

# MassHealth Updates

Massachusetts Health Care Training Forum  
January 2017



# Agenda

- ACA-3 and Member Booklet Revision
- SACCA-2 and Senior Guide Revision
- Renewal for Mixed Age Households
- Cost of Living Adjustment & Medicare B Premiums
- Buy-In Programs 2017 Eligibility
- Spousal Asset Changes for Waiver Programs
- Asset Verification System (AVS) Reminders

# **ACA-3 Application and Member Booklet Revision Update**

# ACA-3 Application Revision January 2017

- Instructions were clarified:
  - How to complete question 3 of Supplement A regarding health insurance coverage offered by an employer
- Language in the residency section was changed on question 12 for all persons applying
- The calendar year date 2016 was changed to 2017 where appropriate throughout the application

# Member Booklet Revision January 2017

- Information was added in Section 1 about data matches to include banks and other financial institutions
- Additional language was added to Section 4 to explain reconciliation of Advance Premium Tax Credits (APTCs)
- The calendar year date 2016 was changed to 2017 where appropriate throughout the member booklet
- Figures that determine affordable health insurance premiums for Health Connector plan eligibility were updated
- Residency language was updated in both the Introduction, and in “What Visitors Need to Know about Applying” segment of Section 1 of the member booklet

# **SACA-2 Application and Senior Guide Revision Update**

# SACA-2 Application Revision January 2017

- Instructions on how to complete question 3 of Supplement D regarding health insurance coverage offered by an employer
- Language in the residency question was changed for all persons applying
- The calendar year was changed from 2016 to 2017 where appropriate throughout the SACA-2 application

# The Senior Guide to Health Care Coverage Revision

- The Senior Guide to Health Care Coverage was revised in January 2017
- Revisions in Section 1 include:
  - Payment Reform information was added
  - Information was added about counting assets of community spouses for the Waiver populations
  - Language was added to include banks and other financial institutions for data matches
  - A list of MassHealth Enrollment Centers was updated



# The Senior Guide to Health Care Coverage Revision (cont'd)

- Language was added to Section 4:
  - Explains the reconciliation of Advance Premium Tax Credits (APTCs)
- Figures that determine affordable health insurance premiums for Health Connector plan eligibility were updated
- Residency language in both the Introduction and Section 1 and Section 2 was updated in the Senior Guide
- The calendar year date 2016 was changed to 2017 where appropriate throughout the Senior Guide

# Ordering Paper Applications

- Applications are available for download on the MassHealth website [www.mass.gov/masshealth](http://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](mailto:publications@mahealth.net)

# Renewals for Mixed Age Households

# MassHealth Mixed Age Renewals

- MassHealth started the renewal process for “mixed-age” households
- This renewal process will include households that have:
  - Both a member who has been determined eligibility rules for those age 65 and over and for Long Term Care (LTC) individuals, *and* a member who was determined using eligibility rules for those under age 65; or
  - Both a member who has turned 65 since their last review, (now falling under eligibility rules for those age 65 and over and for Long Term Care (LTC) individuals) *and* a member under age 65; or
  - A member age 65 or over who is not applying *and* a member who was determined using eligibility rules for those under age 65; or
  - A member age 65 or over *and* an under-65 member where may have been sent an incorrect review form previously
- Notes: THE ONLINE SYSTEM CANNOT BE USED FOR THESE RENEWALS

# MassHealth Mixed Age Renewals (cont'd)

- Households that include a senior and a child under the age of 19 **are not** included in this mailing
- The mailing included:
  - SACA-2-ERV which should be completed and returned to MassHealth by the deadline
  - If a member misplaces the SACA-2-ERV, they should be advised to fill out a regular SACA-2 application and write **RENEWAL** across the top of the first page. The online system cannot be used for these renewals
  - The notice provides specific instructions on how to complete a paper application and mail it, fax it, or return it in person
- The due date for the Renewal application - January 17, 2017
- **Important**: This mixed-age household group must always complete a paper SACA-2 application because members age 65 and over or otherwise subject to Long Term Care eligibility rules cannot be determined in the online system

