

105 CMR 230.000: HEALTHY START PROGRAM

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230.001: Purpose

105 CMR 230.000 establish standards for eligibility for the Healthy Start Program, the duration and scope of benefits and procedures for appealing the denial of benefits. The Healthy Start Program is a public health program designed to lower the infant mortality rate by enrolling eligible low income, uninsured women in early, continuous, comprehensive maternity care. The program shall promote cross referral to other programs of benefit to its clients and assist ineligible applicants to access other services.

230.002: Authority

105 CMR 230.000 is promulgated pursuant to M.G.L. c. 111, § 24D.

230.003: Scope

105 CMR 230.000 governs eligibility for Healthy Start, the application process, the duration of benefits, the types of services covered, how services are to be reimbursed and the process by which a denial of eligibility or coverage for a particular medical service can be appealed.

230.010: Definitions

For the purposes of 105 CMR 230.000, the following definitions shall apply:

Date of application means the postmark on the envelope in which the signed Healthy Start application is received. This pertains both to applications received through the mail and to those which are initiated by telephone and sent to the applicant for signature.

Gross Income shall include but not be limited to employment earnings before taxes, alimony, child support, unemployment or disability payments and any unearned income, such as rental income, income from investments and student allowances for living expenses.

Medically necessary refers to any illness or condition having or likely to have a significant effect on the health of the mother or the birth outcome, or any condition caused or exacerbated by the pregnancy.

Provider means a duly licensed physician, certified nurse midwife, nurse practitioner, registered nurse, physician assistant, master's level nutritionist, registered dietitian, pharmacy, laboratory, or health care facility or agency providing pregnancy related services to women enrolled in the Healthy Start Program.

230.100: Application Process

(A) All women have the right to apply for Healthy Start Benefits and to receive from the Healthy Start Program a written determination of eligibility.

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(B) The applicant must submit a signed application form provided by Healthy Start, together with necessary income verification. If the application is not complete, the program will notify the applicant in writing of the information necessary to complete the application within ten business days of receipt of the application and will offer reasonable assistance in completing the application and obtaining necessary information.

(1) The applicant must complete the application within 45 days of the date of notice from Healthy Start that the application is incomplete.

(2) The applicant shall submit with the application such information about current income, Medicaid and insurance coverage as reasonably requested by the Healthy Start Program. An applicant who is enrolled in the WIC Program within one month prior to her application for the Healthy Start Program and who provides a copy of WIC certification shall not be required to provide information about income. Documentation of income shall include one or more of the following, as appropriate:

(a) If working for an employer, photocopies of two recent pay stubs. If pay stubs are unavailable, a letter from the employer on company letterhead or other form with company name imprinted on it stating gross earnings for the last two weeks.

(b) If self-employed, or if income is subject to seasonal fluctuations, a photocopy of the most recent personal income tax return filed with the IRS (form 1040 or 1040A, page 1). If the most recent tax return does not reflect current income or no return was filed, a signed Affidavit of Income on a form provided by the Healthy Start Program is required;

(c) If receiving unemployment benefits, a photocopy of the most recent unemployment benefit statement or benefit check;

(d) If receiving disability payments, a photocopy of the most recent disability benefit statement or benefit check;

(e) If receiving alimony or child support, a copy of the court decree or documentation of payments received over the last two weeks;

(f) If additional sources of income exist, such as rental or other unearned income, documentation of this income;

(g) If there is no documentation of income as listed in 105 CMR 230.100(B)(2)(a) through (f), a signed Affidavit of Income on a form provided by the Healthy Start Program attesting to income.

(3) The Healthy Start Program allows certain deductions from income, as follows:

(a) A child care deduction is allowed for each dependent child of working parents. If the parents are married and living together, both the applicant and her spouse must work in order to qualify for this deduction. The amount of the deduction depends upon the cost of child care for the number of hours worked by the parent with the least number of work hours. Documentation of this expense is either a letter from the day care provider stating the cost and number of hours in day care per week per child or a photocopy of the canceled check or money order payable to the day care provider on which is written the number of hours each child is in day care per week. A statement of the number of hours the applicant and her spouse (if married) work per week must be included. The amount of this deduction is established by the Healthy Start Program:

(b) A deduction is allowed for child support and alimony payments paid by the applicant or spouse. Documentation is a photocopy of the court order, reasonable documentation of payments made over the last two weeks or a signed Affidavit of Income on a form provided by the Healthy Start Program if a court order is not available or the amount paid is different. The amount of this deduction is the actual amount of support not to exceed the current maximum established by the Healthy Start Program.

