

MassHealth Updates

Massachusetts Health Care Training Forum
January 2018



Agenda

- Authorized Representative Designee (ARD) Form Update
- Cost of Living Adjustment & Medicare B Premiums
- MassHealth Buy-In Programs Eligibility Guidelines 2018
- Long-Term Care Renewal
- Financial Information Requests (FIR)
- Student Health Insurance Program (SHIP) – Premium Assistance Update
- Immigration Information Reminder

Authorized Representative Designee (ARD) Form Updates

Authorized Representative Designation (ARD) Form

■ What is an ARD?

- The ARD form – Used for members that would like to designate an authorized representative to act on their behalf.
- Member may designate more than one individual as an ARD, but must submit a form for each designation.
- Forms can be found at the end of the MassHealth member booklets.
- Forms can be found online at:
<https://www.mass.gov/service-details/masshealth-member-forms>.

Authorized Representative Designation Form



You can submit this form if you would like to designate an authorized representative to act on your behalf. If an authorized representative signed your application for you, or if you are an authorized representative applying on behalf of someone else, you **MUST** submit this form for the application to be processed.

You do not need to fill out this form if you live in an institution and want copies of eligibility notices sent to you and to your spouse who still lives at home. We will do that automatically.

NOTE: An authorized representative has the authority to act on an applicant's or member's behalf in all matters with MassHealth and the Health Connector, and will receive personal information about the applicant or member until we receive a cancellation notice terminating their authority. Their authority will not automatically terminate once we process your application.

You can choose someone to help you.

You may choose an authorized representative to help you get health care coverage through programs offered by MassHealth and the Health Connector. You can do this by filling out this form (the Authorized Representative Designation Form) or a sufficiently similar designation document. You or a representative can sign for yourself and for any of your dependent children under the age of 18 for whom you are the custodial parent.

You are not required to have a representative in order to apply for or receive benefits.

Who can help me?

1. An authorized representative can be a friend, family member, relative, or other person or organization of your choosing who agrees to help you. It is up to you to choose an authorized representative if you want one. Neither MassHealth nor the Health Connector will choose an authorized representative for you. You must designate in writing (fill out Section I, Part A) the person or organization who you want to be your authorized representative. Your authorized representative must also fill out Section I, Part B.
2. If, because of a mental or physical condition, you cannot designate an authorized representative in writing, a person (not an organization) who is acting responsibly on your behalf can be your authorized representative if that person certifies, by filling out Section II, that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.
3. An authorized representative can also be someone who has been appointed by law to act on your behalf. This person must fill out Section III and either you or this person must submit to us, together with this form, a copy of the applicable legal document stating that this person is lawfully representing you.
4. A person appointed by law to act on behalf of the estate of an applicant or member who has died can also serve as an authorized representative by following the instructions above. An authorized representative under Section III may be a legal guardian, conservator, holder of power of attorney, or health care proxy, or, if the applicant or member has died, the estate's administrator or executor. What this person is authorized to do for you or for the applicant or member's estate will depend on the wording of the legal appointment.

What can an authorized representative do?

What Changed?

- An organization cannot be an ARDII.
- An individual who is a provider, staff member or a volunteer with an affiliation to any organization can serve as an ARD II.
 - Such person must certify that they adhere to all applicable state and federal laws about confidentiality.
 - An **officer of the organization must sign** indicating that the organization agrees to the same requirements.
 - The designation of an ARD II is *only possible* if there is not already another individual who can act on the applicant's or member's behalf on file, such as an existing authorized representative (ARD I, II, or III), guardian, conservator, personal representative of the estate, holder of power of attorney, or invoked health care proxy.

Cost of Living Adjustment (COLA) 2018 and Medicare Part B Premiums

Cost of Living Adjustment (COLA) 2018 and Medicare Part B Premiums

- On January 2018, the Social Security Administration announced that the cost-of-living adjustment (COLA) for Social Security benefits will increase by 2% for 2018.
- Medicare Part B: Effective 01/01/17, is \$134.00.
 - On an individual basis, Medicare premiums may increase, decrease or remain the same.

MassHealth Buy-In Programs Eligibility Guidelines 2018

MassHealth Buy-In Update

- Qualified Medicare Beneficiary (QMB) 100% FPL
- Specified Low Income Beneficiary (SLMB) 120% FPL
- Qualified Individual -1 (QI-1) 135% FPL
- Income guidelines vary for the Buy-In
- Effective January 2018 assets limits are:
 - \$7,560 (Individual)
 - \$11,340 (couple) for all Buy-In

Long-Term Care Members: Renewal


- **Important Reminder:**
 - Renewals for Long-Term Care members **MUST** be signed by the member **OR** by the member's valid Authorized Representative Designee (ARD).
- Staff at the facilities are **NOT** authorized to sign these forms unless they are on the ARD.

