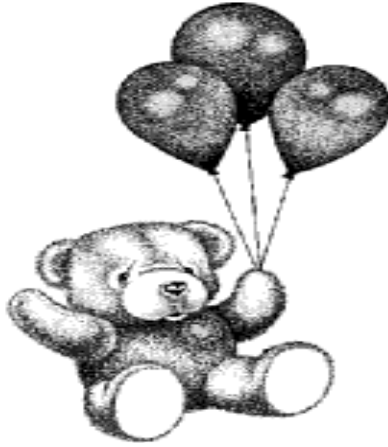


Maryland Children's Health Program



**MCHP
PREMIUM
Program Manual**

Issued: July, 2004
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About the MCHP Premium Manual

This manual will tell you about the MCHP Premium program and how it works. It will help you understand the application process and program participation requirements.

This manual was prepared and is updated periodically by the Maryland Children's Health Program Division, Maryland Department of Health, 201 West Preston Street, Baltimore, Maryland 21201. Questions regarding any information in this manual should be directed to the Division at the address above or by calling 410-767-1463.

Table of Contents

TABLE OF CONTENTS 3

SECTION I - MCHP PREMIUM OVERVIEW..... 4

SECTION II - MCHP PREMIUM REGULATIONS 7

MCHP PREMIUM ELIGIBILITY REGULATIONS COMAR 10.09.43 8

.01 Purpose and Scope.....8

.02 Definitions.....8

.03 Coverage Groups.....13

.04 Application.....13

.05 Non-financial Eligibility Requirements.....16

.06 Consideration of Family Income.....19

.07 Consideration of Family Income: Earned and Unearned Income — Repealed.....21

.08 Consideration of Family Income: Income Disregards — Repealed.....21

.09 Determining Financial Eligibility.....21

.10 Certification Periods.....21

.11 Covered Services.....21

.12 Program Participation Requirements—Enrollment.....21

.13 Program Participation Requirements—Family Contribution.....22

.14 Program Participation Requirements—Change in Status.....24

.15 Post-Eligibility Requirements.....25

.16 Hearings.....26

.17 Fraud, Abuse, and Penalty.....27

.18 Adjustments and Recoveries.....27

.19 Interpretive Regulation.....27

Administrative History.....28

SECTION III - INCOME GUIDELINES..... 300

INCOME GUIDELINES.....31

Section I - MCHP Premium Overview

MCHP Premium Overview

July 1, 2001 – June 30, 2003

In the 2000 session, the General Assembly enacted the Maryland Health Program Expansion Act of 2000.

- This act expanded coverage under the Maryland Children's Health Program (MCHP) to: pregnant women whose family income is greater than 200% of the Federal Poverty Level (FPL) but not greater than 250% and created a separate child health program component to provide coverage to children under age 19 whose family income is greater than 200% FPL, but not greater than 300% FPL.
- The children's families will pay a monthly premium for their coverage; equal to 2% of the FPL for a family of 2 at 200% or 250% FPL. The premium is assessed at family, not individual child, level
- The MCHP expansion was effective July 1, 2001.

July 1, 2003 – September 30, 2003

In the 2003 Session, the General Assembly made the following adjustments to MCHP and MCHP Premium, effective 1 July 2003:

- Eliminated Employer-Sponsored Insurance (ESI) as an enrollment option for MCHP Premium-eligible children. Those children currently enrolled in ESI plans will transfer to Health Choice at the end of their current plan benefit year, which began before July 1, 2003.
- Reduced the upper income limit for MCHP and the lower income standard for MCHP Premium from 200 percent Federal Poverty Level (FPL) to 185 percent FPL. Children who received free care prior to July 1, 2003 and whose family income placed them in the 185-200 percent income group have to pay a premium to continue coverage after 1 July 2003. The premium is set a 2 percent of FPL for a family of 2 at 185 percent FPL. The premium amount will be adjusted each April, as the FPL changes.
- Froze new enrollment in MCHP Premium for children in families with income above 200 percent FPL but not greater than 300 percent FPL after 1 July 2003. Children enrolled before that date, and those who applied before that date who are then determined to be eligible on or after 1 July 2003, continue to be covered as long as there is no break in eligibility.

Note: This provision was modified effective October 1, 2003 (See below).

MCHP Premium Program Manual

October 1, 2003 – June 30, 2004

Effective October 1, 2003, the enrollment freeze for children in families above 200% FPL but at or below 300% FPL applied only to new applicants who were not eligible for Medicaid, MCHP, or MCHP premium in the month prior to application for MCHP Premium.