In the case of a child living outside the home and supported by the applicant or her husband, the applicant may choose either to take the deduction for support paid or to forego the deduction and include the child in her family size.

(c) A work deduction is allowed for the applicant and/or her spouse if working. No additional documentation is required for this deduction. The amount of this deduction is established by the Healthy Start Program.

(d) A deduction is allowed for health insurance premiums paid by the applicant and/or her spouse.

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(4) Applicants shall submit evidence of residency, as defined in 105 CMR 230.200(A)(3), if requested, if there is reason to believe the applicant may reside outside the Commonwealth. Evidence of residency need not be provided if it would result in significant hardship to the applicant, including substantial harm to the mother or child. Evidence may include the following:

- (a) a deed or other evidence of ownership of the property used as the applicant's home;
- (b) a lease or other rental agreement for property used as the applicant's home;
- (c) a current voter registration record;
- (d) a utility company record or bill bearing the applicant's or recipient's name and address;
- (e) a motor vehicle license or registration;
- (f) a receipt or canceled check for rent or mortgage payment;
- (g) a signed statement from the landlord or owner of a residence, provided that the landlord or owner is not a relative of the applicant;
- (h) a postal service record containing the applicant's or recipient's name and address
- (i) a church or religious institution record; or
- (j) an employment record.
- (k) For a homeless person, a signed statement saying that they live in Massachusetts and have no plans to leave the state.

(C) The Healthy Start Program shall notify an applicant in writing, as to the determination of eligibility and the effective coverage date within 30 days of the receipt of the completed application.

(D) Where eligibility has been denied, the applicant shall be informed in writing, of the reason and her right to appeal within 30 days under 105 CMR 230.600 and her right to reapply. This notice shall contain a statement in the seven most commonly represented languages in the Commonwealth of the importance of the letter and the need to obtain a translation. A form for appeal shall be included in the notice.

(E) A woman who previously has been determined ineligible may reapply. If she is subsequently deemed to be eligible, her coverage will commence 30 days prior to her reapplication date.

(F) The Healthy Start Program shall make all reasonable efforts to ensure that communications with every client, whether written or oral, are made in a language, or in a manner, that the client can understand.

230.200: Eligibility

(A) An applicant for Healthy Start must meet all the following criteria at the time of the application in order to be eligible:

- (1) Pregnant; and
- (2) Resident of Massachusetts. Resident means living in Massachusetts, with the intention of remaining permanently or for an indefinite period of time. A homeless person can be considered a resident. To establish residence, an applicant need not have lived in the Commonwealth for a minimum amount of time, but must have no intention of leaving after a specified period of time or upon completion of a particular purpose; and
- (3) Uninsured for maternity care or exhausted benefits; and
- (4) Income up to 225% of federal poverty guidelines. The Healthy Start Program will revise its standards annually within 30 days of publication on poverty guidelines in the Federal Register which establish income standards for family size; and
- (5) Not eligible for Masshealth.

(B) A woman who meets all other eligibility criteria shall not be enrolled in the Healthy Start Program solely for the purpose of paying for the delivery. The Healthy Start Program will not find eligible any women who has not had at least one prenatal visit prior to delivery, miscarriage or ectopic pregnancy.

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- (C) Determination of income eligibility is based on the following:
- (1) Income is determined by the gross income of the applicant and the applicant's spouse, if they are married and living in the same household, minus deductions allowed by the Healthy Start Program as specified in 105 CMR 230.100(4). Gross income will be calculated on the basis of the applicant's income in the two weeks prior to the date of application, unless the applicant or spouse has recently terminated employment or has been at the current place of employment for less than two weeks, income will be based upon the most recent evidence of current income. If the applicant or spouse has seasonal fluctuations in income or is self-employed, gross income will be calculated on an annualized basis.
 - (a) If the applicant is single and living with the father of the baby, only the applicant's income is counted.
 - (b) If the applicant is less than 20 years old and is living at home, her parents' income is not counted.
 - (c) If the applicant is married, and is living with her husband, both their incomes are counted.
 - (d) If the applicant is separated or divorced, only her income is counted.
 - (e) If the applicant and/or her spouse live with other household members, the income of these household members is not counted.
 - (2) Family Size means the number of persons counted for the purpose of determining income eligibility, which shall include the applicant, the fetus(es), husband and dependent children if residing with the applicant at the time of the application. Family size also includes dependent children living outside the home supported in whole or part by the applicant and/or her husband and for whom no Healthy Start income deduction is claimed.

