

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).

✘ 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 insurance" on pages 33-34.

✘ How you get your benefits

If you are enrolled with your employer's health insurance, MassHealth may be able to help you pay for this insurance in one of two ways:

- ◆ your employer will reduce the amount withheld from your paycheck for health insurance by the amount of your premium assistance benefit, or
- ◆ you will get a monthly check for the amount of your premium assistance benefit.

✘ Covered services

Persons enrolled in a health plan through MassHealth Family Assistance get the applicable services 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, and medical equipment and supplies
- ◆ Home health services
- ◆ Behavioral health (mental health and substance abuse) services
- ◆ Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- ◆ Ambulance services (emergency only)
- ◆ Quit-smoking services

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

✘ Some of the services not covered

The following services are examples of services not covered when you are enrolled in a health plan through MassHealth Family Assistance.

- ◆ Day habilitation services
- ◆ Personal care services
- ◆ Private duty nursing services
- ◆ 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.

✘ 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, 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.

3. We need the Modified Adjusted Gross Income (MAGI) for every person in your household. In most cases, this income can be proved through electronic data matches. If electronic data sources are not able to prove your income information, we will ask you for additional documentation. You will get a Request for Information notice that will list all the required forms of proof and the deadline for submitting them. (See pages 26-28 for information about MAGI.)
4. You must give us a social security number (SSN) or proof that one has been applied for, for every household member who is applying, unless one of the following exceptions applies.
 - You or any household member has a religious exemption as described in federal law.
 - You or any household member is eligible only for a nonwork SSN.
 - You or any household member is not eligible for an SSN.
5. To get the type of health care that gives the best coverage, we need to prove the U.S. citizenship/national status or immigration status of every household member who is applying. (See pages 40-41 for complete information about acceptable forms of proof.) We will conduct a data match with federal and state agencies to try to prove your U.S. citizenship/national status or immigration status. If electronic data sources are unable to prove your declared information, we will ask you for additional documentation. You will receive a Request for Information notice that will list all the required forms of proof and the deadline for submitting them. See pages 36-39 for information about immigration status and eligibility for benefits.
6. As soon as we get the information we need, we will decide what benefits you are eligible for. We base our decision on state and federal law.
7. An individual's residency will be considered proven if the individual has self-declared to being a Massachusetts resident, and the residency has been confirmed by electronic data matching with federal or state agencies, or information services, or the individual has provided any of the following documents:
 - A copy of the deed and record of the most recent mortgage payment (if the mortgage was paid in full, a copy of the property tax bill from the most recent year)
 - A current utility bill or work order dated within the past 60 days
 - A statement from a homeless shelter or homeless service provider
 - School records (if school is private, additional documentation may be requested)
 - Nursery school or day care records (if school is private, additional documentation may be requested)
 - A Section 8 agreement
 - A homeowners' insurance agreement
 - Proof of enrollment of custodial dependent in public school
 - A copy of the lease AND record of the most recent rent payment
 - If you cannot give us any of the documents listed above, you may submit an affidavit supporting residency signed under the pains and penalties of perjury.

More specific information about MassHealth can be found in the MassHealth regulations at 130 CMR 502.000.

The application (in English, English large print, and Spanish) is also available online at www.mass.gov/masshealth.

To get interpreter services or a MassHealth Member Booklet in another language, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Provisional eligibility

MassHealth provides benefits to eligible applicants based on self-attestation (except for disability, citizenship, and immigration status) during the provisional period.* Applicants must provide all outstanding eligibility forms of proof within 90 days of receipt of MassHealth's Request for Information Notice. Each applicant can only get one provisional eligibility approval in a 12-month period. MassHealth members will be required to enroll in a managed care plan during the provisional period, if otherwise mandatory to enroll. MassHealth members who have been assessed a premium will have to pay the premium during the provisional period. Premium Assistance will not be provided during the initial provisional period until all forms of proof have been submitted, and the health insurance investigation is complete.

