

**ADMINISTRATIVE BULLETIN 01-09**  
**GUIDANCE REGARDING THE COMMONWEALTH CARE BRIDGE PROGRAM**

**November 12, 2009**

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The Executive Office of Administration and Finance, the Executive Office of Health and Human Services, and the Commonwealth Health Insurance Connector Authority are jointly issuing this Administrative Information Bulletin, pursuant to the authority of St. 2009, c. 65, § 31. The purpose of this Administrative Information Bulletin is to set forth the terms of operation for the Commonwealth Care Bridge program, a program of health insurance established pursuant to St. 2009, c. 65, § 31(b). This Administrative Information Bulletin is effective as of November 12, 2009, and will remain in effect until June 30, 2010 unless specifically extended in writing.

**1. Introduction**

The Commonwealth Care Bridge (Bridge) is a program under which eligible individuals will be enrolled in a health insurance plan administered by Celticare Health Plans, Inc. The Bridge program was established pursuant to St. 2009, c. 65, § 31(b), to provide a form of health insurance for individuals who had been eligible for and enrolled in the Commonwealth Care program prior to August 31, 2009, but who lost eligibility for Commonwealth Care on that date as a result of St. 2009, c. 65, § 31(a). The Bridge program has been created subject to St. 2009, c. 65, § 31(b), which contains a fixed appropriation for Fiscal Year 2010 only. The Bridge program is limited in scope and applicability as set forth herein. The Bridge program is established as of October 1, 2009, and will be in effect throughout Fiscal Year 2010, ending on June 30, 2010. Accordingly, this Administrative Information Bulletin will not have any effect after June 30, 2010. Because St. 2009, c. 65, § 31(a) specifically states that the persons served by the Bridge program are not eligible for Commonwealth Care, the regulations applying to Commonwealth Care, 956 C.M.R. §§ 3.01-3.19 do not apply to the Bridge program.

**2. Eligibility**

a. Eligibility criteria.

Persons eligible for the Bridge programs are individuals who are:

- Residents of Massachusetts who qualify as Aliens with Special Status (AWSS);
- With household incomes of 300 percent or less of the Federal Poverty Level (FPL);
- Who are Uninsured and/or Ineligible for Employer or Government-subsidized insurance;

and

- Who were eligible for and enrolled in Commonwealth Care as of August 31, 2009.

b. Residency. Only Massachusetts residents are eligible for the Bridge program. “Resident” for this purpose shall have the same meaning as it does in G.L. c. 118H, § 2, and 956 CMR §3.04 .

c. Aliens with Special Status—shall mean those individuals who are “qualified aliens” as defined in 8 U.S.C. § 1641 (Section 413 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended), or who are otherwise permanently residing in the United States under color of law, but who are not eligible for federally-funded benefits under 8 U.S.C. § 1613, (Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193.) A more detailed listing of the immigration statuses that are including within the meaning of Alien with Special Status is appended hereto. Persons who are enrolled in the Bridge program and whose immigration status changes during Fiscal Year 2010, are required to report that change to the Commonwealth Care member service center, as the change may affect their eligibility for the Bridge program and/or for other state-funded health benefit programs.

d.. Household Incomes-- Household incomes will be determined by MassHealth using the same methods as are used to determine household income for MassHealth programs or for Commonwealth Care. Household income may be re-determined during the course of the Fiscal Year 2010 by MassHealth. In the event that a person who has been eligible for the Bridge program is determined during the course of Fiscal Year 2010 to have income that exceeds 300 percent of FPL that person will be disenrolled from the Bridge program. Persons enrolled in the Bridge program must report changes of income or household size to the Commonwealth Care member service center during the course of Fiscal Year 2010 because that change in circumstances may affect eligibility for the program and/or the amount of the monthly premium that the person is required to pay. Persons enrolled in the Bridge program must also complete and return any request for information sent by the Commonwealth Care member service center during the course of the Fiscal Year 2010

e. Uninsured Status. The Bridge program is designed for those persons who were eligible for and enrolled in Commonwealth Care as of August 31, 2009. Persons who are insured, or who are eligible for employer or government-subsidized insurance are ineligible for Commonwealth Care. Accordingly, the same eligibility requirements apply to the Bridge program. For these purposes, a person shall be eligible for the Bridge program only if that person meets the requirements regarding ineligibility for employer-subsidized insurance stated in G.L. c. 118H, § 3(a)(4) and (5). Additionally, a person shall be eligible for the Bridge program only if that person meets the requirements regarding ineligibility for government-subsidized insurance stated in G.L. c. 118H, § 3(a)(3) and 956 CMR § 3.09(2).

f. Enrollment in Commonwealth Care as of August 31, 2009. The Bridge program was specifically established to provide relief for persons who were enrolled in Commonwealth Care but lost eligibility because of the provisions of St. 2009, c. 65, § 31(a). The appropriation for the Bridge program is approximately one-third of the amount of money that had been designated to provide Commonwealth Care coverage to the population that was disenrolled. In order to operate within that limited budget, the Bridge program is limited only to those persons who were enrolled in Commonwealth Care as of August 31, 2009 and who lost eligibility because of St. 2009, c. 65, § 31. 2009. Persons who were eligible for, but who were not enrolled in Commonwealth Care as of August 31, 2009 will not be eligible for the Bridge program.

### **3. Geographic Coverage**

The Bridge program will be available to eligible individuals in parts of the state where Celticare has established a network of providers that has been approved by the Commonwealth. As of October 1, 2009, when the program began, Celticare has been approved to operate in the Greater Boston area, where the majority of the population of eligible individuals resides. Operation in other parts of the state is expected to begin over the next months. Eligible individuals will be enrolled in the Bridge program only if they reside in geographic areas where Celticare has been approved to operate. Eligible individuals who reside in areas where Celticare has not yet been approved to operate will be able to receive limited services through the Health Safety Net program.

