Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Eligibility Letter 223
November 3, 2017

TO: MassHealth Staff

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Revisions to Regulations at 130 CMR 522.000**

MassHealth is revising the regulations at 130 CMR 522.000. The revised regulations clarify eligibility requirements for the Refugee Resettlement Program and to comply with federal requirements regarding eligible immigration categories.

These regulations are effective November 17, 2017.

MANUAL UPKEEP

Insert	**Remove**	**Trans. By**
522.000	522.000	E.L. 213
522.001	522.001	E.L. 213
522.002	522.002	E.L. 213
522.003	522.003	E.L. 213
522.004 (1 of 3)	522.004 (1 of 3)	E.L. 213
522.004 (2 of 3)	522.004 (2 of 3)	E.L. 213
522.004 (3 of 3)	522.004 (3 of 3)	E.L. 213

TABLE OF CONTENTS

Section

522.001: Massachusetts Insurance Connection for Individuals with AIDS or HIV-related Diseases

(A) Introduction. The Massachusetts Insurance Connection (MIC) is a health insurance buy-in program administered by the MassHealth agency for individuals with Acquired Immune Deficiency Syndrome (AIDS) or diseases related to the human immunodeficiency virus (HIV). Individuals who have existing health insurance policies through group or private plans may be eligible to participate in the program, provided their insurance coverage is both comprehensive and cost effective.

(B) Eligibility Requirements. The MassHealth agency pays the monthly health insurance premiums of an applicant (and his or her spouse and dependent children if they are already covered under the existing policy) provided that the applicant

(1) has a health insurance policy (group or private) before becoming eligible for this program (individuals who elect to continue employer-based group health insurance are subject to the provisions of the Omnibus Budget Reconciliation Act of 1990 (OBRA) and the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), P.L. 99-272) that

(a) has comprehensive coverage, as determined by the MassHealth agency on an individual basis; and

(b) requires premium payments that do not exceed the average monthly cost incurred by the MassHealth agency for the care of an individual with AIDS or HIV-related diseases;

(2) has a diagnosis of AIDS or HIV-related diseases;

(3) applies for and meets the Social Security Administration's definition of disability for AIDS or HIV-related diseases;

(4) is a resident of Massachusetts;

(5) in conjunction with his or her spouse and dependent children, has a gross annual income that does not exceed 300 % of the annualized federal poverty level income standard for a household of that size; and

(6) is not eligible for a MassHealth coverage type that provides or pays for comprehensive benefits.

(C) Verifications. Applicants must submit the following verifications to the MIC program coordinator within 45 days of the receipt of the application by the MassHealth agency:

(1) a written statement of a diagnosis of AIDS or HIV-related diseases by the examining licensed physician;

(2) documentation of receipt of social security disability benefits or SSI; and

(3) documentation of gross annual income.

(D) Presumptive Eligibility for the MIC Program.

(1) An applicant is presumptively eligible for premium payments through the MIC program on the basis of preliminary information if

(a) he or she has a diagnosis of AIDS or HIV-related diseases; and

(b) he or she appears to meet the applicable eligibility requirements listed in 130 CMR 522.001(B).

(2) If the SSA determines that the applicant is not eligible for either disability benefits or SSI, the applicant automatically becomes ineligible for program participation and the MassHealth agency will discontinue premium payments.

(3) Premium payments made by the MassHealth agency on behalf of an applicant who is presumptively eligible are subject to recovery if the applicant is subsequently determined to be ineligible.

(E) Redetermination of Eligibility. The MassHealth agency completes a redetermination of eligibility for each program participant on an annual basis, or as needed.

(F) Termination of Benefits.

(1) When any one of the conditions in 130 CMR 522.001(B) no longer apply, the termination of premium payments is effective on the date the next premium payment is due. However, the following exceptions apply:

(a) in the event of the death of a qualified individual who has coverage under a family plan, payment for the continuation of the existing plan will not exceed a period of three months following his or her death; and

(b) if a qualified individual relocates to another state, he or she will be afforded one additional premium payment after relocation to cover the transition period.