July 1, 2004 - Present

Effective July 1, 2004:

- The enrollment freeze for new applicant children in families with income above 200 percent FPL but at or below 300 percent FPL is discontinued, and
- The minimum income-qualifying level for MCHP Premium increases from 185% FPL to 200% FPL.

Section II - MCHP Premium Regulations

COMAR 10.09.43

Revision Effective January 6, 2014

Title 10 MARLAND DEPARTMENT OF HEALTH

Subtitle 09 MEDICAL CARE PROGRAMS

Chapter 43 Maryland Children's Health Program (MCHP) Premium

Authority: Health-General Article, §§2-104(b), 15-101(f), 15-103(a)(2), 15-301.1, and 15-302—
15-304; Insurance Article, §§15-1208, 15-1213, 15-1406, and 27-220; Annotated Code of
Maryland; Ch. 202, Acts of 2003

MCHP Premium Eligibility Regulations COMAR 10.09.43

.01 Purpose and Scope.

This chapter governs the determination of eligibility and the conditions of participation for MCHP Premium with an income standard based on the modified adjusted gross income methodology specified in the Affordable Care Act of 2010, effective January 1, 2014.

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Affordable Care Act" means the Patient Protection and Affordable Care Act of 2010 (Pub.L.111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub.L.111-152), as amended by the Three Percent Withholding Repeal and Job Creation Act (Pub.L.112-56).
- (2) "Applicant" means a child or the child's representative who has filed a written, telephonic, or electronic application for health coverage in an Insurance Affordability Program to the Department or its designee but has not received final action.
- (3) "Application" means the filing of a written, telephonic, or electronic signed application for health coverage in an Insurance Affordability Program to the Department or its designee.
- (4) "Application date" means the date on which a written, telephonic, or electronic signed application is received by the Department or its designee.
- (5) "Authorized representative" has the meaning stated in COMAR 10.01.04.12.
- (6) "Department" means the Maryland Department of Health.
- (7) "Designee" means any entity designated to act on behalf of the Department such as:
 - (a) Baltimore City or a county social services department under the supervision of the Department of Human Services;
 - (b) Baltimore City Health Department and its subgrantees, or a county health department; and
 - (c) The Maryland Health Benefit Exchange

MCHP Premium Program Manual

- (8) "Determination" means a decision regarding an applicant's eligibility for MCHP Premium.
- (9) "Eligible individual" means a child who meets all nonfinancial eligibility requirements to participate in MCHP under COMAR 10.09.11 and whose family income is above 200 percent but at or below 300 percent of the federal poverty level.
- (10) "Family contribution" means the portion of the premium cost paid for an eligible individual to enroll and participate in MCHP Premium.
- (11) "Family member" means an individual living with the applicant whose income is counted, or would be counted as family income under Regulation .07 of this chapter.
- (12) "Federal poverty level (FPL)" means the non-farm income official poverty level as defined by the Office of Management and Budget and revised annually in accordance with §673(2) of the Omnibus Budget Reconciliation Act of 1981.
- (13) "Group health plan" has the meaning stated in 42 U.S.C. §300gg-91.
- (14) "Hardship" means unreasonable financial adversity or misfortune.
- (15) "Health insurance coverage" has the meaning stated in 42 U.S.C. §300gg-91.
- (16) "Inpatient services" means services received by a recipient while in a medical institution, birthing center, or clinic for which Medical Assistance is provided.
- (17) "Institution for mental disease (IMD)" has the meaning stated in COMAR 10.09.62.01B(78)(a).
- (18) "Insurance Affordability Program" means a program that is one of the following:
- (a) The Maryland State Medicaid program;
 - (b) The Maryland Children's Health Insurance Program (CHIP), including the program known as Maryland Children's Health Program (MCHP) Premium;
 - (c) An optional State basic health program established under §1331 of the Affordable Care Act;
 - (d) A program that makes available to qualified individuals coverage in a qualified health plan through the Maryland Health Benefit Exchange with advance payments of the premium tax credit established under §36B of the Internal Revenue Code; or

