☐ Immunization ☐ Lab Test ☐ Hearing Test ☐ Vision Test	Did you pay this bill? ☐ Yes ☒ No	Amount 10.00

5% Max Claim Form

In order to help the family keep track of expenses leading up to the 5% max, the same claim form can be used for all children in the family enrolled in Family Assistance who are under age 19. Once the family has reached its 5% max, all copayments, deductibles, and coinsurance amounts for their eligible children under age 19 are covered. Unless the service is for a well-child-care service, no payment for copayments, deductibles, or coinsurance bills will be made until the family has reached its 5% max. If the service is for well-child care, do not use the 5% max claim form. Submit the claim on the Well-Child Care Claim Form shown above.

If a member asks you to bill MassHealth, fill out a 5% Max Claim Form, attach a copy of the explanation of benefits from the member's health insurance, and send the claim to the address printed at the end of this appendix. An example of a completed 5% Max Claim Form appears below.

5% Max Claim Form **My 5% max is:** $831.75

Family Assistance C.A.R.E. Coordinator: (Tel.) 1-800-462-1120.

Parent/Guardian Name: Daniel J. Doe Parent/Guardian SSN: 012-34-5678

Health Insurance Company: Good Health Care, Inc.

Use this form to (1) keep track of your children's medical services to show you have reached the 5% max; and (2) bill MassHealth for copays, deductibles, and coinsurance once you have reached your 5% max. Complete one line for each copay, deductible, or coinsurance bill or receipt. Attached extra claim form pages if you run out of space. See the booklet in your C.A.R.E. Kit for more information.

Name of Child	Child's SSN	Date of Visit	Did you pay this bill?	Amount of copay, coinsurance, or deductible
Jason Doe	987-65-4321	10/11/98	☐ Yes ☒ No	
Name and mailing address of health-care provider Allergy Assoc. of Boston, 100 Main St., Boston, MA 02134				➡ $ 10.00

Mailing Address

Send completed Well-Child Care Claim Forms and 5% Max Claim Forms to the following address for processing.

Division of Medical Assistance
BC&R
Family Assistance C.A.R.E. Coordinator
P.O. Box 120085
Boston, MA 02112-9918

Requesting Claim Forms

If a member asks you to bill MassHealth for a covered copayment, deductible, or coinsurance, but does not give you a claim form, you can request one from the Division at the address above.

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