(2) The MassHealth agency sends written notice to program participants of the termination of premium payments, the reason for the termination, and the individual's right to appeal such termination in accordance with the provisions of 130 CMR 610.000: *MassHealth: Fair Hearing Rules*.

522.002: Refugee Resettlement Program

(A) Regulatory Authority. The Refugee Resettlement Program (RRP) is regulated pursuant to Chapter 2 of Title IV of the *Immigration and Nationality Act* (INA), 8 U.S.C. 1521 *et seq.* and Refugee Medical Assistance (RMA) is provided in accordance with 45 CFR 400 Subpart G.

(B) Overview.

(1) The RRP was established by the *Refugee Act* of 1980. The *Refugee Act* of 1980 authorizes funds for the administration and implementation of social and educational services and employment training and placement, as well as cash assistance and medical assistance to refugees without regard to race, religion, nationality, sex, or political opinion. It is the intent of the *Refugee Act* of 1980 to promote the resettlement and economic self-sufficiency of refugees within the shortest time frame possible.

(2) The Massachusetts Office for Refugees and Immigrants (ORI) is the state agency responsible for the delivery of services to refugees under the RRP. ORI has entered into an agreement with the MassHealth agency to provide RMA to eligible individuals. Refugee resettlement agencies under contract with ORI make the RRP eligibility determination and assist refugees to submit an application for MassHealth.

(C) Eligibility Requirements. Individuals must submit an application for MassHealth and meet the following requirements:

(1) have valid documentation of refugee, asylee, Cuban and Haitian entrant, Iraqi and Afghan Special Immigrant Visa (SIV) holder, or Amerasian status from U.S. Citizenship and Immigration Services (USCIS); or of victim of human trafficking status from the federal Administration for Children and Families or USCIS;

(2) be a resident of Massachusetts;

(3) have modified adjusted gross income of the MassHealth MAGI household that is less than 200 % of the federal poverty level (FPL) standards or meet a deductible in accordance with 130 CMR 520.028: *Eligibility for a Deductible* through 520.035: *Conclusion of the Deductible Process*; and

(4) be ineligible for MassHealth Standard, CommonHealth, CarePlus, and Family Assistance.

(D) Period of Eligibility.

(1) Eight-Month Eligibility Period. A refugee who meets the eligibility requirements of RMA is eligible to receive MassHealth Standard or CarePlus for an eight-month period beginning with the date of entry into the United States.

(2) End of Eight-Month Eligibility Period. A refugee who has been in the country for eight months from his or her date of entry is no longer eligible for MassHealth under the refugee resettlement program. Such refugee will be notified in advance of termination.

(3) Extended MassHealth Eligibility. A refugee who becomes ineligible for MassHealth solely by reason of increased earnings from employment or increased hours of employment will have coverage for the balance of the eight-month period.

522.003: Adoption Assistance and Foster Care Maintenance

Any child placed in subsidized adoption or foster care under Title IV-E of the Social Security Act is automatically eligible for medical assistance provided by the state where the child resides.

(A) Children receiving state-subsidized adoption payments from a state that is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA) will be eligible for medical assistance provided by the state where the child resides if that state is a member of ICAMA.

(B) Children receiving state-subsidized adoption payments from a state that is not a member of ICAMA, or any child receiving state-subsidized foster-care payments will only be eligible for medical assistance provided by his or her state of origin.

522.004: Children's Medical Security Plan (CMSP)

(A) Regulatory Authority. The Children's Medical Security Plan (CMSP) is administered pursuant to M.G.L. c. 118E, §10F.