MCHP Premium Program Manual

- (e) A program that makes available coverage in a qualified health plan through the Maryland Health Benefit Exchange with cost-sharing reductions established under §1402 of the Affordable Care Act.
- (19) "MAGI" means modified adjusted gross income, as calculated for purposes of determining eligibility for insurance affordability programs under the Affordable Care Act.
- (20) "MAGI Exempt Coverage Group" means coverage groups such as Aged, Blind, Disabled; Categorically Needy; and Medically Needy as defined under COMAR 10.09.24.02, whose eligibility is not determined by MAGI.
- (21) "Managed care organization (MCO)" means:
- (a) A certified health maintenance organization that is authorized to receive Medical Assistance prepaid capitation payments; or
 - (b) A corporation that:
 - (i) Is a managed care system that is authorized to receive Medical Assistance prepaid capitation payments;
 - (ii) Enrolls only program recipients, individuals, or families served under the Maryland Medicaid Managed Care Program; and
 - (iii) Is subject to the requirements of Health-General Article, §15-102.4, Annotated Code of Maryland.
- (22) "Maryland Children's Health Program (MCHP)" means the program established in Health-General Article, §15-301(b)(1), Annotated Code of Maryland, to provide comprehensive medical care and other health care services to certain children.
- (23) "Maryland Health Benefits Exchange" means the unit of State government that determines initial and continuing eligibility for the MAGI based insurance affordability programs, including, by delegation, certain eligibility in the program.
- (24) "Maryland Medicaid Managed Care Program" has the meaning stated in COMAR 10.09.62.01B(88).
- (25) "MCHP Premium" means the program established in Health-General Article, §15-301.1 et seq., Annotated Code of Maryland, to provide access to health coverage to eligible individuals through managed care organizations (MCOs) under MCHP.
- (26) "Medical institution" means an institution that:

MCHP Premium Program Manual

- (a) Is organized to provide medical care, including nursing and convalescent care;
- (b) Has the necessary professional equipment and facilities to manage the medical, nursing, and other health needs of a patient on a continuing basis in accordance with accepted standards;
- (c) Is authorized under State law to provide medical care; and
- (d) Is staffed by medical and nursing professionals.

(27) "Period under consideration" means the specific months that are assessed in order to determine eligibility for MCHP Premium.

(28) Public Institution.

- (a) "Public institution" means an:
 - (i) Institution that is the responsibility of a government unit or over which a government unit exercises administrative control; or
 - (ii) Establishment that furnishes, in single or multiple facilities, food, shelter, and some treatment or services to four or more individuals unrelated to the proprietor.
- (b) "Public institution" does not include a medical institution, a skilled nursing facility, or a publicly operated community residence that serves fewer than 17 residents.

(29) "Qualified alien" means an individual who:

- (a) Has been fully admitted for permanent residence in the United States under the Immigration and Nationality Act (INA);
- (b) Has been granted asylum in the United States as a refugee under §208 of the INA;
- (c) Has been admitted into the United States as a refugee under §207 of the INA;
- (d) Has been paroled into the United States under §212(d)(5) of the INA for a period of at least 1 year;
- (e) Has had deportation withheld under §243(h) of the INA;
- (f) Has been granted conditional entry into the United States under §203(a)(7) of the INA which was in effect before April 1, 1980;
- (g) Is a documented or undocumented immigrant who has been battered or subjected to extreme cruelty by the individual's U.S. citizen or lawful permanent

MCHP Premium Program Manual

resident spouse or parent, or by a member of the spouse's or parent's family residing in the same household as the alien, if:

- (i) The spouse or parent consented to, or acquiesced in, the battery or cruelty;
- (ii) The immigrant has filed a Violence Against Women Act (VAWA) immigration case or a family-based visa petition with INS; and
- (iii) In the opinion of the agency providing benefits, there is a substantial connection between the battery or cruelty and the need for the benefits to be provided;

(h) Is a victim of a severe form of trafficking who has been subjected to:

- (i) Sex trafficking, if the act is induced by force, fraud, or coercion, or if the individual induced to perform the act is younger than 18 years old; or
- (ii) Involuntary servitude;

(i) Is a member of a federally recognized Indian tribe, as defined in 25 U.S.C. §450b(e); or

(j) Is an American Indian born in Canada to whom §289 of the Immigration and Nationality Act applies.

(30) "Recipient" means a child younger than 19 years old who is certified as eligible for MCHP Premium.

(31) "Redetermination" means a determination regarding the continuing eligibility of a recipient.

(32) "Representative" means:

- (a) A parent or parents living with the applicant;
- (b) The applicant's guardian; or
- (c) The applicant's authorized representative.

(33) "Title XXI" means the title of the Social Security Act through which funding is provided, in part, for MCHP Premium.

.03 Coverage Groups.

Eligibility may be established for the MCHP Premium Program for children younger than 19 years old whose household income is above 200 percent but at or below 300 percent of the Federal Poverty Level.

.04 Application.

A. The Department or its designee shall determine eligibility for children.

B. The Department or its designee shall give oral, written, or electronic information about MCHP Premium such as:

- (1) Requirements for eligibility;
- (2) Available services;
- (3) An individual's rights and responsibilities;
- (4) Information in plain English, supported by translation services; and
- (5) Information accessible to disabled individuals requesting an application.

C. An individual requesting health coverage from an Insurance Affordability Program shall be given an opportunity to apply.