* You can also get benefits during a reasonable opportunity period, while you provide any required forms of proof of U.S. citizenship and identity or immigration status.

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 (PBF) 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 (PBF)

1. Premium formula calculations for MassHealth and CMSP premiums are based on the Premium Billing Family Group (PBF). 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.

SECTION 9

U.S. citizenship and immigration rules

☒ U.S. citizenship and immigration rules

When deciding if you are eligible for benefits, we look at all the requirements described under each coverage type and program. We will try to prove your U.S. citizenship/national status and immigration status using federal and state data services to decide if you may get a certain coverage type.

U.S. Citizens/Nationals

U.S. citizens/nationals may be eligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, Small Business Employee Premium Assistance, or the Children's Medical Security Plan (CMSP). They may also be eligible for ConnectorCare Plans and premium tax credits or the Health Safety Net. Proof of citizenship and identity is required for all U.S. citizens/nationals.

A citizen of the United States is

1. an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands, except if born to a foreign diplomat and who otherwise qualifies for U.S. citizenship under §301 et seq. of the Immigration and Nationality Act (INA);
2. an individual born of a parent who is a U.S. citizen or who otherwise qualifies for U.S. citizenship under §301 et seq. of the INA;
3. a naturalized citizen; or
4. a national (both citizen and noncitizen national).
 - (a) Citizen national. A citizen national is an individual who otherwise qualifies as a U.S. citizen under §301 et seq. of the INA.
 - (b) Noncitizen national. A noncitizen national is an individual who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a noncitizen national.

Non U.S. citizens

To get the type of MassHealth that gives the most coverage, or to get a ConnectorCare plan and premium tax credits, satisfactory immigration status must be proved. MassHealth will perform information matches with state and federal agencies to prove immigration statuses. If electronic sources are unable to prove declared status, additional documentation will be required from the individuals.

Non U.S. citizens do not have to submit their immigration documents with the application if they are applying only for their children, but are not applying for any benefits for themselves.

Lawfully present immigrants

The following are lawfully present immigrants.

Qualified noncitizens

People who meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or CMSP. They may also be eligible for benefits through the Health Connector or the Health Safety Net.

There are two groups of qualified noncitizens:

1. People who are qualified regardless of when they entered the U.S. or how long they have had a qualified status. Such individuals are
 - a. people granted asylum under section 208 of the INA;
 - b. refugees admitted under section 207 of the INA;
 - c. people whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997;
 - d. veterans, their spouses, and their children
 - (i) veterans of the United States Armed Forces with an honorable discharge not related to their noncitizen status; or
 - (ii) Filipino war veterans who fought under U.S. command during WWII; or
 - (iii) Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under U.S. command during the Vietnam War; or
 - (iv) persons with noncitizen status on active duty in the U.S. Armed Forces, other than active duty for training; or
 - (v) the spouse, unremarried surviving spouse, or unmarried dependent children of the noncitizen described in (i) through (iv) above;
 - e. conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980;
 - f. people who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980;
 - g. Native Americans with at least 50 percent American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside of the United States pursuant to 25 U.S.C. 450b(e);
 - h. Amerasians as described in section 402(a)(2)(A)(i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996;
 - i. victims of severe forms of trafficking, and spouse, child, sibling, or parent of the victim in accordance with the Victims of Trafficking and Violence Protection Act of 2000 (Public Law 106-386) as amended;
 - j. Iraqi Special Immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 1244 of Public Law 110-181 or section 525 of Public Law 110-161; or
 - k. Afghan Special Immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 525 of Public Law 110-161.
2. People who are qualified based on having a qualified status identified at “a” below and who have satisfied one of the conditions listed at “b” below. Such individuals are
 - a. people who have one or more of the following statuses:
 - (i) people admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA); or
 - (ii) people granted parole for at least one year under section 212(d)(5) of the INA; or
 - (iii) battered spouse, battered child, or child of battered parent or parent of battered child who meet the criteria of section 431(c) of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, 8 U.S.C. 1641; and also
 - b. people who satisfy at least one of the following three conditions:
 - (i) they have had a status listed in 2.a. above for five or more years (a battered noncitizen attains this status when the petition is accepted as establishing a prima facie case);
 - (ii) they entered the U.S. before August 22, 1996, regardless of status at the time of entry, and have been continuously present in the U.S. until attaining a status listed in 2.a. above. For this purpose, an individual is deemed continuously present who has been absent from the U.S. for no more than 30 consecutive days or 90 nonconsecutive days before attaining a status listed in 2.a. above; or
 - (iii) they also have or had a status listed in 1.a. through k. above.