(D) Applicants at or below 200% of the poverty level who appear to be eligible for Masshealth will be referred to Masshealth; provided, however, that the applicant shall not be required to apply to Masshealth if such application would result in significant hardship for the applicant. Significant hardship includes, but is not limited to, the risk of substantial harm to the mother or child. In accordance with an agreement between the Department and the Department of Medical Assistance, Healthy Start staff shall assist applicants to complete a Masshealth application and make a determination of eligibility for Masshealth following procedures to determine presumptive eligibility for pregnant women.

230.300: Duration of Benefits

(A) Eligibility is effective 30 days prior to the date of application but not prior to the date of the beginning of the pregnancy. Once determined eligible, benefits shall continue throughout the pregnancy and for 60 days postpartum, except as provided below.

- (B) Coverage ends as follows:
- (1) 60 days after the end of the pregnancy;
 - (2) When the recipient is no longer a resident of Massachusetts. A temporary absence from the state shall not cause loss of coverage;
 - (3) When the enrollee obtains insurance coverage for maternity care;
 - (4) In the case of a newborn, when covered by insurance, including Masshealth.

(C) The Healthy Start Program may terminate enrollment where eligibility has been obtained through fraud, deceit or the submissions of incorrect information. Where there is evidence that eligibility has been obtained through fraud, deceit or the knowing submission of incorrect information, the Healthy Start Program may refer the case to the Attorney General for appropriate civil or criminal action. The client shall be notified of such termination, the reasons for the termination and the right to appeal pursuant to 105 CMR 300.600, at least ten days prior to the effective date and the benefits shall be continued pending appeal.

230.400: Reimbursement of Service

(A) Healthy Start shall not accept billing or make payment for services rendered for any woman who has been found not to meet all eligibility criteria..

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(B) HealthyStart shall provide reimbursement only to providers enrolled in the program in accordance with policies and procedures established by the Healthy Start Program. Exception may be made on a case-by-case basis when emergency services are provided by a non-Healthy Start provider.

(C) Providers shall comply with all policies and procedures established by the Healthy Start Program and any applicable state and federal statutes and regulations. Failure to comply with these standards shall provide grounds for non-payment and termination of enrollment of the provider in the Healthy Start Program.

(D) All claims for services rendered must be submitted by the provider to the Healthy Start Program within 90 days of providing the service. Fiscal year closure shall be an exception to the 90 day requirement. The date of fiscal year closure will be set yearly by the Healthy Start Program. In exceptional cases, the provider may request a waiver of this requirement from the program. At the close of the fiscal year, if funds are available, claims submitted late may be paid. If funds are not available, claims will be returned to the providers. A provider failing to submit a claims within 90 days shall not charge the Healthy Start enrollee.

(E) Claims submitted for payment shall include any documentation or information requested by Healthy Start.

(F) Providers shall bill on a fee-for-service basis or, where applicable, may charge either the standard or enhanced Masshealth global fee. Payment by the Healthy Start Program shall represent payment in full for services rendered. The provider shall not balance bill the client for any services which have been paid for by Healthy Start.

(1) Hospital outpatient care shall be reimbursed at the rates established by the Division of Health Care Finance and Policy.

(2) Registered health care providers other than hospitals shall be reimbursed for services at Masshealth rates established by the Division of Health Care Finance and Policy.

(3) The Healthy Start card shall ensure access to hospital care and coverage of medically necessary inpatient costs within Healthy Start eligibility dates, through the uncompensated care pool.

(G) Healthy Start is the payer of last resort. Providers shall not bill Healthy Start for services paid for or expected to be paid for by other insurers.

(H) The Healthy Start Program shall provide reimbursement for the following services to the Healthy Start client:

(1) Medically necessary visits to Healthy Start providers during the prenatal and postpartum period.

(2) Medically necessary lab tests and procedures;

(3) Medically necessary specialty consults;

(4) Second opinions requested by Healthy Start clients for treatments covered under the program rendered by a Healthy Start provider;

(5) Medically necessary pharmacy costs;

(6) Rental or purchase of prescribed durable medical equipment such as glucometer and prescription support stockings in accordance with Healthy Start policy and procedures;

(7) Initial psychological assessment up to three visits

(8) Nutrition services if provided to a high-risk client in accordance with Healthy Start policy and procedures;

(9) Home nursing visits if provided to a high-risk client in accordance with Healthy Start policy and procedures;

(10) Emergency ambulance transfer from home to hospital and interhospital ambulance transfers, in accordance with Healthy Start policy and procedures. Transfers of babies are restricted to the first seven days;

(11) Family planning services in accordance with Healthy Start Program policy;

(12) Comprehensive Postpartum care for the mother if within 60 days of delivery;

(13) Services for postpartum complications, if such services are pregnancy related, approved by the Healthy Start Director and rendered within 60 days postpartum;

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- (14) With respect to services for the baby, physician inpatient newborn visits within seven days and one ambulatory pediatric visit, if within 60 days after birth.
- (15) Other services not specifically mentioned above but which are preapproved by the program.

