

The Massachusetts Family-to-Family Health Information Center
A project of Mass Family Voices
@ Federation for Children with Special Needs

1135 Tremont Street, Suite 420
Boston, MA 02120
1-800-331-0688, ext. 210
massfv@fcsn.org
www.massfamilyvoices.org

Fact Sheet

The Massachusetts Family-to-Family Health Information Center

- ♥ **Is funded by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs**
- ♥ **Provides free technical assistance to families with children & youth with special health care needs, and others about:**
 - **Public & Private health insurance benefits**
 - **Other healthcare financing options**
 - **Health care services & supports**
- ♥ **Maintains a toll-free number that families and others are welcome to call with questions about health care financing options and other healthcare services & supports**
 - **1-800-331-0688, ext. 210**
- ♥ **Maintains a website with resources & information, including a calendar of events and a workshop catalogue**
 - **www.massfamilyvoices.org**
- ♥ **Sponsors a statewide listserv where families share**
 - **Information and resources**
 - **Ask questions and learn from each other's collective expertise**
 - **www.massfamilyvoices.org/Listserv_Info.html**
- ♥ **Gives presentations about health care financing**
 - **www.massfamilyvoices.org/HCF_Workshop.html**
- ♥ **Hosts Topical Conference Calls as an alternative learning & networking opportunity for families who cannot attend conferences and workshops**
 - **Playbacks are available on the website for those unable to join at the time of the call**
 - **www.massfamilyvoices.org/Topical_Calls.html**
- ♥ **Hosts Joining Voices, an annual, free day of learning and networking for families with children and youth with special healthcare needs**

Making Cents of Health Care Financing for Children & Youth with Special Health Care Needs

Resource List

2009 MassHealth Federal Poverty Guidelines

http://www.masslegalservices.org/system/files/recorrected_FPL_Medical_Guidelines.pdf

Cool Tool for calculating FPL www.coalitionclinics.org/fpl.html

Chart of MassHealth Covered Services

www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=MassHealth&L4=Information+for+MassHealth+Providers&sid=Eeohhs2&b=terminalcontent&f=masshealth_provider_mh_coveredservices&csid=Eeohhs2

Clinical Criteria for Social Security Disability Determination

www.socialsecurity.gov/disability/professionals/bluebook/

Part A – Adult listings, Part B – Childhood listings

Medical Benefit Request Form – Single application for all MassHealth Programs

www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf or call 1-888-665-9993

Disability Determination Information for Commonwealth

Include the following information with your MBR:

- ♥ A MassHealth Child Disability Supplement at www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads_child.pdf
- ♥ A MassHealth Medical Release Form for each of your child's health care providers. www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh_mrr.pdf

Other Health Care Financing Options

Catastrophic Illness in Children's Relief Fund –

Application & list of eligible expenses at www.mass.gov/cicrf

66,104.00 PL

**Estimated Premiums Costs for MassHealth CommonHealth for FPL > 300% FPL
130 CMR (Code of Massachusetts Regulations) 506.011**

* if you have another insurance

%FPL	Additional Premium Cost	Premium Cost (\$)	Supplemental Premium Cost (\$)
300	Add \$8 for each additional 10% FPL until 400 % FPL & pay 65% of full premium for supplement	~ 120	78
310		128	83
320		136	88
330		144	94
340		152	99
350		160	104
360		168	109
370		176	114
380		184	120
390		192	125
400	Add \$10 for each additional 10% FPL until 600% FPL & pay 70% of full premium for supplement	202	141
410		212	148
420		222	155
430		232	162
440		242	169
450		252	176
460		262	183
470		272	190
480		282	197
490		292	204
500		302	211
510		312	218
520		322	225
530		332	232
540		342	239
550		352	246
560		362	253
570		372	260
580		382	267
590		392	274
600	Add \$12 for each additional 10% FPL until 800% FPL & pay 75% of full premium for supplement	404	303
610		416	312
620		428	321
630		440	330
640		452	339

650		464	348
660		476	357
670		488	366
680		500	375
690		512	384
700		524	393
710		536	402
720		548	411
730		560	420
740		572	429
750		584	438
760		596	447
770		608	456
780		620	465
790		632	474
800	Add \$14 for each additional 10% FPL until 1000% & pay 80% of full premium for supplement	646	517
810		660	528
820		674	539
830		688	550
840		702	562
850		716	573
860		730	584
870		744	595
880		758	606
890		772	618
900		786	629
910		800	640
920		814	651
930		828	662
940		842	674
950		856	685
960		870	696
970		884	707
980		898	718
990		912	730
1000	Add \$16 for each additional 10% FPL & pay 85% of full premium for supplement	928	789

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MassHealth Commonwealth – Program Eligibility & Application

Often, families whose children have special healthcare needs have many medical expenses. In addition to their health insurance premiums, they are also paying deductibles, co-payments, and for services their children need, but have exceeded the service limit set by their health insurer.

