

August 1, 2019 MLRI Health Update: State legislation and MassHealth/Connector policy and system changes

Health Highlights in the FY 2020 Budget approved July 31, 2019

• **Expansion of the Medicare Savings Programs**

Sec. 48 directs MassHealth to expand income limits for Medicare Savings Programs that help Medicare beneficiaries afford the costs of Medicare Part B premium and, for the lowest income individuals, cost-sharing for Medicare Part A and B. Income limits will go up by 30% FPL (from current 100-135% to new 130-165% FPL) and the resource standard will double. An estimated 40,000 Medicare beneficiaries are expected to benefit from the expansion.

The expansion is not yet in effect. MassHealth must first get federal approval.

• **\$1 million pilot to address the SNAP Gap**

A proviso in the 4000-0300 account earmarks \$1M for a pilot program that will enable MassHealth and Medicare Savings Program applicants and recipients to apply for SNAP at the time of application or renewal for their MassHealth/MSP, and have relevant eligibility information transferred from MassHealth to DTA for use in the SNAP application.

• **MassHealth Pharmacy Pricing Controls**

Section 6 and 46 give MassHealth and the Health Policy Commission new drug pricing authority to restrain cost growth in the MassHealth pharmacy program. The expectation is that with this new authority MassHealth will be able to more effectively negotiate drug discounts from manufacturers to help control pharmacy cost growth.

Medical Child Support Improvements in FY 19 Supp. approved July 8, 2019 (c. 34 of the 2019 Acts)

Included in this Supplemental budget are some long overdue improvements in the way the courts make decisions about parental responsibility for a child's health care coverage when entering child support orders. Sections 5-21 provide among other things that:

- The court may order either parent to provide health care coverage for the child (under prior law only the parent paying child support could be ordered to provide health coverage unless the parties agreed otherwise)
- To be accessible private insurance must offer covered services available within 15 miles of a child's primary residence (under prior law there was no accessibility requirement)
- Private insurance is considered reasonable in cost only if it will cost 5% or less of the payer's income (under prior law all insurance provided through an employer was "deemed" reasonable in cost)
- The added cost of private insurance is not reasonable if the payer's income is 150% of the poverty level or less or if the parent is on MassHealth or a child living with the parent is on MassHealth.

- If a child is on MassHealth, an order to maintain MassHealth is a satisfactory way for a parent to provide health coverage, and an added order to provide private insurance may be entered only if the court finds it is in the best interests of the child and will not create an undue hardship for either parent.
- If a child is enrolled in MassHealth, a court can't order a parent to pay cash medical support to the MassHealth agency
- Parents under an order to pay for employer coverage that is not accessible to the child or reasonable in cost, not in the best interests of the child or a hardship to either parent may contest or seek modification of the prior order

MassHealth & Health Connector System Changes

Starting August 1, 2019 MassHealth and the Health Connector have added several important and long-awaited improvements to the online application at mahealthconnector.org

- *People will be able to upload documents directly to the online account of an applicant or member.* Individuals who have created online accounts can upload documents required to prove their eligibility without having to rely on fax or mail. Navigators and Certified Application Counselors can upload documents to the individual's account through the assister portal. Finally!
 - There is more information about how to upload proofs here: <https://www.mahealthconnector.org/help-center-answers/upload-documents-proof>
- The online application will display information in a format that is easier to use with a smart phone or tablet
- It will be easier to report a change in an online account
- For people who have not yet been found disabled, messages will better explain the need to return a disability supplement.
- The online system will display more information explaining immigration statuses and documents.
- A slide deck with more information about these changes and a preview of open enrollment 2020 is here: <https://www.masshealthmtf.org/sites/default/files/LS%20CAC%20Determination%20July%202019.pdf>
- For existing MassHealth members who have email and access to the internet but do not have an online account, they can call Customer Service at 800-841-2900 to be sent a link that will take them to the site where they can create an account.
- The online system is only for people who applied using the ACA-3 application, not for people who applied based on being age 65 or older or needing long term care or HCBS waiver services using the SACA-2.

MassHealth Policy Changes

- **Expanded home health aide services.**
Effective July 1, 2019 MassHealth expanded the availability of home health aide services for individuals who need help with at least 2 activities of daily living but do not need skilled nursing or therapy services. Unlike other home health aide services that

supplement skilled services, the newly expanded services require prior authorization to initiate services & will need to be reauthorized every 90 days.

This expansion will primarily benefit individuals who are not able to manage hiring, training, and supervising a personal care attendant (PCA) or who need an aid working under the supervision of a nurse and some elderly or disabled immigrants who are enrolled in Family Assistance which does not cover PCA services.

Home Health Agency Bulletin 54 (June 2019)

<https://www.mass.gov/files/documents/2019/06/17/pb-hha-54.pdf>

- **Income exclusion for certain veterans benefits**

- On July 15, 2019 MassHealth implemented a provision of a state law that excludes the amount of certain VA benefits in determining MassHealth eligibility. Benefits, Rights, Appreciation, Validation, and Enforcement (BRAVE)Act, Section 28 of Chapter 218, St. 2018
 - For most people under age 65 living in the community, MassHealth uses the MAGI rules which already exclude all VA benefits. This change will affect individuals who are eligible for MassHealth based on being age 65 or older, needing nursing home care, or needing home and community based waiver services instead of nursing home care.
 - VA pension benefits paid to a veteran or widow will not be counted for MassHealth purposes, if the individual only qualified for VA benefits after incurring unreimbursed medical expenses. For those unfamiliar with VA benefits, this is roughly equivalent to someone who only qualifies for MassHealth after meeting a spenddown or deductible.
 - Eligibility Operations Memo 19-08 (July 15, 2019)
<https://www.mass.gov/files/documents/2019/07/15/eom-19-08.pdf>
 - The Operations Memo does not explain how MassHealth will identify benefits subject to the exclusion.
- In 2018 and 2019, MassHealth also obtained approval from CMS to exclude from income a \$2000 state stipend payable to certain 100% disabled veterans, and the widows or parents of veterans who died in combat. G.L.c.115, §6B. CMS approved an amendment to the 1115 demonstration in 2018 and a state plan amendment in 2019. MassHealth has never issued any regulations, eligibility operations memos or other guidance regarding the implementation of this exclusion.
- Until MassHealth issues regulations or guidance, individuals who may benefit from either the BRAVE Act or the \$2000 state stipend exclusions should identify themselves to MassHealth, and seek legal assistance if needed.

- **Major improvement in post-eligibility treatment of income for home and community based waiver participants**

- Another positive change that has been implemented with no regulations or written guidance affects individuals who participate in one of the MassHealth Home and Community Based (HCBS) Waiver programs such as the Frail Elder Waiver.

Once enrolled in a waiver, a MassHealth member whose income goes over the upper income limit (\$2313 per month) should no longer be losing eligibility subject to a huge spenddown.

- This change will not help people to initially qualify for a HCBS waiver, and does not yet apply to PACE. It only applies “post-eligibility” to an individual who was eligible and enrolled in a HCBS waiver and later has an increase in income.
- An Eligibility Operations Memo describing the new policy should be coming out soon.
- If you need more information about this right now, please contact me.
vpulos@mlri.org