Qualified noncitizens barred

People who have a status listed under qualified noncitizens at 2.a. above (legal permanent resident, parolee for at least one year, or battered noncitizen) and who **do not** meet one of the conditions listed at 2.b. above, are qualified noncitizens barred. Qualified noncitizens barred, like qualified noncitizens, are lawfully present immigrants. People who are qualified noncitizens barred may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP. They may also be eligible for benefits through the Health Connector and the Health Safety Net.

Nonqualified individuals lawfully present

People who are nonqualified individuals lawfully present and meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP. They may also be eligible for benefits through the Health Connector and the Health Safety Net. People who are nonqualified individuals lawfully present are not defined as qualified under the PRWORA of 1996, 8 U.S.C. §1641, but are lawfully present. Nonqualified individuals lawfully present are as follows.

1. People in a valid nonimmigrant status as otherwise defined in 8 U.S.C. 1101(a)(15) or otherwise defined under immigration laws as defined in 8 U.S.C. 1101(a)(17).
2. People paroled into the U.S. in accordance with 8 U.S.C. 1182(d)(5) for less than one year, except for an individual paroled for prosecution, for deferred inspection, or pending removal proceedings.
3. People who belong to one of the following classes:
 - (a) granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - (b) granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. 1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - (c) granted employment authorization under 8 CFR 274a.12(c);
 - (d) Family Unity beneficiaries in accordance with section 301 of Public Law 101-649, as amended;
 - (e) under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - (f) granted Deferred Action status, except for applicants or individuals granted status under DHS Deferred Action for Childhood Arrival Process (DACA);

- (g) granted an administrative stay of removal under 8 CFR part 241; or
 - (h) beneficiary of approved visa petition who has a pending application for adjustment of status.
4. People with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who:
 - (a) have been granted employment authorization; or
 - (b) are under the age of 14 and have had an application pending for at least 180 days.
 5. People who have been granted withholding of removal under the Convention Against Torture.
 6. Children who have a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J).

Qualified noncitizens barred and nonqualified individuals lawfully present who are

- pregnant may be eligible for MassHealth Standard, a ConnectorCare plan and premium tax credits, or the Health Safety Net (HSN);
- children younger than age 19 may be eligible for MassHealth Standard, CommonHealth, Family Assistance, CMSP, a ConnectorCare plan and premium tax credits, or the HSN;
- young adults aged 19 or 20 may be eligible for MassHealth Standard, a ConnectorCare plan and premium tax credits, or the HSN;
- adults aged 21 or older and are parents or caretaker relatives may be eligible for MassHealth Limited, a ConnectorCare plan and premium tax credits, or the HSN;
- adults aged 21-64 and are disabled may be eligible for MassHealth Family Assistance, Limited, a ConnectorCare plan and premium tax credits, or the HSN; or
- other adults aged 21-64 may be eligible for MassHealth Limited, a ConnectorCare plan and premium tax credits, or the HSN.

Nonqualified Persons Residing Under Color of Law (Nonqualified PRUCOLs)

Nonqualified PRUCOLs are certain noncitizens who are not lawfully present. These individuals may be permanently residing in the United States under color of law as described in 130 CMR 504.000. People who are nonqualified PRUCOLs and meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP.

They may also be eligible for benefits through the Health Safety Net.

