

MassHealth Updates

Massachusetts Health Care Training Forum
April 2016



MassHealth Updates

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Federal Poverty Level (FPL) Income Guidelines 2016

Federal Poverty Level (FPL) 2016 Guidelines

- MassHealth began using the new 2016 FPL amounts on March 1, 2016 for MassHealth eligibility determinations.
- Some MassHealth asset and income financial guidelines that determine eligibility did not change in accordance with the (Cost of Living Adjustment) in 2016.
- The Health Connector will continue to use the 2015 FPL chart until the next Open Enrollment.

2016 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		120% Federal Poverty Level		133% Federal Poverty Level		135% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$990	\$11,880	\$50	\$600	\$1,188	\$14,256	\$1,317	\$15,804	\$1,337	\$16,044
2	\$650	\$7,800	\$1,335	\$16,020	\$67	\$804	\$1,602	\$19,224	\$1,776	\$21,312	\$1,803	\$21,636
3	\$775	\$9,300	\$1,680	\$20,160	\$84	\$1,008			\$2,235	\$26,820		
4	\$891	\$10,692	\$2,025	\$24,300	\$102	\$1,224			\$2,694	\$32,328		
5	\$1,016	\$12,192	\$2,370	\$28,440	\$119	\$1,428			\$3,153	\$37,836		
6	\$1,141	\$13,692	\$2,715	\$32,580	\$136	\$1,632			\$3,611	\$43,332		
7	\$1,266	\$15,192	\$3,061	\$36,732	\$154	\$1,848			\$4,071	\$48,852		
8	\$1,383	\$16,596	\$3,408	\$40,896	\$171	\$2,052			\$4,532	\$54,384		
For each additional person add	\$133	\$1,596	\$347	\$4,164	\$18	\$216			\$462	\$5,544		

2016 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	150% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,485	\$17,820	\$1,980	\$23,760	\$2,475	\$29,700	\$2,970	\$35,640	\$3,960	\$47,520
2	\$2,003	\$24,036	\$2,670	\$32,040	\$3,338	\$40,056	\$4,005	\$48,060	\$5,340	\$64,080
3	\$2,520	\$30,240	\$3,360	\$40,320	\$4,200	\$50,400	\$5,040	\$60,480	\$6,720	\$80,640
4	\$3,038	\$36,456	\$4,050	\$48,600	\$5,063	\$60,756	\$6,075	\$72,900	\$8,100	\$97,200
5	\$3,555	\$42,660	\$4,740	\$56,880	\$5,925	\$71,100	\$7,110	\$85,320	\$9,480	\$113,760
6	\$4,073	\$48,876	\$5,430	\$65,160	\$6,788	\$81,456	\$8,145	\$97,740	\$10,860	\$130,320
7	\$4,592	\$55,104	\$6,122	\$73,464	\$7,653	\$91,836	\$9,183	\$110,196	\$12,244	\$146,928
8	\$5,112	\$61,344	\$6,815	\$81,780	\$8,519	\$102,228	\$10,223	\$122,676	\$13,630	\$163,560
For each additional person add	\$520	\$6,240	\$694	\$8,328	\$867	\$10,404	\$1,040	\$12,480	\$1,387	\$16,644

Institutional Income Standard \$72.80

Revised ACA-3 Application and Member Booklet

ACA-3 Application Revision April 2016

- The Massachusetts Application for *Health and Dental Coverage and Help Paying Costs* (ACA-3) was revised in April 2016.

Revisions include:

- Questions were reordered and language was updated to align with the online application at MAhealthconnector.org
- Immigration and Status Charts was added
- Information about how to enroll in a MassHealth health plan online
- Text change: tax credits or premium tax credits to “Advance Premium tax Credits”

Member Booklet Revision April 2016

- The Member Booklet was revised in April 2016
- Revisions include:
 - Updated FPL Chart
 - Language was added to describe the new eligibility rules for the Children’s Medical Security Program (CMSP) and the Health Safety Net (HSN). HSN changes will happen on June 1, 2016.
 - Information about enrolling in a health plan online was added
 - Information about estate recovery was updated
 - Immigration status and document types were added
 - Text change: tax credits or premium tax credits to “Advance Premium tax Credits”

Member Booklet Revision April 2016 (cont.)