The Medicaid program in Massachusetts is MassHealth. There are many different types of MassHealth programs. Two of these programs, MassHealth Standard and MassHealth Commonwealth, can help families with children and youth with special health care needs with out-of-pockets costs, even if they have private health insurance. Program eligibility depends on many factors. These include income, access to other health insurance, and if the child meets federal disability criteria.

If family income is less than 150% of the Federal Poverty Level (FPL), or \$33,084 for a family of four, the children will be eligible for MassHealth Standard based solely on family income. If family income is more than 150% FPL, a child may be eligible for MassHealth Commonwealth if she meets the federal disability criteria. Read the listing of childhood impairments at <http://www.socialsecurity.gov/disability/professionals/bluebook/ChildhoodListings.htm>.

There is a sliding-scale premium for Commonwealth; the higher your family income, the higher the monthly premium. However, if the monthly premium is less than what you are paying out-of-pocket, purchasing Commonwealth can be a cost effective way to supplement health insurance coverage for a child with special health needs*.

Applying for MassHealth Commonwealth

The Medical Benefit Request or MBR is the single application for all the MassHealth programs. The application is available on-line at: www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf, or you can call a MassHealth Enrollment Center at 1-888-665-9993 (V) or 1-888-665-9997 (TTY) and request an application in the mail.

Fill out the application, being sure to provide information about each family member, as family size is used to compute family income as a percent of FPL. Even though you list each family member, when asked 'is this person applying' check 'yes' for the individual with a disability. [Note: If family income is less than 300% FPL, or < \$66,156 for a family of 4, check yes for each child, as depending on the type of private health insurance, the non-disabled children may be eligible for MassHealth Family Assistance.] Make sure you fill out the blue Supplement A: Injury, Illness or Disability questions of the application for the child with a disability. In order to be eligible for Commonwealth, the child must meet federal disability criteria.

A separate Disability Evaluation Services Determination Unit (DES) makes the disability determination, which can take up to 90 days. You can expedite this process by providing additional documentation with your MBR.

- 1) Download and fill out the MassHealth Child Disability Supplement at http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads_child.pdf. Include

information for all health providers your child has seen in the last year, as everything is factored into the disability determination.

- 2) Fill out a MassHealth Medical Release Form for each health care provider. This gives the DES permission to contact your child's doctors for information. If your child is in early intervention, or receives special education services, or has a 504 Accommodation Plan through the public schools, fill out a release for the early intervention program or school too. The form is available on-line at http://www.mass.gov/Ecohs2/docs/masshealth/appforms/mh_mrr.pdf.
- 3) Follow up with your child's doctors and confirm that they have provided information to the DES Unit.
- 4) There is a citizenship requirement. Include a copy of your child's birth certificate.
- 5) Make a copy of the application and supplemental materials before you mail it.

***For FREE information about the CommonHealth premium structure, or questions about MassHealth for a child with special health care needs, call the Massachusetts Family-to-Family Health Information Center at 1-800-331-0688, ext. 210 or e-mail massfv@fcsn.org.**

MassHealth Regulations – Medical Necessity

130 CMR 450.204: Medical Necessity

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is "**medically necessary**" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of acute inpatient hospital admissions are contained in 130 CMR 415.414.

**Reimbursement for Out-of-Pocket Costs Incurred During the Masshealth Eligibility
Determination Period
130 CMR (Code of Massachusetts Regulations) 450.203**

Once you are notified your child or family is eligible for MassHealth, your benefits are retroactive from 10 days prior to the date your application – the Medical Benefit Request (MBR) - was received at the MassHealth Central Processing Unit in Charlestown - AS LONG AS YOU PROVIDED ALL REQUESTED INFORMATION WITHIN A 60 DAY TIME SPAN. This means if you applied on the basis of disability, the child disability supplement, the medical release forms, documentation of citizenship or immigration status and all other requested information was received within 60 days. This is why it is very important to follow up with your providers to make sure they fill out and return the forms.

If you have laid out co-payments for medical appointments, therapies, medications, etc, and these services were provided by a Masshealth provider and were medically necessary, the provider must pay you back and bill MassHealth for the services. The provider must also accept the MassHealth payment as payment in full.

If anyone questions the regulation is 130 CMR 450.203:

(B) If the provider receives payment from a member for any service payable under MassHealth without knowing that the member was a MassHealth member at the time the service was provided, the provider must, upon learning that the individual is a MassHealth member, immediately return all sums solicited, charged, received, or accepted with respect to such service.

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Questions?

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