

MassHealth CommonHealth

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CommonHealth if you are a resident of Massachusetts and are:

- ◆ a disabled child younger than age 19, or
- ◆ a disabled young adult aged 19 or 20, or
- ◆ a disabled adult aged 21 or older who:
 - works 40 hours or more a month or is currently working and has worked at least 240 hours in the six months immediately before the month of the application, or
 - is younger than age 65 and is not working, or if working meets certain state and federal rules.

MassHealth decides if you are disabled according to the standards set by federal and state law. For an adult, this generally means you have a mental or physical condition that severely limits your ability to work or to do certain activities for at least 12 months.

Income standards

If your household income is above 133% of the federal poverty level, you may have to pay a premium or meet a one-time-only deductible*. (This is explained on page 12.) See the chart on page 28 for the federal poverty levels.

* Disabled individuals aged 19-20 who are nonqualified PRUCOLs and have income at or below 150% of the federal poverty level will not be assessed a premium.

Disabled adults aged 19 or older

If your household income is above 150% of the federal poverty level, you will have to pay monthly premiums. The amount of the premium is based on

- ◆ your monthly income, as it compares to the federal poverty level,
- ◆ your household size, and
- ◆ if you have other health insurance.

If you must pay a premium, we will tell you the amount and send you a bill every month. For more information about MassHealth/CMSP premiums, see pages 29-32.

Premiums and copayments

Based on your income, you may be charged a premium. See pages 29-32. 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 CommonHealth, 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, family planning, and vision care
- ◆ Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care (For more information about choosing and enrolling in a Medicare prescription drug plan, see page 34.)
- ◆ Behavioral health (mental health and substance abuse) services
- ◆ Well-child screenings (for children younger than the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- ◆ Long-term-care services at home or in a long-term-care facility, including 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.*

Important information for children and youth with significant mental health needs or serious emotional disturbance (SED)

MassHealth offers certain behavioral health services for eligible children and youth younger than the age of 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard and a behavioral health assessment or other evaluation shows that your child has significant mental health needs or a serious emotional disturbance (SED), he or she may be disabled and eligible for MassHealth CommonHealth.

Additional services for children younger than age of 21

Children, teens, and young adults younger than age of 21 who are determined eligible for MassHealth CommonHealth are also eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, which include all medically necessary services covered by Medicaid law. See 42 U.S.C. §§1396a(a)(10), 1396d(a), and 1396d(r). This means that MassHealth pays for any medically necessary treatment that is covered by Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service. If the service is not already covered by the child's MassHealth coverage type, the prescribing clinician can ask MassHealth for prior approval (PA) to determine if the service is medically necessary. MassHealth pays for the service if prior approval is given.

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105. You may have copayments for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

❏ Coverage begins

If we get all needed information within 90 days, except for proof of disability, (or if you are a pregnant woman or a child or a young adult younger than age 21 who is eligible for provisional health care coverage as described on page 5), your coverage may begin 10 calendar days before the date MassHealth gets your application.

If you are eligible for health care coverage based on a 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.

The one-time-only deductible

Certain disabled adults whose income is too high to get MassHealth Standard and who are not working at least 40 hours a month or who have not worked at least 240 hours in the six months immediately before the month of the application must meet a one-time-only deductible before getting MassHealth CommonHealth. The deductible is the amount that a household's income is higher than MassHealth's deductible income standard for a six-month period.

MassHealth will tell you if you must meet a deductible to get MassHealth CommonHealth. You will be told the amount of the deductible. To meet the deductible, you must have medical bills that equal or are more than the deductible amount. You may use the bills of any household member including yourself, your spouse, and your children younger than age 19 to meet your deductible. You are responsible for paying these bills.

You cannot use bills or portions of bills that are covered by other health insurance.

Medical bills that may be used to meet a deductible include

- ◆ the cost of health insurance premiums for your household over the six-month period,
- ◆ unpaid bills you got before or during the deductible period, and
- ◆ bills that were paid during the deductible period.

The deductible period begins 10 calendar days before the date that MassHealth gets your application and ends six months after that date. If you submit bills to meet a deductible, the medical coverage date also begins 10 calendar days before the date MassHealth gets your application.

A more detailed description of the MassHealth eligibility requirements, including premium schedules, can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000. More details about the one-time-only deductible can be found at 130 CMR 506.000.

The deductible income standard

Family Size	Standard
1	\$542
2	\$670
3	\$795

Example

\$1,991	monthly income before taxes and deductions for a household of two
- \$670	income standard for a household of two
—————	
\$1,321	excess income
× 6	six-month period
\$7,926	deductible amount

In this example, a deductible is met when the household has medical bills that are not covered by any other health insurance and the bills total \$7,926.