- Additional revisions include:
 - Language was added to reference the Voter Registration form in the application.
 - Added language on the introduction page to clarify that the booklet describes benefits for certain persons **aged 65 or older** if they are:
 - parents or caretaker relatives of children younger than age 19
 - are disabled and working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application
 - are certain disabled immigrant children younger than age 19 who live in nursing homes or other long-term-care facilities

Paper Applications

- Applications are available for download on the MassHealth website www.mass.gov/masshealth using the left navigation bar *Apply for Health Coverage*.
- To order paper applications
 - Call: 1-800-841-2900
 - Fax a request: 617-988-8973
 - Email a request: publications@mahealth.net

Request For Information (RFI) Tips

RFI Tips: Income

- Income verification must be dated within the last six months.
- Outdated tax returns cannot be accepted.
 - After 4-15-16, 2014 federal tax returns are not acceptable unless an extension has been requested.
- State tax returns alone are not acceptable. Federal tax returns with all of the schedules must be provided also.
- For self employment income both income and deductions must be reported on the application. Income is found on line 12 or 17 on the federal tax return.
- If self-employed money is “drawn” from a business, this is considered job income and needs to be reported on the application in addition to any self employment income.

RFI Tips: Residency

- When residency verification is requested the RFI indicates to send a current rent receipt with the lease. When the lease is sent in alone, this is not an acceptable proof of residency.
- When faxing RFI verification, it is extremely helpful to add the Head of Household (HOH) name, HOH Date of Birth, and HOH Social Security number (if one is available) on the documents. A phone number would also be useful in case the applicant needs to be contacted.
- If helping an applicant/member with a RFI request, they should include the above information and a fax cover sheet.

Acceptable Residency Verifications

Regulations 130 CMR 503.002 (F)

- (F) Acceptable proof of Massachusetts residency includes the following, as well as any other verification allowed as determined by the MassHealth agency:
- (1) copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year);
- (2) current utility bill or work order dated within the past 60 days;
- (3) statement from a homeless shelter or homeless service provider;
- (4) school records (if school is private, additional documentation may be requested);
- (5) nursery school or daycare records (if school is private, additional documentation may be requested);
- (6) Section 8 agreement;
- (7) homeowner's insurance agreement;
- (8) proof of enrollment of custodial dependent in public school;
- (9) copy of lease and record of most recent rent payment; or
- (10) affidavit supporting residency signed under pains and penalties of perjury.

RFI Tips: Legible Documentation

- Legible acceptable RFI verification is the goal of application completion. Whenever possible it is best to send everything in together and make sure it is legible.
- Many documents when faxed in are not legible. Some of these include SS cards and immigration cards that are **too dark** and paystubs that are shaded.
- It is recommended that documents be lightened and enlarged before they are faxed in. Applicants and members may think that their application is complete because the fax went through but if the documents are not legible eligibility staff cannot use them.
- When assisting an applicants respond to an RFI, the above suggestions would help to ensure expedited processing.

Notice Of Birth Process and Form Completion

MassHealth Eligibility for Children under age one

- Any child born to a woman who is eligible for MassHealth Standard or Limited is automatically eligible for MassHealth Standard for one year from the date of birth.
 - 130 CMR 505.002(B).
- The child is exempt from the requirement to provide verification of citizenship and identity during the one year of automatic eligibility.
- (c) A child receiving MassHealth Standard who receives inpatient services on the date of his or her first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

MassHealth Notification of Birth (NOB-1) Form

- The NOB-1 form is used to:
 - process newborn MassHealth eligibility
 - provide hospitals with a mechanism for receiving a newborn member ID in order to submit claims
 - enroll newborns into MCO
 - track federal required birth weight and race information
- The MassHealth NOB-1 form is used by hospitals to facilitate eligibility determination and health plan enrollment of newborns born to MassHealth.
- The NOB-1 form is available on the MassHealth website at the Provider Library in MassHealth Provider Forms under Hospitals.

MassHealth Managed Care Enrollment for Newborns

- A newborn of a woman who is enrolled in a MassHealth managed care organization (MCO) will be retroactively enrolled in the mother's MCO to the baby's date of birth.
- A newborn of a woman who is enrolled in the Primary Care Clinician (PCC) Plan or receiving services on a fee-for-service basis is provided MassHealth benefits on a fee-for-service basis until a health-plan selection is made or assigned, if the member does not voluntarily select a health plan.
- A MassHealth-eligible newborn will be retroactively enrolled in the same MCO as the mother, as long as the MCO is available to MassHealth members in the region where the mother lives.
- If the MCO is not available to the members in their region, no retroactive enrollment will occur and the newborn will receive MassHealth benefits on a fee-for-service basis until a health-plan selection has been made or assigned, if the mother or guardian does not voluntarily select a health plan for the newborn.