1. Noncitizens living in the United States in accordance with an indefinite stay of deportation
2. Noncitizens living in the United States in accordance with an indefinite voluntary departure
3. Noncitizens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the United States Department of Homeland Security (DHS) does not contemplate enforcing
4. Noncitizens granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing
5. Noncitizens living under orders of supervision who do not have employment authorization under 8CFR 274a.12(c)
6. Noncitizens who have entered and continuously lived in the United States since before January 1, 1972
7. Noncitizens granted suspension of deportation, and whose departure the DHS does not contemplate enforcing
8. Noncitizens with a pending application for asylum under 8 U.S.C. 1158 or for withholding of removal under 8 U.S.C. 1231 or under the Convention Against Torture who have not been granted employment authorization, or are under the age of 14 and have not had an application pending for at least 180 days
9. Noncitizens granted Deferred Action for Childhood Arrival status or have a pending application for this status
10. Noncitizens who have filed an application, petition, or request to obtain a lawfully present status that has been accepted as properly filed but who have not yet obtained employment authorization and whose deportation DHS does not contemplate enforcing
11. Any other noncitizens living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include persons granted Extended Voluntary Departure due to conditions in the noncitizen's home country based on a determination by the Secretary of State.)

Nonqualified PRUCOLs who are

- pregnant may be eligible for MassHealth Standard, Family Assistance, or the HSN;
- children younger than age 19 may be eligible for MassHealth CommonHealth, Family Assistance, Limited, CMSP, or the HSN;
- young adults aged 19 or 20 may be eligible for MassHealth CommonHealth, Family Assistance, Limited, or the HSN;
- adults aged 21 or older who are parents or caretaker relatives may be eligible for MassHealth Family Assistance, Limited, or the HSN; and
- other adults aged 21–64, including disabled persons, may be eligible for MassHealth Family Assistance, Limited, or the HSN.

Other noncitizens

If your immigration status is not described above, you are considered an other noncitizen. You may be eligible for MassHealth Standard (if pregnant), Limited, CMSP, or the Health Safety Net.

Note: People who were getting MassHealth, formerly known as Medical Assistance, or CommonHealth on June 30, 1997, may continue to get benefits regardless of immigration status if otherwise eligible.

The eligibility of immigrants for publicly funded benefits is defined in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the federal Balanced Budget Act of 1997, and in various provisions of state law. For additional details, see the MassHealth regulations at 130 CMR 504.000.

✘ **U.S. Citizenship/National Status Requirements for MassHealth and ConnectorCare Plans and Premium Tax Credits**
Identity Requirements for MassHealth, ConnectorCare Plans and Premium Tax Credits, and the Health Safety Net

Proof of both U.S. Citizenship/National Status and Identity*

* Exception: Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI) do NOT have to give proof of their U.S. citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of U.S. citizenship/national status and identity.

The following are acceptable forms of proof of BOTH U.S. citizenship/national status AND identity. (No other documentation is required.):

1. a U.S. passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as this passport or Card was issued without limitation; or
2. a Certificate of U.S. Naturalization; or
3. a Certificate of U.S. Citizenship; or
4. a document issued by a federally recognized Indian tribe, as published in the Federal Register by the Bureau of Indian Affairs within the U.S. Department of the Interior, and identifies the federally recognized Indian Tribe that issued the document, identifies the individual by name and confirms the individual's membership, enrollment, or affiliation with the Tribe. These documents include, but are not limited to: a Tribal enrollment card, a Certificate of Degree of Indian Blood, a Tribal census document, and documents on Tribal letterhead issued under the signature of the appropriate Tribal official that meet the requirements of 130 CMR 504.000.

OR

Proof of U.S. Citizenship/National Status Only

If one of the documents that satisfies both citizenship and identity is not provided, the following documents may be accepted as proof of U.S. citizenship/national status only.

- A U.S. public birth certificate (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Commonwealth of the Northern Mariana Islands (CNMI) (after November 4, 1986). The birth record may be issued by the state,

Commonwealth, territory, or local jurisdiction. The individual may also be collectively naturalized under federal regulations.