(B) Overview. CMSP provides coverage to uninsured children younger than 19 years old who do not qualify for any other MassHealth coverage type, other than MassHealth Limited, and who do not have physician and hospital health-care coverage. To apply for these benefits, an applicant must submit an application as described in 130 CMR 502.001: *Application for Benefits* and 502.002: *Reactivating the Application*.

(C) Eligibility Requirements. Children are eligible for CMSP if they are
(1) a resident of Massachusetts, as defined in 130 CMR 503.002: *Residence Requirements*;
(2) younger than 19 years old;
(3) not otherwise eligible for any other MassHealth coverage type, other than MassHealth Limited. Children who are otherwise eligible and who are not receiving MassHealth coverage as a result of not complying with administrative requirements of MassHealth are not eligible for CMSP. Children who lose eligibility for MassHealth Family Assistance as a result of nonpayment of premiums or as a result of not enrolling in employer-sponsored health insurance through Premium Assistance are not eligible for CMSP; and
(4) uninsured. An applicant or member is uninsured if he or she
(a) does not have insurance that provides physician and hospital health-care coverage;
(b) has insurance that is in an exclusion period; or
(c) had insurance that has expired or has been terminated.

(D) Premiums. The premium schedule and payment policies for CMSP are described in 130 CMR 506.011: *MassHealth and the Children's Medical Security Plan (CMSP) Premiums*.

(E) Copayments. Members are required to pay copayments for certain covered services. There are no required copayments for preventive and diagnostic services. No member will be exempt from copayment requirements.

(1) The copayments for prescription drugs are
  (a) $3 for each generic drug prescription; and
  (b) $4 for each brand-name drug prescription.

(2) The copayments for dental services are
  (a) $2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% of the federal poverty level (FPL);
  (b) $4 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and
  (c) $6 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL.

(3) The copayments for medical (nonpreventive visits) and mental health services are
  (a) $2 for members with modified adjusted gross income of the MassHealth MAGI household equal to or below 199.9% FPL;
  (b) $5 for members with modified adjusted gross income of the MassHealth MAGI household between 200.0% to 400.0% FPL; and
  (c) $8 for members with modified adjusted gross income of the MassHealth MAGI household equal to or greater than 400.1% FPL.

(F) Medical Coverage Date. Except as provided at 130 CMR 522.004(H), coverage begins on the date of the final eligibility determination. The time standards for determining and redetermining eligibility are described at 130 CMR 502.005: *Time Standards for an Eligibility Determination* and 502.007: *Eligibility Review*.

(G) Benefits Provided. Benefits provided are described at M.G.L. c. 118E, §10F. Included benefits are

(1) preventive pediatric care;
(2) sick visits;
(3) office visits, first-aid treatment, and follow-up care;
(4) provision of smoking prevention educational information and materials to the parent, guardian, or the person with whom the enrollee resides, as distributed by the Department of Public Health;
(5) prescription drugs up to $200 per state fiscal year;
(6) urgent care visits, not including emergency care in a hospital outpatient or emergency department;
(7) outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes;
(8) annual and medically necessary eye exams;

(9) medically necessary mental-health outpatient services, including substance-abuse treatment services, not to exceed 20 visits per fiscal year;
(10) durable medical equipment, up to $200 per state fiscal year, with an additional $300 per state fiscal year for equipment and supplies related to asthma, diabetes, and seizure disorders only;
(11) dental health services, up to $750 per state fiscal year, including preventive dental care, provided that no funds will be expended for cosmetic or surgical dentistry;
(12) auditory screening;
(13) laboratory diagnostic services; and
(14) radiologic diagnostic services.

(H) Enrollment Cap. The MassHealth agency may limit the number of children who can be enrolled in CMSP. When the MassHealth agency imposes such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When the MassHealth agency is able to open enrollment for CMSP, the MassHealth agency will process the applications in the order they were placed on the waiting list.

(130 CMR 522.005 Reserved)

REGULATORY AUTHORITY

130 CMR 522.000: M.G.L. c. 118E, §§ 7 and 12.