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 7

Premiums and copays

✦ Copay and premium information for American Indians/Alaska Natives

American Indians and Alaska Natives who have received or are eligible to receive a service from an Indian health care provider or from a non Indian health care provider through referral from an Indian health care provider are exempt from paying copays and premiums, and may get special monthly enrollment periods as MassHealth members.

A more detailed definition of who is considered to be an American Indian or Alaska Native can be found in the MassHealth regulations at 130 CMR 501.000.

✦ MassHealth/CMSP premiums

MassHealth may charge a monthly premium to certain MassHealth members who have incomes above 150% of the federal poverty level. MassHealth may also charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the federal poverty level. MassHealth and CMSP premium amounts are calculated based on a member's household MAGI and household size as described in the Premium Billing Family Group (PBFG) rules in Part B of this section.

If you have to pay a monthly premium, MassHealth will send you a notice with the premium amount. You will also get a bill every month. If you do not pay your premium payments, your benefits may end.

If MassHealth decides you must pay a premium for benefits, you are responsible for paying these premiums unless you tell MassHealth to close your case within 60 days from the date your eligibility was determined or a premium hardship waiver was approved.

MassHealth may refer past due premium balances (delinquent accounts) to the State Intercept Program (SIP) for recovery.

State Intercept Program regulations can be found at 815 CMR 9.00.

A. Premium Billing Family Groups (PBFG)

1. Premium formula calculations for MassHealth and CMSP premiums are based on the Premium Billing Family Group (PBFG). A premium billing family group consists of
 - an individual,
 - a couple—two persons who are married to each other according to the laws of the Commonwealth of Massachusetts,

- a family—a family is defined as persons who live together, and consists of
 - (a) a child or children younger than age 19, any of their children, and their parents,
 - (b) siblings younger than age 19 and any of their children who live together even if no adult parent or caretaker relative is living in the home, or
 - (c) a child or children younger than age 19, any of their children, and their caretaker relative when no parent is living in the home.
- 2. A child who is absent from the home to attend school is considered as living in the home. A parent may be a natural, step, or adoptive parent. Two parents are members of the same premium billing family group as long as they are both mutually responsible for one or more children who live with them.
- 3. MassHealth and CMSP premiums for children younger than age 19 with household income at or below 300% of the federal poverty level will have their premium amount determined using the lowest percentage of the federal poverty level of all children in the PBF. If any child in the PBF has a percentage of the federal poverty level at or below 150% of the federal poverty level, premiums for all children younger than age 19 in the PBF will be waived.
- 4. MassHealth and CMSP premiums for children younger than age 19 with household income greater than 300% of the federal poverty level, and all premiums for young adults or adults are calculated using the individual's federal poverty level.

B. Individuals within a PBF that are approved for more than one premium billing coverage type

When the PBF contains members in more than one coverage type or program, including CMSP, who are responsible for a premium or required member contribution, the PBF is responsible for only the higher premium amount or required member contribution.

When the PBF includes a parent or caretaker relative who is paying a premium for and is getting a ConnectorCare plan and premium tax credits, the premiums for children in the PBF will be waived once the parent or caretaker relative has enrolled in and begun paying for a ConnectorCare plan.

C. MassHealth Standard and Premium Formula for Members with Breast or Cervical Cancer

The premium formula for MassHealth Standard members with breast or cervical cancer whose eligibility is described in 130 CMR 506.000 is as follows.

Standard Breast and/or Cervical Cancer Premium Formula	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	\$15
Above 160% to 170%	\$20
Above 170% to 180%	\$25
Above 180% to 190%	\$30
Above 190% to 200%	\$35
Above 200% to 210%	\$40
Above 210% to 220%	\$48
Above 220% to 230%	\$56
Above 230% to 240%	\$64
Above 240% to 250%	\$72

D. MassHealth CommonHealth Premium Formulas

1. The premium formula uses age, income, and whether or not the member has other health insurance.
2. The premium formula for MassHealth CommonHealth members whose eligibility is described in 130 CMR 506.000 is as follows.
 - The full premium formula for children younger than age 19 with household income between 150% and 300% of the federal poverty level is provided below.