- A cross match with the Massachusetts Registry of Vital Statistics that documents a record of birth
- A Certification of a Report of Birth issued to U.S. citizens who were born outside the U.S.
- A Report of Birth Abroad of a U.S. Citizen
- Certification of birth
- A U.S. Citizen ID card
- A Northern Mariana Identification Card issued to a collectively naturalized citizen who was born in the CNMI before November 4, 1986
- A final adoption decree showing the child's name and U.S. place of birth (if adoption is not final, a statement from a state-approved adoption agency that shows the child's name and U.S. place of birth)
- Evidence of U.S. civil service employment before June 1, 1976
- An official U.S. military record showing a U.S. place of birth
- A data match with the Systematic Alien Verification for Entitlements (SAVE) Program or any other process established by the Department of Homeland Security (DHS) to prove an individual is a citizen
- Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000 (8 U.S.C. 1431)
- Medical records, including, but not limited to, hospital, clinic, or doctor records, or admission papers from a nursing facility, skilled care facility, or other institution that indicate a U.S. place of birth
- Life, health, or other insurance record that indicates a U.S. place of birth
- An official religious record recorded in the U.S. showing that the birth occurred in the U.S.
- School records, including preschool, Head Start, and day care, showing the child's name and U.S. place of birth
- Federal or state census record showing U.S. citizenship or a U.S. place of birth
- If an individual does not have one of the documents listed in 130 CMR 504.000, he or she may submit an affidavit signed by another individual, under penalty of perjury, who can reasonably attest to the individual's citizenship, and that contains the individual's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized.

PLUS proof of Identity Only

- The following documents are acceptable proof of identity, provided this documentation has a photograph or other identifying information including, but not limited to, name, age, sex, race, height, weight, eye color, or address.
 - Identity documents listed at 8 CFR 274a.2(b)(1)(v)(B)(1), except a driver's license issued by a Canadian government authority
 - A driver's license issued by a state or territory
 - A school identification card
 - A U.S. military card or draft record
 - An identification card issued by the federal, state, or local government
 - A military dependent's identification card
 - A U.S. Coast Guard Merchant Mariner card
- For children younger than age 19, a clinic, doctor, hospital, or school record, including preschool or day care records
- Two documents containing consistent information that confirms an applicant's identity. These documents include, but are not limited to:
 - employer identification cards
 - high school and college diplomas (including high school equivalency diplomas)
 - marriage certificates
 - divorce decrees
 - property deeds or titles
 - a pay stub from a current employer with the applicant's name and address preprinted, dated within 60 days of the application
 - census proof containing the applicant's name and address, dated not more than 12 months before the date of the application
 - a pension or retirement statement from a former employer or pension fund stating the applicant's name and address, dated within 12 months of the application
 - tuition or student loan bill containing the applicant's name and address, dated not more than 12 months before the date of the application
 - utility bill, cell phone bill, credit card bill, doctor's bill, or hospital bill containing applicant's name and address, dated not more than 60 days before the date of the application
 - valid homeowner's, renter's, or automobile insurance policy with preprinted address, dated not more than 12 months before the date of the application, or a bill for this insurance with preprinted address, dated not more than 60 days before the date of the application
 - lease dated not more than 12 months before the date of the application, or home mortgage identifying applicant and address
 - employment proved by W-2 forms or other documents showing the applicant's name and address submitted by the employer to a government agency as a consequence of employment
- A finding of identity from a federal or state agency, including, but not limited to, a public assistance, law enforcement, internal revenue, tax bureau, or corrections agency, if the agency has proved and certified the identity of the individual
- A finding of identity from an Express Lane agency, as defined in section 1902(e)(13)(F) of the Social Security Act
- If the applicant does not have any document specified in the first three main bullets above, and identity is not proved through the fourth and fifth main bullets above, the applicant may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity. This affidavit must contain the applicant's name and other identifying information establishing identity, as described in the first main bullet above. This affidavit does not have to be notarized.