D. The Department or its designee shall make the application available to the individual without delay, by telephone, mail, in-person, internet, other available electronic means, and in a manner accessible to disabled individuals requesting an application.

E. Applicant Temporarily Absent from the State.

(1) If an applicant is temporarily absent from the State, the applicant or the applicant's representative may apply for assistance by telephone, mail, in person, internet, and other electronic means to the Department or its designee in any jurisdiction.

(2) To establish eligibility for MCHP Premium for an applicant temporarily absent from the State, the applicant or the applicant's representative shall:

(a) Affirm that:

(i) The applicant intends to return to the State; or

(ii) The applicant's parent or guardian intends to return the applicant to the State;

- (b) Demonstrate the applicant's continued residency in the State; and
- (c) Meet other technical and financial requirements.

F. Application Filing and Signature Requirements.

(1) An individual who wishes to apply for health coverage under Insurance Affordability Program shall submit a written, telephonic, or electronic application, signed under penalty of perjury to the Department or its designee in any jurisdiction. An applicant is responsible for completing the application but may be assisted in the completion by an individual of the applicant's choice.

(2) A signed application is required for all applicants who request assistance. If, after the completion of an eligibility determination, assistance is requested for additional family members, a signed application is required for those persons.

(3) The date of application shall be the date on which a written, telephonic, or electronic signed application is received by the Department or its designee. The application may be mailed or submitted electronically to the Department or its designee.

(4) The following individuals shall complete and sign a written or electronic application:

- (a) An applicant;
- (b) An applicant's parents living with the child applicant; or
- (c) If the applicant does not live with a parent, an authorized representative who is 21 years old or older shall complete and sign the application form.

G. An applicant who has filed a written, telephonic, or electronic application may voluntarily withdraw that application, but the application remains the property of the Department or its designee and the withdrawal does not affect the periods under consideration specified under §H of this regulation.

H. Period Under Consideration. The Department or its designee shall establish a current period under consideration based on the date of application established under §F(3) of this regulation, for a 12-month period beginning with the month of application.

I. Processing Applications — Time Limitations.

(1) When a written, telephonic or electronic application is filed, a decision shall be made promptly, but not later than 60 calendar days from the application date.

(2) The time period specified in §I(1) of this regulation covers the period from the application date to the date the Department or its designee sends a written or electronic notice of its decision to the applicant or the applicant's representative.

(3) The Department or its designee shall inform the applicant by written or electronic notice of the missing information needed to determine eligibility, and the applicable time limit.

(4) When an applicant fails to complete the application or to provide the required information needed to determine eligibility within the 60 calendar day limit provided under §I(1) of this regulation, the applicant shall be determined ineligible.

(5) The Department or its designee shall provide notice of delay for extenuating circumstances within 60 calendar days of the delay, stating the reason for the delay and the anticipated date of decision.

(6) If an applicant is determined ineligible for the current period under consideration due to a nonfinancial factor, the application shall be disposed of and the application date may not be retained. If the applicant reappplies, a new period under consideration shall be established based on the date the new application is filed.

J. Information Required.

(1) All information needed to determine eligibility for the MCHP Premium shall be reported. When there is evidence of inconsistency with attested information given by the applicant and reported by the state and federal databases, the applicant shall be required to offer an explanation and appropriate verification to reconcile the inconsistency.

(2) The applicant shall provide the additional information within a reasonable time limit as established by the Department.

(3) If the applicant fails to provide required information within the 60 calendar days, the applicant shall be determined ineligible.

K. Social Security Number.

(1) As a condition of eligibility, an applicant shall furnish to the Department or its designee a Social Security number for the applicant. If the applicant cannot furnish a Social Security number, the applicant shall apply for a number. Assistance may not be denied, delayed, or discontinued pending the issuance or verification of the number if the applicant complies with this subsection.

(2) Eligibility may not be established until the applicant:

(a) Furnishes a Social Security number; or

MCHP Premium Program Manual

(b) Requests the assignment of the number through the Social Security Administration.

(3) Failure to provide the required Social Security number shall result in ineligibility for the applicant.

(4) If an applicant lacks the resources to meet the requirements of this regulation, the Department or its designee services shall assist the applicant in obtaining the necessary documents, and any costs incurred shall be paid for out of administrative funds.

(5) If the application indicates that a Social Security number was issued previously, the Department or its designee shall request validation of the number by the Social Security Administration.

L. Third-Party Liability.

(1) An applicant shall notify the Department or its designee within 10 working days if medical treatment has been provided as a result of a motor vehicle accident or other occurrence in which a third party may be liable for the recipient's medical expenses.

(2) An applicant shall cooperate with the Department or its designee in completing a form designated by the Department to report all pertinent information and in collecting available health insurance benefits and other third-party payments.

