

Constituent Questions on Commonwealth Care

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How do I know if I am **eligible for Commonwealth Care**?

To be eligible for Commonwealth Care you must:

- Be a state resident and a US citizen or legal immigrant (*see last question for an update on eligibility for legal immigrants*).
- Be age 19 or older
- Not be eligible for MassHealth or Medicare
- Have gross family income of not more than 300% of the federal poverty level (or \$33,516 for an individual in 2012)
- Not have been offered subsidized insurance from a current employer (or the current employer of a family member) in the last six months.
- Be uninsured. You are considered **uninsured** if you are paying for non-group insurance or COBRA or are in a waiting period for subsidized employer coverage. You are considered **insured** if you are eligible for student health insurance, the Medical Security Plan, TRICARE or similar programs.

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How do I **apply**?

You can apply through your hospital or health center using the “Virtual Gateway” or you can apply using a MassHealth application form. For an application, call MassHealth customer service at 1-800-841-2900 or download a form from www.mass.gov/masshealth.

What happens **after I apply**?

You should receive a notice from MassHealth saying whether or not you are eligible. If you are found eligible, you will soon receive information on the different HMOs available to you. To choose an HMO, call the Connector Customer Service Center at 877-623-6765 or register online at www.mahealthconnector.org. After you choose and pay any first month’s premium, you will receive more information and a health card in the mail.

What choices do I have about my coverage?

If you are a new member with income under the poverty level, you pay no premium but are restricted to the two lowest cost plans in your area. If you are over the poverty level, you may choose from any one of the five HMOs available in your area: Boston Medical Center Health Net; Network Health; Neighborhood Health Plan; Fallon Community Health Plan, or CeltiCare Health Plan, but premium costs may differ significantly among the HMOs. You can switch HMOs within the first 60 days, but after that you will be locked into an HMO until the next open enrollment period, unless you have good cause to switch earlier. Check to make sure the HMO you choose includes the hospitals, doctors, and other providers you want to see.

What services are covered by Commonwealth Care?

Commonwealth Care provides comprehensive health care through HMOs, including outpatient care, inpatient care, emergency care, prescription drugs, mental health and substance abuse, vision, diabetes, rehab services, maternity, family planning and other services. However, for dental care only preventive and emergency care is covered and only for people with income up to the poverty level.

Will I have to make **co-payments**?

If your income is under the federal poverty level, your co-payments for drugs will be between \$1 and \$3.65. If your income is higher, co-payments will be similar to private insurance. There are no deductibles and no coinsurance. For a list of covered benefits and co-payments, go to www.mahealthconnector.org.

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How much will I have to pay in **monthly premiums?**

If your income is under 150% of the federal poverty level, you will not have to pay any premium for the lowest cost HMO. The lowest cost coverage available if your income is over 150% of poverty is:

Over 150-200% FPL	\$39 per month
Over 200-250% FPL	\$77 per month
Over 250-300% FPL	\$116 per month

If your income is over the poverty level and you choose an HMO that is not the lowest cost plan available in your area, you will be charged a higher premium. You can request a temporary waiver of premium payments if you can't afford them due to homelessness, domestic violence or other factors. If your children receive MassHealth, their premiums will be waived so long as you are paying a premium for Commonwealth Care. For a detailed list of monthly premium contributions for each HMO in your region, see www.mahealthconnector.org.

When will my benefits begin?

Your benefits begin the first day of the month after you pick a health plan unless you owe a premium. Payment of the first month's premium must be received by the 25th of the current month in order for benefits to begin the first of the following month.

What should I do if I have a **dispute** with Commonwealth Care?

If the problem relates to your income or other information supplied on the MassHealth application, try calling MassHealth Customer Service at 1-800-841-2900. For most other problems, call the Commonwealth Care customer service line at 877-623-6765. If that doesn't work you may file an appeal. For disputes with health plans, appeal through the Department of Public Health Office of Patient Protections. An explanation of your appeal rights and a form for filing an appeal with MassHealth or the Connector should be included in any decision you receive denying or terminating benefits or denying requests for assistance. For help, call your local legal aid program.

I'm a **legal immigrant**, am I eligible for Commonwealth Care?

Yes. Legal immigrants are eligible for Commonwealth Care. In 2009, a state law restricted Commonwealth Care to only those legal immigrants who also met federal Medicaid rules, which excluded some legal permanent residents. These newly excluded residents were switched to a lower cost program called Bridge. However, in January 2012, the state's highest court ruled that excluding legal immigrants violated the equal protection guarantee in the state constitution. As a result, about 13,400 immigrants who were enrolled in Bridge, as well as about 24,000 uninsured immigrants on the Bridge waiting list, will now be able to get full Commonwealth Care. Later in 2012 (we don't yet know the exact dates) affected immigrants will be notified that they are now eligible for full Commonwealth Care. For updated information as it develops, check the health section of www.masslegalservices.org.

*This information is general in nature and not intended as legal advice. The income eligibility limit for legal aid is generally 125% of the federal poverty line (or \$554 per week for a family of four in 2012), although there are exceptions. Federal poverty guidelines are revised each year. **Because their funding is limited, legal aid programs cannot serve all eligible callers.***

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