Financial Information Request (FIR)

Financial Information Requests

- Effective 09/02/08, aged, blind, or disabled applicants/members whose assets must be evaluated to determine eligibility are exempted from having to pay for copies of bank or other financial records requested by MassHealth. (Mass General Law 118E Section 23A)
- Some banks/financial institutions require documentation to waive the fees.
- The Financial Information Request [**FIR-1 (06/16)**] should be provided to the applicant/member to complete and given to the bank/financial institution.
- It was recently discovered that an older version of the form was still being utilized. **Please use the latest version.**

Financial Information Requests (Cont'd)



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

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
1-888-665-9993
TTY: 1-888-665-9997
Fax: 1-857-323-8300

Financial Information Request

Name: _____ Social security number: _____
 Address: _____ City/Town/Zip: _____
 Name of financial institution: _____
 Address: _____ City/Town/Zip: _____

You or your spouse has applied for MassHealth. You must get a copy of your bank accounts to us so we can complete the application process. If you do not have your account records, you can get them from your bank.

Sometimes banks charge a fee to get these records. You can get them at **no cost** with this form.

You need to complete one form for each bank where you have accounts.

- Complete the top of this form (**PLEASE PRINT** your name, address, and social security number and the name and address of the financial institution).
- In **Section 1**, list the account number and time period that you need the bank records for.
- In **Section 2**, tell the bank where you want the information sent (to you or to the MassHealth Enrollment Center listed above).
- Sign and date the form before you give it to your bank.
- Bring or mail the form to the bank.

Pursuant to M.G.L. c. 118E, § 23A, please provide, without charge, the deposit and withdrawal records for the accounts and time periods listed below for the above-named MassHealth (Medicaid) applicant, member, or spouse of an applicant or member.

Section 1

Account number: _____ Time period: _____
 Account number: _____ Time period: _____
 Account number: _____ Time period: _____

Section 2

Within two weeks of your receipt of this request, please send that information to

the above-named applicant or member; or

the address listed above.

Signature of MassHealth Applicant/Member or Spouse

Date

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MassHealth Signature

FIR-1 (Rev. 06/16)

MassHealth Signature

FIR-1 (Rev. 06/16)

MassHealth Signature

FIR-1 (Rev. 06/16)

Financial Information Requests (Cont'd)

- The form is available on the MassHealth website:

- FIR-1 English:

<http://www.mass.gov/eohhs/docs/masshealth/membappforms/fir-1.pdf>

- FIR-1 Spanish:

<http://www.mass.gov/eohhs/docs/masshealth/membappforms/fir-1-sp.pdf>

Student Health Insurance Program Premium Assistance (SHIP PA) Update

Student Health Insurance Program Premium Assistance (SHIP PA)

- Massachusetts has required students enrolled in higher education programs to be covered by health insurance since 1989 – one of the country’s first individual mandates.
- Under this requirement, every school (both public and private) in Massachusetts must offer a Student Health Insurance Program (SHIP) which is only available to the school’s students.
- All full-time students must participate in their school’s SHIP or waive participation by demonstrating “comparable coverage,” as defined by the regulations.
- SHIP PA first piloted for the 2016-2017 academic year with Massachusetts public college students on a voluntary basis, about 5,000 students enrolled.

SHIP PA (Cont'd)

- SHIP PA allows for MassHealth to purchase student health plans (SHIP) for MassHealth Standard, CommonHealth, CarePlus, and some Family Assistance members who have access to SHIP through their college.
- Students seeking help paying for their SHIP plan must be MassHealth eligible prior to submitting a SHIP PA application.
- Unlike other MassHealth Premium Assistance programs, SHIP PA payments are paid directly to the health plan.

SHIP PA (Cont'd)

- MassHealth's Student Health Insurance Premium Assistance (SHIP PA) expanded last year.
- SHIP PA began enrolling eligible students in SHIP plans in the summer of 2017 for the fall academic year, for SHIP plans starting as early as July and as late as September 2017 (depending on the school).
- Enrollment is now at 28,600
- Now 79 participating Massachusetts schools, including 49 private Massachusetts colleges and universities.
- New this year:
 - MassHealth members are **now required** to enroll in a cost effective SHIP plan if they have access to one through a participating college.

SHIP PA (Cont'd)

- In order to obtain SHIP PA, students must enroll through the SHIP enrollment process of their participating school.
- SHIP PA is only available to students with access to SHIP through one of the 30 Massachusetts public universities and colleges (including the 16 community colleges, Quincy College, 5 UMass campuses, and 10 state universities) and 49 private schools, for one-person individual plans (no family plans).
- SHIP PA plans can be seen in EVS and will look like any other private insurance plan. Eligibility cannot however be seen in MA21 or in the online system (HIX).
 - However, once a PA case is approved, the SHIP plan is viewable in MMIS on the TPL screen, indicated with a “j”.
 - The SHIP plans are seen in EVS, but will look like any other TPL.
 - Note: 76 of the 79 schools use BCBS as their carrier.
- Once enrolled in SHIP PA, members will be mailed an approval notice, and if terminated from SHIP PA, will be mailed a termination notice.