(3) In accident situations, a representative shall notify the Department or its designee of the:

(a) Time, date, and location of the accident;

(b) Name and address of the attorney;

(c) Names and addresses of all parties and witnesses to the accident; and

(d) Police report number if an investigation is made.

M. Consent Forms. An applicant shall give consent to verify information to establish eligibility to the Department or its designee, by submitting a written, telephonic, or electronic application.

.05 Non-financial Eligibility Requirements.

A. Citizenship. In order to be eligible for full benefits under MCHP Premium, an applicant shall be one of the following:

(1) A citizen of the United States;

(2) A person residing in the United States who is:

MCHP Premium Program Manual

- (a) A qualified alien as defined under Regulation .02B of this chapter;
 - (b) An honorably discharged veteran of the armed forces of the United States;
 - (c) An alien on active duty in the armed forces of the United States; or
 - (d) The spouse, including a surviving spouse who has not remarried, or unmarried dependent child of an honorably discharged veteran of or alien on active duty in the armed forces of the United States;
- (3) An individual residing in the United States who is:
- (a) An alien who has been granted asylum under §208 of the Immigration and Nationality Act;
 - (b) A refugee admitted into the United States under §207 of the Immigration and Nationality Act;
 - (c) An alien whose deportation has been withheld under §243(h) of the Immigration and Nationality Act;
 - (d) A Cuban or Haitian entrant;
 - (e) An alien admitted to the country for permanent residence as an Amerasian immigrant under Title II of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1989;
 - (f) A legal permanent resident who first entered the country under another exempt category, that is, as a refugee, asylee, Cuban or Haitian entrant, trafficking victim, or alien whose deportation was being withheld, and who later converted to legal permanent resident status;
 - (g) A victim of a severe form of trafficking who has been subjected to:
 - (i) Sex trafficking, if the act is induced by force, fraud, or coercion, or if the individual induced to perform the act is younger than 18 years old; or
 - (ii) Involuntary servitude;
 - (h) An honorably discharged veteran of the armed forces of the United States;
 - (i) An alien on active duty in the armed forces of the United States; or

MCHP Premium Program Manual

(j) A spouse, including a surviving spouse who has not remarried, or unmarried dependent child of an honorably discharged veteran or alien on active duty in the armed forces of the United States; or

(4) An individual residing in the United States who is a qualified alien as defined under Regulation .02B of this chapter.

B. Residency. The requirements relating to residency under COMAR 10.09.24.05-3 apply to this chapter.

C. Age. In order to be eligible for benefits, under this chapter a child shall be younger than 19 years old.

D. Inmate of a Public Institution. In order to receive benefits under this chapter, an applicant may not be an inmate of a public institution.

E. Institution for Mental Diseases or Mental Hospital. An applicant who is a patient in an institution for mental diseases or mental hospital is not eligible for benefits under this chapter.

F. Access to or Coverage under Other Health Benefit Plans.

(1) Current Coverage. Except for coverage purchased in the context of participating in MCHP Premium, an applicant or recipient is not eligible for MCHP Premium if the applicant or recipient is covered:

(a) As a dependent under an employer-sponsored group health plan; or

(b) Under health insurance coverage.

(2) Past Coverage. In order to be eligible for benefits under this chapter, an applicant may not be covered by employer-sponsored insurance or have been voluntarily terminated from an employer-sponsored insurance within 6 months before the date of the application, except for coverage purchased in the context of participating in MCHP Premium. Voluntary termination does not include:

(a) Loss of employment due to factors other than voluntary termination;

(b) Change to a new employer that does not provide an option for dependent coverage;

(c) Change of address so that no employer-sponsored health benefit plan is available;

(d) Discontinuation of health benefits to all dependents of employees of the parent's or guardian's employer; or

MCHP Premium Program Manual

(e) Expiration of the applicant's continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

G. Duration of Eligibility. After an individual has been determined to be eligible for MCHP Premium and is enrolled in MCHP Premium:

(1) The Department shall periodically redetermine the recipient's eligibility for MCHP Premium as specified in Regulation .15D of this chapter; and

(2) The recipient or the recipient's representative shall, within 10 days of the occurrence, notify the Department if there is a change in the recipient's, the recipient's parent's, or the recipient's guardian's:

(a) Income;

(b) Employment;

(c) Address; or

(d) Health insurance coverage status..

.06 Consideration of Family Income.

A. The applicant shall report the income of each family member, except for the income of members that do not file a federal tax return and are not claimed as a federal tax dependent.

B. Determining Countable Household Income.

(1) In determining an applicant's financial eligibility for MCHP Premium, the applicant's current household income shall be considered.