MassHealth Notification of Birth

Commonwealth of Massachusetts - EDHHS
www.mass.gov/masshealth

Instructions:

- Fill out this form online and print it out.
- **Sign and fax this form to 617-887-8777.**
- Mail the signed original to MassHealth, ATTN: NOB Unit, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Hospital Name
Hospital Address
Contact Name & Telephone No.

Section I: Mother's Information	
Mother's MassHealth Member ID	Mother's Name
Mother's Address	
Mother's Date of Birth	Mother's Tel. No
Mother's Plan (Check the box to indicate mother's plan and/or MCO.)	
<input type="checkbox"/> PCC Plan <input type="checkbox"/> Commonwealth Care MCO	
<input type="checkbox"/> MassHealth MCO: <input type="checkbox"/> Boston Medical Center HealthNet Plan <input type="checkbox"/> Fallon Community Health Plan	
<input type="checkbox"/> Health New England <input type="checkbox"/> Neighborhood Health Plan	
<input type="checkbox"/> Tufts Health Plan - Network Health <input type="checkbox"/> CeltiCare (Commonwealth Care MCO only)	

Section II: Child's Information (Please Note: You must include all the information requested in this section, including the child's birth weight and race.) Please list additional children on a separate sheet.				
Child's Name (Last, First, M.I.)	Child's Date of Birth (MM/DD/YYYY)	Gender	Child's Birth Weight lb/oz or grams	Gestational age
Child 1		<input type="checkbox"/> M <input type="checkbox"/> F		
Child 2		<input type="checkbox"/> M <input type="checkbox"/> F		
Race Code: <input type="checkbox"/> 1-American Indian <input type="checkbox"/> 2-Asian <input type="checkbox"/> 3-Black, not of Hispanic origin <input type="checkbox"/> 4-Hispanic				
<input type="checkbox"/> 5-White, not of Hispanic origin <input type="checkbox"/> 7-Interracial <input type="checkbox"/> 9-Race unknown or unreported				
Has an application for the child's social security number been made through the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that the above-named child was born to the mother listed above.				
Signature and Title:			Date	

Section III: Child's Information (for MassHealth use only)					
Child's Member ID	Start Date	Cat.	Child's Member ID	Start Date	Cat.
Child 1			Child 2		

Note: MassHealth will return the original to the originating hospital.

Purpose of MassHealth Notification of Birth (NOB-1) Form

The NOB-1 form is used to

- process newborn MassHealth eligibility;
- provide hospitals with a mechanism for receiving a newborn member ID in order to submit claims;
- enroll newborns into MCOs; and
- track federally required birth weight and race information.

The MassHealth NOB-1 form is used by hospitals to facilitate eligibility determination and health-plan enrollment of newborns born to MassHealth- or Commonwealth Care-eligible women. Any child born to a woman who is eligible for MassHealth Standard or Limited is automatically eligible for MassHealth Standard for one year from the date of birth. A newborn of a woman who is enrolled in a MassHealth managed care organization (MCO) will be retroactively enrolled in the mother's MCO to the baby's date of birth. A newborn of a woman who is enrolled in the Primary Care Clinician (PCC) Plan or receiving services on a fee-for-service basis is provided MassHealth benefits on a fee-for-service basis until a health-plan selection is made or assigned, if the mother or guardian does not voluntarily select a health plan. A newborn of a woman enrolled in a Commonwealth Care MCO will be determined eligible for MassHealth Standard or Family Assistance. A MassHealth-eligible newborn will be retroactively enrolled in the same MCO as the mother, as long as the MCO is available to MassHealth members in the region where the mother lives. If the MCO is not available to the members in their region, no retroactive enrollment will occur and the newborn will receive MassHealth benefits on a fee-for-service basis until a health-plan selection has been made or assigned, if the mother or guardian does not voluntarily select a health plan for the newborn.

Instructions for Completing the NOB-1 Form

Section I: Mother's Information

- **Mother's Member ID:** Enter the 12-digit MassHealth member ID of the mother.
- **Mother's Name, Address, Date of Birth, and Tel. No.:** Enter the name, address, date of birth, and phone number of the child's mother.
- **Mother's Plan:** Check the appropriate box to indicate the mother's plan and/or MCO. If the mother is in an MCO, indicate which one.