SHIP PA (Cont'd)

- Also new this year:
 - Members enrolled in SHIP PA will continue to be eligible for MassHealth to coincide with the SHIP plan policy.
 - For example, if member is enrolled in a SHIP plan starting on August 1st, their MassHealth eligibility will continue until July 31st of the next year, provided they **do not move out of state** or **do not take any fraudulent** action with their MassHealth.
- For more information or questions about SHIP PA, call MassHealth Premium Assistance at 1-855-273-5903.

Verification of Eligibility

Verification of Eligibility

- MassHealth and the Health Connector require verification of the following eligibility factors to make a final eligibility determination:
 - Income
 - Social Security Number
 - Residency
 - Citizenship
 - **Immigration Status**
 - Incarceration
 - Non-custodial Parent Info (MassHealth only)
 - American Indian/Alaska Native (Health Connector only)
- MassHealth initiates information matches with other agencies and information sources in the following order,
 - (1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and
 - (2) other federal and state agencies and other informational services

REMINDER: Some Examples of Immigration Document Types

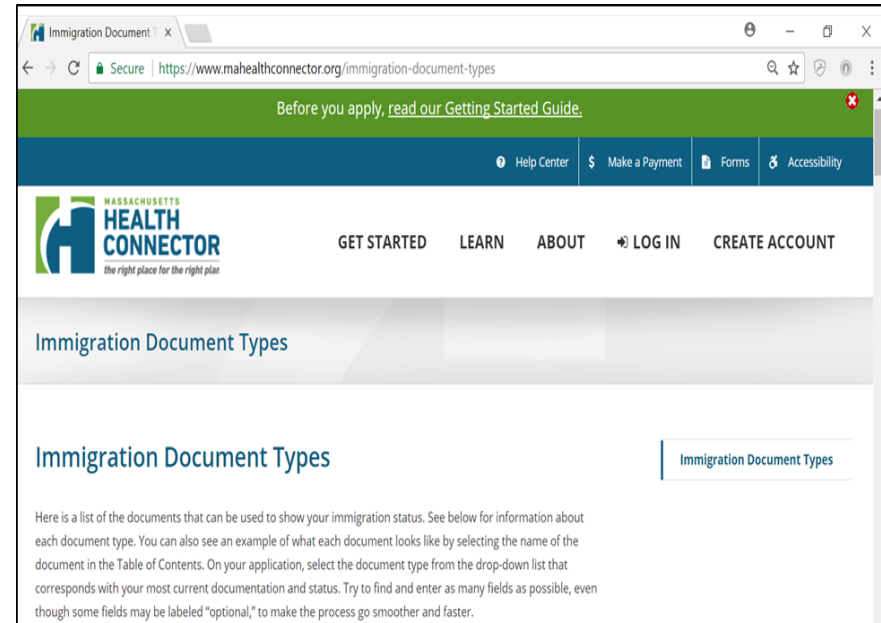
- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- Reentry Permit (I-327)
- Alien number: The alien number (also called alien registration number or USCIS number) can be found on the immigration document.
- Card number
- I-94 number
- Unexpired Passport number

What Visitors Need to Know about Applying

- Individuals who are not Massachusetts residents are not eligible for MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. If individuals are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, they do not meet residency requirements for MassHealth.

Resources

- For additional and a complete list go to:
 - Getting Started Guide at MAhealthconnector.org:
<https://www.mahealthconnector.org/immigration-document-types>
 - MassHealth Member Booklet:
<https://www.mass.gov/files/documents/2017/09/05/aca-1-english-mb.pdf>
 - MassHealth Regulation:
<https://www.mass.gov/regulations/130-CMR-504000-masshealth-citizenship-and-immigration>



Resource (Cont'd)

- Certified Application Counselors (CACs) and Navigators additional resources can be found in the *2016 Immigration* refresher course and job aids found in the Learning Management System (LMS):
 - Sign into LMS, click on “Resources” button
 - Click on “Assister Job Aids and Resources” category
 - Open “Assister Refresher Presentation”
 - Also available is the job aid “Immigration Toolkit”

One Care Update

One Care Updates

■ One Care Passive Enrollment

- MassHealth is planning another round of passive enrollment for an effective enrollment date of April 1, 2018.
- As previously, this round will include two groups of MassHealth members:
 - Members who are currently eligible for One Care, and
 - Members who will gain Medicare eligibility as of April 1, 2018 (“new dual eligible”)
- Members being included in passive enrollment will receive:
 - one notice 60 days in advance of the passive enrollment date, and
 - another notice 30 days in advance
- Members may choose to enroll in One Care for an earlier effective enrollment date, may choose to enroll in a different One Care plan if available in their area, or may choose to opt-out.

Contact One Care

Visit us at: www.mass.gov/one-care

Email: OneCare@state.ma.us

One Care Ombudsman (OCO)

Phone: 1- 855-781-9898

Email: help@onecareombuds.org

Website: <https://onecareombuds.org/>

Questions?