### **4. Enrollment**

Eligible individuals who reside in geographic areas where Celticare has been approved to operate will be automatically enrolled into the Bridge program. Enrollments will be effective on the first day of a calendar month. Persons who are being enrolled in Commonwealth Care Bridge will receive a notice from the Commonwealth informing them of their enrollment. Further, following enrollment, persons who have been enrolled (Enrollees) will receive a communication from Celticare welcoming them, and providing them with information about coverage and a membership card.

### **5. Covered Services**

Enrollees will receive an explanation of benefits from Celticare, which will set forth the services that will be covered in the Bridge program. In general, covered services will include visits to a primary care practitioner and to medical specialists; mental health and substance abuse services; emergency room coverage, and prescription drugs. Covered services will not include dental or vision benefits; skilled nursing services; or hospice care. Services that are not reflected in the explanation of benefits will not be covered.

### **6. Copayments**

Enrollees will be required to make copayments in order to receive covered services. Copayment amounts will be set forth in the explanation of benefits. The schedule of copayments for the Bridge program is as follows:

- Office and CHC visits: \$0 for PCP/\$25 for specialty
- Prescription drugs (1 month supply): \$0 for generic/ \$50 other
- Wellness and family planning: \$0
- Home health care: \$0
- Inpatient care: \$250
- Maximum annual out-of-pocket (excluding pharmacy) \$1,000
- No pharmacy out-of-pocket limit.

Copayment waivers are not available. However, the Commonwealth may agree to reimburse Celticare the \$50 copayment for certain non-generic drugs for which there is no generic equivalent to the extent that the Commonwealth and Celticare agree on the specific drug and reimbursement arrangements, and to the extent that funds are available for that purpose.

**7. Premiums**

Enrollees will pay monthly premiums based on their household income. The premium schedule for the Bridge program is as follows:

<b>Household Income by Percentage of FPL</b>	<b>Monthly Premium</b>
Less than or equal to 150 %	0
150.1 to 200 %	\$39
200.1 to 250%	\$77
250.1 to 300%	\$116

Enrollees will be invoiced monthly for the premium payment. A month’s premium will be due by the 25<sup>th</sup> day of that month.

In the event that a Bridge enrollee’s household income changes during the course of Fiscal Year 2010, the enrollee may be subject to a different premium. Bridge enrollees are required to report changes in income or household size to the Commonwealth Care member service center during the course of Fiscal Year 2010. Further, Bridge enrollees are required to complete and return any requests received from the MassHealth Enrollment Center regarding verification of eligibility information.

The invoice will be sent by the Commonwealth Health Insurance Connector Authority (Connector Authority). The form of the invoice will be the same as the invoice for the Commonwealth Care program. The use of the Commonwealth Care form invoice does not mean that the Bridge enrollee who pays the premium is enrolled in Commonwealth Care or subject to the regulations or rules governing the Commonwealth Care program.

If an Enrollee does not pay a monthly premium when due, the invoice sent in the next calendar month will reflect a month’s arrears, in addition to the new month’s premium. If the Enrollee does not pay the overdue amount, the next invoice will again reflect the overdue amount as well as any additional arrears and the new month’s premium. If the Enrollee does not pay the overdue amount in that calendar month, the Enrollee will be disenrolled effective the last day of the calendar month. Individuals who have lost eligibility for non-payment of premiums will not be allowed to re-enroll in the Bridge program, even if they pay the overdue amount. Those individuals will also not be eligible for Health Safety Net coverage after disenrollment. Individuals who have been disenrolled will receive a notice of

disenrollment from the MassHealth Enrollment Center, and will have the opportunity to bring an appeal, which will be heard by the Connector Authority's appeals unit, on the question of whether the disenrollment for non-payment was justified.

## **8. Premium Waivers**

Premium waivers will be available to Bridge members if they can establish an "extreme financial hardship." For these purposes, an "extreme financial hardship" will be defined as it is in 956 CMR § 3.12(5). Persons who believe they qualify for a premium waiver may obtain an application from the Commonwealth Care customer service center. The form of application will be the same as that used for Commonwealth Care premium waivers. The use of the Commonwealth Care application does not mean that the Bridge enrollee who completes and submits the application is enrolled in the Commonwealth Care program or is subject to the regulations or rules regarding Commonwealth Care, other than the definition of "extreme financial hardship," 956 CMR § 3.12(5), expressly incorporated herein. The Connector Authority will review premium waiver applications and will render a decision. Persons who have applied for a premium waiver will receive a decision in writing and, if the decision is adverse, will receive an opportunity to seek an administrative appeal before the Connector Authority's appeals unit.

No payment plans will be available to Bridge members.

## **9. Disenrollment**

Bridge members may be disenrolled if :

- they no longer meet one of the eligibility criteria set forth in Section 2;
- they fail to pay a monthly premium, as set forth in Section 7 above;
- they engage in fraud or abuse, as those terms are defined in 956 CMR 3.04; or
- they voluntarily request disenrollment.

Individuals who are disenrolled from the Bridge program for any of the first four reasons stated above will receive a notice of disenrollment with a right to appeal. Any appeal arising from an adverse eligibility decision based on income level, residence or alien status will be heard by the Board of Hearings within the Office of Medicaid, and all other appeals will be heard by the Connector Authority's appeals unit.

Individuals who are disenrolled from the Bridge program for any reason, including voluntary disenrollment, will not be able to re-enroll in the Bridge program thereafter unless the disenrollment is determined upon appeal to have been erroneous. They will not be eligible for reimbursement through the Health Safety Net.