Section II: Child's Information

- **Child's Name:** Enter the child's last name, first name, and middle initial. Only when the child is unnamed, enter the mother's last name, followed by "Baby Boy" or "Baby Girl." In the case of same-sex multiple births as yet unnamed, add a letter suffix to the child's name, for example, "Smith, Baby Boy A" and "Smith, Baby Boy B." If there are more than two children, please list them on a separate sheet.
- **Child's Date of Birth:** Enter the child's date of birth, using MM/DD/YYYY format.
- **Gender:** Enter "F" for female or "M" for male.
- **Birth Weight:** Enter the child's birth weight in pounds and ounces or in grams.
- **Gestational Age:** Enter the child's gestational age.
- **Race:** Check the appropriate box to indicate the child's race.
- **Social Security Application:** Indicate if an application for the child's social security number has been made through the hospital.
- **Certification:** Sign and date the form. Please include your title. The director of medical records or patient accounts manager of the hospital must sign the NOB-1.

Mailing the Completed NOB-1 Form

- Mail the signed original to: MassHealth, ATTN: NOB Unit, 100 Hancock Street, 6th Floor, Quincy, MA 02171. MassHealth will return the original to the originating hospital once the form has been processed.

Extended Transitional Aid to Families with Dependent Children (TAFDC) Eligibility

TAFDC and Extended MassHealth Eligibility

- Persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) are automatically eligible for MassHealth Standard.
- Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if:
 - (a) the household continues to include a child;
 - (b) a parent or caretaker relative continues to be employed; and
 - (c) the parent or caretaker relative complies with 130CMR 505.002(M).

TAFDC Extended Eligibility

- Members of a TAFDC household who become ineligible due to an increase in unearned income, or certain other non-financial closings, continue to receive four months of MassHealth Standard coverage.
- TAFDC members will get a letter indicating that their cash assistance coverage is ending and that the MassHealth coverage will continue.
- Members should report all changes that could affect eligibility during this transition, including residence and mailing address.
- MassHealth independently reviews the members continued eligibility at the end of the extended eligibility period.
 - Member will get a request in the mail and will have 45 days to return the renewal.

MassHealth Outreach Renewal Events

MassHealth Outreach Renewal Events May 2016

- May 17th - Healthfirst Family Care Center, Inc. - 387 Quarry St #100, Fall River, MA
- May 18th – Mercier Community Center, 21 Salem Street, Lowell, MA
- May 19th - Brookside Community Health Center - 3297 Washington Street, Jamaica Plain, MA
- May 24th - Family Health Center of Worcester - 26 Queen Street Worcester, MA
- May 25th – Charles River Community Center, 495 Western Avenue, Brighton, MA

One Care Update



One Care Enrollment and Outreach

■ Enrollment Updates

- Auto-Assignment for May 1, 2016 – Suffolk/Worcester Counties (Tufts) is underway
 - 60-day letters out;
 - 30-day letters mailing went out at the end of March.

■ One Care Information Session and Q & A Events

- Each event featured a presentation from CCA and Tufts Health Plan on One Care
 - Attendees also included:
 - » Current One Care members
 - » Representatives from SHINE and the OCO
 - » MassHealth representatives

One Care Enrollment and Outreach

March and April One Care Outreach Events	
Suffolk County	Worcester County
<p><i>Friday, April 1, 2016, 1-3pm</i> Codman Sq. Library 690 Washington St., Dorchester</p>	<p><i>Wednesday, March 30, 2016, 12-2pm</i> Fitchburg Public Library 610 Main St., Fitchburg</p>
One Care Drop in Events	
Suffolk County	Worcester County
<p><i>Tuesday, April 5, 2016, 9am – 12pm</i> Boston Health Care for the Homeless Program 780 Albany St., Boston</p>	<p><i>Friday, March 25, 2016, 10am – 1pm</i> Jacob Edwards Library 236 Main St., Southbridge</p>
<p><i>Wednesday, April 13, 2016, 2-5pm</i> Whittier St. Health Center 1290 Tremont St., Roxbury</p>	<p><i>Thursday, April 7, 2016, 3-6pm</i> Edward M Kennedy CHC 19 Tacoma St., Worcester</p>

Visit us at: www.mass.gov/masshealth/onecare

Email us at: OneCare@state.ma.us

Thank you

Questions?