230.500: Delivery of Service/Standards of Care

- (A) Providers shall make available to Healthy Start representatives such documentation of services rendered, including access to client records, as requested by the Healthy Start Program.
- (B) Providers shall conform to accepted standards of care, as defined by the American College of Obstetrics and Gynecology, American Nurses Association, American Dietetic Association and other professional organizations, and the Massachusetts Department of Public Health.
- (C) Providers shall participate and cooperate as requested by Healthy Start utilization reviews and audits.
- (D) The Department may suspend or terminate any provider's enrollment in the Healthy Start Program with a minimum of 60 days notice. Enrollment may be suspended or terminated on 14 days notice for good cause, including failure to comply with state laws, licensure standards or 105 CMR 230.000.
- (E) If the Department decides to terminate enrollment of a provider for good cause, the provider shall be entitled to a debriefing with departmental staff as to the reason(s) for the Department's action.

230.600: Client Appeal Process

- (A) The following issues may be appealed under 105 CMR 230.00: whether all factors concerning the eligibility of the applicant for the Healthy Start Program have been fully and fairly considered by the Department; and in a timely manner; whether eligibility has been correctly determined; whether the Healthy Start Program has provided payment for all medical services reimbursable under 105 CMR 230.000; and whether eligibility has been appropriately terminated.
- (B) 105 CMR 230.000, including income standards, are not subject to appeal.

230.610: Initiation of an Appeal

- (A) An appeal may be initiated by the individual who is the subject of the decision on eligibility or by her designated representative.
- (B) An appeal must be requested in writing within 30 days of any deadline for notice required by 105 CMR 230.000. Such appeal must be sent to the Director of the Healthy Start Program within the Department of Public Health.
- (C) Upon receipt of this request, the Department of Public Health shall designate an impartial hearing officer. Such a person must not have been involved in the initial eligibility determination.

230.620: Pre-Hearing Conference

- (A) At the request of the applicant or the Healthy Start Program, the Healthy Start Program shall schedule an informal conference within ten working days of the receipt of request for the hearing to be chaired by a designee of the Program Director. The applicant has the right to be represented by the person of her choice. The program shall provide reasonable notice to the applicant and her designated representatives, if any, of the time and place of the conference. The purpose of the informal conference shall be to resolve disputed issues and to reach an agreement where possible. The conference shall be held in the region in which the appealing party resides.

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(B) If the applicant does not withdraw her appeal in writing following the informal conference, or if no informal conference is scheduled, the Hearing Officer shall promptly schedule a mutually convenient time and place for the hearing and shall provide all parties with at least five days notice of the scheduled hearing. Whenever possible, the hearing shall be held within 20 working days of the receipt of the request for a hearing.

230.630: Hearing

(A) The Hearing shall be conducted in accordance with the Informal Rules of the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.02.

(B) The Hearing Officer shall consider any changes in the circumstances of the applicant subsequent to the filing of the application or any relevant information not previously submitted to the program.

(C) The decision and the basis therefore shall be provided to the applicant in writing. The decision shall be sent to the applicant with a notice in seven languages as to the importance of getting the letter translated.

(D) The Healthy Start Program shall make every effort to ensure that an appropriate prenatal care referral is made. In addition, the applicant shall be notified in writing of her right to judicial review under M.G.L. c. 30A, § 14.

(E) If the appeal is upheld, coverage will be retroactive, based on application date. Where applicant has already paid for services, the Healthy Start Program shall ensure that she is reimbursed.

(F) Failure of the Healthy Start Program to render a decision within 30 working days from receipt of the appeal, where the delay is not the result of actions by the appealing party, shall result in enrollment in the Healthy Start Program for the Period beginning with the 31st working day following receipt of the appeal, extending until such date as a decision is rendered.

REGULATORY AUTHORITY

105 CMR 230.000: M.G.L. c.111, §24D.

NON-TEXT PAGE