(2) For the child applicant who is neither pregnant nor postpartum, household income shall consist of the income of the applicant and the applicant's parent or parents, if living with the applicant.

(3) For the married child applicant, household income shall consist of the income of the married child applicant and the married child applicant's spouse.

C. When an individual has regular income the amount to be considered is that which is available or can reasonably be expected to be available for a projected period of 12 months, including the month of application.

D. Treatment of Income.

(1) Countable gross income for the Maryland Children's Health Program shall be the household income calculated according to MAGI.

(2) MAGI income limits shall be:

(a) Converted from traditional income limits to account for elimination of income disregards; and

(b) Increased by 5 percentage points of the federal poverty level for the following circumstances:

(i) When an individual's income exceeds the Medicaid income standard; and

(ii) The income standard is the highest income standard under which the individual can be determined eligible.

(3) Household Composition. For purposes of determining the income standard applicable to an applicant the following rules apply:

(a) An individual plus anyone for whom the individual claims personal exemption shall be included in the federal tax filing unit in the taxable year in which an initial determination or renewal of eligibility is being made.

(b) For an individual who does not file a federal tax return and is not claimed as a federal tax dependent in the taxable year in which an initial determination or renewal of eligibility is being made, the household size shall consist of the individual and the following individuals:

(i) Spouse; and

(ii) Natural, adopted or step children.

(c) In the taxable year in which an initial determination or renewal of eligibility is being made, the household size of a child applicant shall consist of the child and the following individuals:

(i) Natural, adopted, or step parents; and

(ii) Natural, adopted, or step siblings.

(d) In the case of a married couple living together, each spouse shall be included in the household of the other spouse, regardless of whether they expect to file a joint federal tax return in the taxable year in which an initial determination or renewal of eligibility is being made.

(4) No resources or assets test may be applied to applicants or recipients who are subject to a MAGI-based income test.

.07 Consideration of Family Income: Earned and Unearned Income — Repealed.

.08 Consideration of Family Income: Income Disregards — Repealed.

.09 Determining Financial Eligibility.

Current and New Enrollees. An applicant is financially eligible for MCHP Premium if, for the period under consideration, the applicant's countable household income as determined under Regulation .06 of this chapter, is greater than 200 percent but not greater than 300 percent of the federal poverty level for the number of persons in an applicant's tax-dependent unit equal to the size of the applicant's family.

.10 Certification Periods.

A. The certification period begins the first day of the month in which the eligible child is enrolled in a MCO.

B. Duration of Certification Period.

(1) The initial certification period, or the certification period beginning after a period of ineligibility for MCHP Premium, shall end not later than 1 year from the beginning month of certification for MCHP Premium.

(2) Notwithstanding §B(1) of this regulation, the certification period may be shortened:

(a) If a determination of ineligibility is made; or

(b) At the request of the representative.

C. A child who, on the day the child becomes 19 years old, is receiving acute inpatient services under MCHP Premium and who, but for attaining that age, is otherwise eligible for MCHP Premium, shall remain eligible for MCHP Premium until the end of the stay for which acute inpatient services are furnished.

.11 Covered Services.

A child enrolled in MCHP Premium is eligible for all health benefits included in the Maryland Medicaid Managed Care Program, as set forth in COMAR 10.09.67, the school-based health centers program as set forth in COMAR 10.09.68, and the rare and expensive case management.

.12 Program Participation Requirements—Enrollment.

A. An eligible individual who is enrolled in MCHP Premium shall be covered through a Maryland Medicaid Managed Care MCO.

B. Timely Enrollment. The representative shall:

- (1) Send to the Department or its designee the first month's family contribution within 30 days of receiving notice of eligibility for MCHP Premium, before enrollment can be completed; and
- (2) Complete and submit to the Department's enrollment broker a MCO selection and enrollment form within 28 days of receiving notice of eligibility for each eligible child.

.13 Program Participation Requirements—Family Contribution.

A. Family Contribution Required. As a requirement of enrollment and participation in MCHP Premium, the representative of an eligible individual shall agree to pay the following annual family contribution:

- (1) For an eligible individual whose family income is above 200 percent but at or below 250 percent of the FPL, an amount equal to 2 percent of the annual income of a family of two at 200 percent of the FPL; and
- (2) For an eligible individual whose family income is above 250 percent, but at or below 300 percent of the FPL, an amount equal to 2 percent of the annual income of a family of two at 250 percent of the FPL.

B. The family contribution amounts required under §A of this regulation apply on a per family basis regardless of the number of eligible individuals each family has enrolled in MCHP Premium.