# MassHealth Mixed Age Renewals – Sample Notice (cont'd)



Commonwealth of Massachusetts  
Executive Office of Health and Human Services



[HEAD OF HOUSEHOLD NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Date: 12/01/2016

Notice ID: [NOTICE ID]

Member ID: [XXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

**IMPORTANT!** You need to act now to find out if you can still get health care through MassHealth, Children's Medical Security Plan (CMSP), or Health Safety Net (HSN).

You need to fill out a renewal application for health benefits so we can decide if you and members of your household still qualify for MassHealth, CMSP, or HSN. We must get your application by 01/17/2017, or health coverage for you and members of your household will end. If you are getting premium assistance, these benefits will also end. If MassHealth is paying your Medicare premiums, we will stop paying these premiums.

Enclosed is the *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services*. You are receiving this renewal application because of one of the following reasons:

- MassHealth records show that you or a member of your household is aged 65 or older.
- MassHealth records show that you or a member of your household will soon be aged 65, and different MassHealth rules apply.
- MassHealth records show that you or a member of your household needs long-term-care services at home or in a medical facility.

We will use the information you provide on this renewal application to complete the annual renewal for all members of your household.

#### What do I need to do?

- You need to fill out the enclosed renewal application to find out if you can keep getting MassHealth, CMSP, or HSN for you and members of your household.
- Send it to us using the directions below.
- You may get another letter from us to let you know if you still qualify for health coverage.

You can get this information in large print or braille. Call 1-800-841-2900 from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648).

# MassHealth Mixed Age Renewals – Sample Notice (cont'd)

You must submit the enclosed application by **01/17/2017** or you and members of your household will lose your MassHealth, CMSP, or HSN health coverage.

#### How do I submit the new application?

Complete the enclosed *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services* for yourself and members of your household and return it to MassHealth in one of the following ways:

- **Mail to:**

MassHealth Enrollment Center  
Central Processing Unit  
P.O. Box 290794  
Charlestown, MA 02129

- **Fax to:** 617-887-8799

- **Hand deliver it to:**

MassHealth Enrollment Center  
Central Processing Unit  
The Schrafft Center  
529 Main Street, Suite 1M  
Charlestown, MA 02129

- **Apply in person:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648) to find a MassHealth Enrollment Center (MEC) near you or visit [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Contact MassHealth for a list of MEC addresses.

#### How do I get help?

You can get help by calling MassHealth at 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

#### What happens next?

When we get your renewal application, we will check the information you give us with federal and state governmental agencies. We will keep the information provided to us private. We will only use and disclose it according to the law. If we need more information, we will contact you.

You will still have health coverage until we review your application or until **01/17/2017**. You will get another letter from us to let you know if you still qualify for health coverage.

# MassHealth Mixed Age Renewals – Sample Notice (cont'd)

MassHealth

If you do not submit a new application  
by 01/17/2017,  
people in your household will lose their health coverage.

#### What else do I need to know?

Your *Member Booklet* and *Senior Guide* have a lot of information about MassHealth and its benefits. To get a copy of the *Member Booklet* or *Senior Guide*, go to [www.mass.gov/mashealth](http://www.mass.gov/mashealth) or call 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

#### Would you or a member of your household like to register to vote?

The form to register to vote and additional information regarding your rights are included with this application. You can also find them online at [www.sec.state.ma.us](http://www.sec.state.ma.us). If you have any questions about how to register to vote, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the MassHealth Customer Service Center at 1-800-841-2900; TTY: 1-800-497-4648.

