



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



MassHealth
Eligibility Letter 235
December 2019

TO: MassHealth Staff

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Revisions to Massachusetts Insurance Connection (MIC) Regulations

MassHealth is closing the Massachusetts Insurance Connection (MIC) program for individuals with AIDS or HIV to new enrollments. The revision to 130 CMR 522.000 clarifies that only individuals enrolled in the MIC program as of December 31, 2019, (and who remain continuously enrolled) will receive MIC benefits.

These regulations are effective January 1, 2020.

MANUAL UPKEEP

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130 CMR: DIVISION OF MEDICAL ASSISTANCE

**Trans. by E.L. 235
Rev. 01/01/2020**

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130 CMR: DIVISION OF MEDICAL ASSISTANCE

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522.001: Massachusetts Insurance Connection for Individuals with AIDS or HIV (Closed to New Applicants)

(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 human immunodeficiency virus (HIV). MIC is closed to new applicants effective January 1, 2020. Program participants may continue to receive benefits through MIC for as long as they meet the requirements of 130 CMR 522.001(B).

(B) Eligibility Requirements. The MassHealth agency may pay the monthly private and group health insurance premiums of a program participant (and his or her spouse and dependent children, provided that the program participant

(1) was enrolled in the MIC program as of December 31, 2019, and remains continuously enrolled in the MIC program (continuous enrollment ends when a program participant has not been enrolled in the MIC program for six months);

(2) had a health insurance policy (group or private) before becoming eligible for the MIC 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;

(3) has a diagnosis of AIDS or HIV;

(4) applies for and meets the Social Security Administration's definition of disability for AIDS or HIV;

(5) is a resident of Massachusetts;

(6) in conjunction with his or her spouse and dependent children, has a gross annual income

that does not exceed 300 percent of the annualized federal poverty level income standard for a household of that size; and

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

(C) Verifications. Applicants must have submitted 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 by the examining licensed physician;

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

(3) documentation of gross annual income.

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

(E) Termination of Benefits.

(1) When a program participant no longer meets one or more of the conditions in 130 CMR 522.001(B), the MassHealth agency terminates premium payments for that program participant effective on the next premium payment due date. 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 Act 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 Act to promote the resettlement and economic self-sufficiency of refugees within the shortest time frame possible.