C. American Indians and Alaskan Natives are exempt from a family contribution requirement.

D. Payment Procedures.

- (1) The representative shall send the initial month's payment to the Department or its designee by electronic transfer, money order, or check.
- (2) For months following the initial month of coverage:
 - (a) The Department or its designee shall bill at the start of each month for the next month's family contribution and shall provide a self-addressed stamped envelope for return of the family contribution;
 - (b) The representative shall make the family contribution payment in full to continue coverage, unless the representative claims that payment will cause hardship as defined in Regulation .02B of this chapter;

MCHP Premium Program Manual

(c) The Department or its designee shall notify the applicant of the amount due and instruct on the manner of payment and date due, if timely payment has not been made; and

(d) The applicant shall make payment in full of amounts due to the Department or its designee no later than 30 days after the date of issuance of a request for payment, to ensure continuing eligibility unless the representative claims that payment will cause hardship as defined in Regulation .02B of this chapter.

E. Hardship.

(1) The applicant shall submit the claim of hardship in writing within 10 days of receipt of the Department's request for payment.

(2) The Department shall evaluate claims of hardship and notify the applicant of the decision within 30 days of receipt of the written claim of hardship.

F. Consequences of Nonpayment.

(1) If payment is not waived or due date adjusted due to hardship, the applicant shall make payment in full not later than 30 days after the date of issuance of a request for payment.

(2) If the applicant fails to comply with §F(1) of this regulation:

(a) The individual shall have eligibility terminated, effective the first day of the month following the month for which payment was due; and

(b) The case shall be referred to the Central Collections Unit of the Department of Budget and Management for collection.

(3) An individual whose eligibility was terminated due to failure to pay the Department as specified in §D(2)(d) of this regulation is ineligible for participation in MCHP Premium until 90 days from the notice date of termination or the date payment has been made in full, whichever is sooner.

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.14 Program Participation Requirements—Change in Status.

A. The applicant shall report any change in family status or family composition within 10 days of the change.

B. Change in family status includes increase or decrease in the number of family members through birth, death, marriage, adoption, separation, divorce, or the voluntary or involuntary removal of a family member from residence with the family.

C. The applicant shall complete a written, telephonic, or electronic application and file it with the Department or its designee in any jurisdiction to apply for coverage for a child added to the family, including a newborn child, unless the newborn child's mother was eligible for Medicaid when the child was born.

D. For all changes except addition of a child, the Department or its designee shall evaluate the effect of the change on continued eligibility for MCHP Premium and notify the applicant of its determination within 60 days of the report of the change.

.15 Post-Eligibility Requirements.

A. Notice of Eligibility Determination. The Department or its designee shall inform the applicant of the applicant's legal rights and obligations and give the applicant written or electronic notification of the following:

(1) For eligible individuals:

- (a) The basis and effective date for eligibility;
- (b) Instructions for reporting changes that may affect the recipient's eligibility; and
- (c) The right to request a hearing; and

(2) For ineligible individuals:

- (a) A finding of ineligibility, the reason for the finding, and the regulation supporting the finding;
- (b) Information regarding application for MAGI excluded coverage groups; and
- (c) The right to request a hearing.

B. Applicant Responsibility.

(1) The applicant shall notify the Department within 10 working days of changes affecting the applicant's eligibility.

(2) Only an applicant that has been determined eligible by the Department or its designee shall use MCHP Premium benefits.

(3) If written or electronic notice of cancellation is received, the applicant shall discontinue use of MCHP Premium benefits on the first day of ineligibility.

(4) Failure to comply with the provisions of §B(1)—(3) of this regulation may result in:

- (a) The termination of assistance; or
- (b) Referral to the Department for fraud investigation, or for criminal or civil prosecution.

(5) The applicant shall cooperate with the Department's quality control review process, including verification of all information pertinent to the determination of eligibility.

(6) If the applicant refuses to cooperate, the applicant's coverage shall be terminated.

C. *Unscheduled Redetermination.*

(1) The Department shall:

(a) Promptly make an unscheduled redetermination of a recipient's eligibility if changes in circumstances or relevant facts are:

(i) Reported by someone on the applicant's behalf; or

(ii) Brought to the attention of the Department from other responsible sources; and

(b) Notify the applicant of the required information and verifications needed to determine eligibility and the time standards in acting in the redetermination process.

(2) *Eligibility Decisions.* Recipients who are determined:

(a) Eligible for the remainder of the certification period shall be sent notice in accordance with §A(1) of this regulation; or

(b) Ineligible for the remainder of the certification period because of a change in circumstances or failure to establish eligibility following a change in circumstances, shall be sent notice in accordance with §A(2) of this regulation.

(3) A recipient whose eligibility has been canceled may reapply for MCHP at any time.

D. *Scheduled Redetermination.*

(1) Redetermination is required to establish continued eligibility.