Sincerely,

MassHealth



# **Cost of Living Adjustment (COLA) 2017 Medicare Part B Premiums**

# Cost of Living Adjustment (COLA) 2017 and Medicare Part B Premiums

- On October 18, 2016, the Social Security Administration announced that the cost-of-living adjustment (COLA) for Social Security benefits will be 0.3 percent for 2017
- About 70 percent of Medicare beneficiaries will have a Medicare Part B premium in 2017 of about \$109.00, compared to \$104.90 for the past four years
- For the remaining roughly 30 percent of beneficiaries, the standard monthly premium for Medicare Part B will be \$134.00 for 2017, a 10 percent increase from the 2016 premium of \$121.80

# MassHealth Buy-In Programs Eligibility Guidelines 2107

# MassHealth Buy-In Programs

- 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 Programs
- Effective January 2017, the assets limits are for all Buy-In programs are:
  - \$7390 (Individual)
  - \$11,090 (couple) for all Buy-In programs

# **Home and Community Based Services Waiver (HCBS) Programs**

## **Spousal Asset Requirement**

# Home and Community Based Services Waiver (HCBS)

- MassHealth has revised its eligibility regulations for Home and Community Based Services (HCBS) waivers to comply with federal requirements under the Affordable Care Act:
  - Previously, a waiver applicant could have up to \$2,000 in countable assets, and the assets of the spouse of a married applicant were not considered as part of the financial eligibility determination process for HCBS waivers
  - To comply with federal requirements, MassHealth will now consider the countable assets of spouses of married waiver applicants
    - This limit in assets is referred to as the “community spouse resource allowance”
    - The limit for 2017 is set at \$120,900

# Home and Community Based Services Waiver (HCBS) Programs

- The HCBS Waiver Programs affected by this change are:
  - The Frail Elder Waiver
  - Persons with an Intellectual Disability (3 types)
  - Persons with Traumatic Brain Injury Waiver
  - Acquired Brain Injury Waiver Residential Habilitation
  - Acquired Brain Injury Waiver Non-Residential Habilitation
  - Money Follows the Person Waiver Residential Supports
  - Money Follows the Person Community Living Waiver

# Home and Community Based Services Waiver (HCBS) (cont'd)

- To comply with the federal requirements, MassHealth implemented the changes in December 2016 for new applications
- In addition, to comply with the federal requirement, MassHealth will review the financial eligibility of current married waiver participants whose eligibility was initially determined on or after January 1, 2014 (the effective date for this provision of the ACA)
- MassHealth will begin mailing review forms in January 2017 to members whose spouses had assets above the new limit when they had applied to conduct an updated asset check



# Home and Community Based Services Waiver (HCBS) Summary

- The countable asset limit for HCBS waiver applicants/participants remains at \$2,000
- MassHealth's eligibility regulations have been updated to reflect the new spousal asset limit
- Financial eligibility rules for single waiver applicants have not changed

# Asset Verification System Reminder

# Asset Verification System (AVS) Reminder

- Under Federal Law, MassHealth was required to implement an Asset Verification System (AVS)
  - An AVS is an automated electronic asset verification system used to verify (asset) eligibility for Medicaid
- The AVS conducts electronic matches of financial institutions to verify reported, and detect unreported, bank accounts for members and applicants subject to an asset test to determine eligibility
- The AVS allows MassHealth to query large multinational banks, regional and online banks, and small financial institutions and credit unions to verify assets
- MassHealth has chosen Public Consulting Group (PCG) and their Asset Verification System (AVS) data partner Acuity, and began using the AVS in November 2016

# Asset Verification System (cont'd)

- Using the provided SSN from the SACA-2 (senior application), MassHealth sends information to PCG to facilitate requests for bank information from financial institutions
- The SACA-2 application will continue to request that the member send verification of assets, however, the AVS system “may” eliminate the need for applicants and members to submit bank statements
- There may, however be, situations where MassHealth may request actual bank statements from applicants or members even after AVS is implemented
- A Provider Bulletin was issued in December with further details about the AVS implementation process

**Questions?**