CommonHealth Full Premium Formula	
Children younger than age 19 between 150% and 300% FPL	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBF maximum)
Above 200% to 250%	\$20 per child (\$60 PBF maximum)
Above 250% to 300%	\$28 per child (\$84 PBF maximum)

- The full premium formula for young adults aged 19 or 20 with household income above 150% of the federal poverty level, adults aged 21 and older with household income above 150% of the federal poverty level, and children with household income above 300% of the federal poverty level is provided below. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

**CommonHealth Full Premium Formula
Young Adults and Adults above 150% FPL and
Children above 300% FPL**

Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 150% FPL– start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15–\$35
Above 200% FPL– start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40–\$192
Above 400% FPL– start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202–\$392
Above 600% FPL– start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404–\$632
Above 800% FPL– start at \$646	Add \$14 for each additional 10% FPL until 1,000% FPL	\$646–\$912
Above 1,000% FPL–start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

- The supplemental premium formula for young adults, adults, and children is provided below. A lower supplemental premium is charged to members who have health insurance that the MassHealth agency does not contribute to. Members getting a premium assistance payment from MassHealth are not eligible for the supplemental premium rate.

CommonHealth Supplemental Premium Formula

% of Federal Poverty Level (FPL)	Premium Cost
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1,000%	80% of full premium
Above 1,000%	85% of full premium

- CommonHealth members who are eligible to get a premium assistance payment, as described in 130 CMR 506.000, that is less than the full CommonHealth premium will get their premium assistance payment as an offset to the CommonHealth monthly premium bill, and will be responsible for the difference.

E. MassHealth Family Assistance Premium Formulas

- The premium formula for MassHealth Family Assistance children whose eligibility is described in 130 CMR 506.000 is as follows.

Family Assistance for Children Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

- The premium formulas for MassHealth Family Assistance HIV-positive adults whose eligibility is described in 130 CMR 506.000 are as follows. The premium formula uses income and whether or not the member has other health insurance.
 - The full premium formula for Family Assistance HIV-positive adults between 150% and 200% of the federal poverty level is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium. The full premium formula is provided below.

Family Assistance for HIV+ Adults Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	\$15
Above 160% to 170%	\$20
Above 170% to 180%	\$25
Above 180% to 190%	\$30
Above 190% to 200%	\$35

- The supplemental premium formula for Family Assistance HIV-positive adults is charged to members who have health insurance that the MassHealth agency does not contribute to. The supplemental premium formula is provided below.

Family Assistance for HIV+ Adults Supplemental Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	60% of full premium

- The premium formula for MassHealth Family Assistance Nonqualified PRUCOL adults as described in 130 CMR 506.000 is based on the MassHealth MAGI household income and the MassHealth MAGI household size as it relates to the federal poverty level income guidelines and the Premium Billing Family Group (PBFG) rules, as described in 130 CMR 506.000. The premium formula is as follows.

**Family Assistance for Nonqualified PRUCOL Adults
Premium Formula**

The premium formula can be found at 956 CMR 12.00.

**F. Children’s Medical Security Plan (CMSP)
Premium Formula**

The premium formula for CMSP members whose eligibility is described in 130 CMR 506.000 is as follows.

CMSP Premium Schedule

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Greater than or equal to 200%, but less than or equal to 300.9%	\$7.80 per child per month; family group maximum \$23.40 per month
Greater than or equal to 301.0%, but less than or equal to 400.0%	\$33.14 per premium billing family group per month
Greater than or equal to 400.1%	\$64.00 per child per month

Members Exempted from Premium Payment

The following members are exempt from premium payments.

- MassHealth members who have proved that they are American Indians or Alaska Natives who have received or are eligible to receive an item or service provided by the Indian Health Service, an Indian tribe, a tribal organization, an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law
- MassHealth members with family group income at or below 150% of the federal poverty level
- Pregnant women
- Children younger than age one getting MassHealth Standard
- Children whose parent or guardian in the Premium Billing Family Group is eligible for a ConnectorCare plan and premium tax credits and has enrolled in and begun paying for a ConnectorCare plan.

✦ MassHealth Copayments

Certain adults may have to pay copayments (copays) for some medical services.

- ◆ Pharmacy services. There is a \$1 copay for certain prescriptions such as those used to treat hypertension, diabetes, and high cholesterol, and a \$3.65 copay for most other prescriptions.
- ◆ Nonpharmacy services. There is a \$3 copay for an acute inpatient hospital stay.

The maximum amount MassHealth members have to pay is

- ◆ \$250 for pharmacy services per calendar year;
- ◆ \$36 for nonpharmacy services per calendar year; and
- ◆ 5% of the member’s MAGI of the MassHealth MAGI household or the MassHealth Disabled Adult household per calendar quarter, including both copayments and any applicable premium payments.

For more information about MassHealth copayments, see 130 CMR 506.000.

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.