(2) Redetermination shall be scheduled annually.

(3) Completion of the application and determination of eligibility for MCHP by the Department or its designee is required for renewal for program eligibility.

.16 Hearings

The requirements relating to hearings under COMAR 10.01.04 apply to this chapter.

.17 Fraud, Abuse, and Penalty.

A. The requirements relating to fraud and recipient abuse under COMAR 10.09.24.14 apply to this chapter.

B. A person convicted of fraud under this chapter is subject to penalties as described in Criminal Law Article, §§8-516 and 8-517, Annotated Code of Maryland.

.18 Adjustments and Recoveries.

In all cases where MCHP Premium benefits have been incorrectly paid, the Department shall seek recovery pursuant to COMAR 10.09.24.15.

.19 Interpretive Regulation.

State regulations shall be interpreted in conformity with applicable federal statutes and regulations, except if the language of a specific regulation indicates an intent by the Department to provide reimbursement for covered services for MCHP Premium recipients without regard to the availability of federal financial participation.

Administrative History

Effective date:

Regulations .01—.19 adopted as an emergency provision effective July 1, 2001 (28:12 Md. R. 1102); adopted permanently effective September 3, 2001 (28:17 Md. R. 1556)

Regulation .02B amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .02B amended as an emergency provision effective July 1, 2004 (31:16 Md. R. 1251); amended permanently effective September 27, 2004 (31:19 Md. R. 1432)

Regulation .03 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .03 amended as an emergency provision effective July 1, 2004 (31:16 Md. R. 1251); amended permanently effective September 27, 2004 (31:19 Md. R. 1432)

Regulation .04E amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .05A amended effective November 10, 2003 (30:22 Md. R. 1580); April 19, 2010 (37:8 Md. R. 614)

Regulation .05F, G amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .09 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .09 amended as an emergency provision effective July 1, 2004 (31:16 Md. R. 1251); amended permanently effective September 27, 2004 (31:19 Md. R. 1432)

Regulation .10A and B amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .11 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .12 amended as an emergency provision effective July 1, 2002 (29:16 Md. R. 1284); amended permanently effective October 28, 2002 (29:21 Md. R. 1645)

Regulation .12 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .13 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .13A amended as an emergency provision effective July 1, 2004 (31:16 Md. R. 1251); amended permanently effective September 27, 2004 (31:19 Md. R. 1432)

MCHP Premium Program Manual

Regulation .14 amended effective November 10, 2003 (30:22 Md. R. 1580)

Regulation .15D amended effective November 10, 2003 (30:22 Md. R. 1580)

Chapter revised effective January 6, 2014 (40:26 Md. R. 2162)

Section III - Income Guidelines



Maryland Medical Assistance for Families, Children and Pregnant Women

Annual Income Eligibility Chart (Approximate)
Effective March 1, 2017

Number of people In the family	Families	Children (MCHP)	Children MCHP (Premium*)		Pregnant Woman
1	\$16,343	\$25,447	\$31,839	\$38,834	N/A
2	\$22,412	\$34,267	\$42,874	\$52,293	\$42,874
3	\$28,180	\$43,087	\$53,909	\$65,753	\$53,909
4	\$33,948	\$51,906	\$64,944	\$79,212	\$64,944
5	\$39,717	\$60,726	\$75,980	\$92,672	\$75,980
6	\$45,485	\$69,546	\$87,015	\$106,132	\$87,015
Each person add	\$5,769	\$8,820	\$11,036	\$13,460	\$11,036
You Pay	\$0	\$0	\$54	\$67	\$0

*Premium cost is per family/household each month.

Asistencia Médica de Maryland para Familias, Menores y Mujeres Embarazadas



Tabla de Elegibilidad según el Ingreso Anual (aproximado)

Tamaño de la Familias	Familias	Menores (MCHP)	Menores MCHP (Prima*)		Mujeres Embarazadas
1	\$16,343	\$25,447	\$31,839	\$38,834	N/A
2	\$22,412	\$34,267	\$42,874	\$52,293	\$42,874
3	\$28,180	\$43,087	\$53,909	\$65,753	\$53,909
4	\$33,948	\$51,906	\$64,944	\$79,212	\$64,944
5	\$39,717	\$60,726	\$75,980	\$92,672	\$75,980
6	\$45,485	\$69,546	\$87,015	\$106,132	\$87,015
Each person add	\$5,769	\$8,820	\$11,036	\$13,460	\$11,036
You Pay	\$0	\$0	\$54	\$67	\$0

Vigente a partir del 1 de Mar 2017

*Algunas personas con ingresos mayores quizás tengan que pagar una pequeña prima por los niños.