

About Massachusetts General Laws (MGL) Chapter 115 Veterans' Benefits

The History of Veterans Benefits in Massachusetts

In the 18th century, towns in the Massachusetts Bay Colony provided assistance to their needy veterans of the French and Indian War (1754-1763), fought between France and Great Britain in North America. The Commonwealth of Massachusetts began providing for its veterans immediately following the Revolutionary War. At the start of the Civil War in 1861, the state legislature formalized the assistance provided to veterans by establishing MGL Chapter 115 and the Department of Veterans Services (DVS).

The Department of Veterans Services and your local Veterans Service Officer

MGL Chapter 115 requires each town or city to provide a Veterans Service Officer (VSO), as well as a Burial Agent and Graves Officer. These town/city employees support the needs of the local veterans within their town/city limits. Larger towns and cities are required to provide a full time VSO, while less populated towns and cities are given the option of having a part time VSO, or joining together with other towns/cities to form a district, which would be serviced by a VSO who would be responsible for serving the multiple towns/cities within the formed district.

Who is eligible to receive MGL Chapter 115 Benefits?

Anyone qualifying as a veteran under the MGL Chapter 4, Section 7, clause 43, as amended by the Acts of 2005, Chapter 130, may be eligible for veterans' benefits from the community in which they reside, provided that they meet the Income and Asset Limits for this need based program. For the year 2014, the maximum monthly income allowed for an individual is \$1,945.00, and for a couple is \$2,621.00. Additional family members would change these amounts. However, applicants whose income is only slightly above allowable amounts may be eligible for medical benefits at a "spend down" adjustment amount. Asset limits for 2014 are \$3,200.00 for an individual and \$7,000.00 for a couple. Additional family members would change these amounts. Life Insurance that can be turned to cash counts as assets at a predetermined standard amount. Unlike many states, Massachusetts extends the coverage for Veterans' Benefits beyond the veteran to his or her eligible dependents. These eligible dependents may also apply for veterans' benefits. The surviving spouse of a deceased veteran, provided that the spouse was married to the veteran at the time of his or her death, is considered an eligible dependent. Living spouses, children, and parents might also qualify to receive benefits. For more information on program financial limits see *About Income and Assets*.

What kind of Benefits are Available?

Benefits may be available in several forms. The most frequently asked about benefits are provided in the form of financial assistance to aid in meeting the cost of shelter, sustenance, and medical expenses. To determine the eligibility to receive such financial assistance, the VSO will ask the applicant to provide proof of certain expenses, as well as proof of income and assets. The VSO may require other supporting documents such as Marriage, Birth, or Death Certificates, and Discharge papers, depending on the situation. Ceilings are set for income and benefits based on the Federal Poverty Level (FPL) at 200%. Using the documents provided, the VSO will determine an allowable budget as outlined in 108 Code of Massachusetts Regulations (108 CMR). Once the applicant's budget has been established, the VSO will determine if the applicant is eligible for any financial assistance. Other types of benefits may also be available depending on certain qualifying criteria.

How long can I expect to Receive Financial Assistance?

Recipients of financial assistance under MGL Chapter 115 Veterans' Benefits may fall into several categories, which affect the status of their claims. For instance, a recipient who is not totally and permanently disabled or retired, would be expected to seek full time employment, and might expect to receive assistance for a brief period of time while they secure a job. A recipient who is totally and permanently disabled, or who is retired, might find themselves in a financial situation whereby their needs dictate that they continue to receive benefits indefinitely.

What are my responsibilities as a recipient of MGL Chapter 115 Veterans' Benefits?

Full disclosure and timely updates for changes in circumstance are key responsibilities. For starters, during the application process you must **fully disclose** to the VSO the financial information and documentation requested. You must declare **all income** from **all sources**, and **all possessed assets**, to include bank accounts, IRAs, Certificates of Deposit, Whole Life Insurance that may be converted to cash, and available on hand cash. If you generate income from self employment efforts, even if not on a regular basis, you must report this income when it is generated. You may be required to provide forms such as the IRS 1099 or Schedule C Form 1040 tax claim.

Once enrolled you must report any changes in circumstance to the VSO, to include any changes in the amount received from a reported income source, or any new sources of income. You must report any changes in medical or shelter expenses. This includes changes in rent, fees, mortgage, fire insurance, or taxes that are charged to you; or changes in your share of such expense if you begin sharing this cost with another. You must report increases or decreases in medical insurance premiums or other health care costs. These changes must be reported within one month from the change occurring.

When eligible, you must seek alternate sources of income and benefits such as VA Health Care, VA Compensation, VA Pension, Social Security Disability Income, Supplemental Security Income, or benefits from MGL Chapter 118 such as MassHealth and Prescription Advantage.

All recipients of MGL Chapter 115 Veterans' Benefits are eligible to file for medical reimbursement for co-pays associated with doctor visits, hospital visits, and most medication expenses (allowable meds only, e.g. not Viagra). Reimbursement for dental visits and eye care may be available at the Division of Health Care Finance and Policy (DHCFP) allowable levels.

The bottom line is to **keep the VSO in the know**. The VSO can't help you with things he or she doesn't know. Although most recipients do not intentionally attempt to defraud the community and state, failure to disclose information about assets and/or income, or changes in reimbursed expenses can lead to benefits being discontinued, and possible action to recover benefits already paid.

How do I file claims for medical expenses?

One of the most widely used and beneficial aspects of Massachusetts General Laws (MGL) Chapter 115 Veterans Benefits program is the filing of claims for reimbursement of Medical Costs. Most Medical Costs are reimbursed at 100% of the out of pocket expense to the claimant, after all other payers, discounts, deductions, and rebates have been applied (e.g. Insurance, Assistance programs, etc). However, certain items such as Dental and Vision care are reimbursed based on tables created by the Division of Health Care Finance and Policy (DHCFP) of the Commonwealth of Massachusetts. This benefits is not guaranteed for Unemployed/Employable veterans.

Some examples of Medical Cost that are reimbursable are Doctor, Hospital, Dental, and Prescription co-pays. Also reimbursable are Medical Insurance premiums, however, Dental Insurance premiums are **NOT** reimbursable. Medical Insurance premiums include premiums for Medicare Supplemental Insurance. Some plans include Medicare Part B and Part D Supplemental Insurance in a combined premium, while others provide only one or the other; both are reimbursable. Also reimbursable is the premium for Medicare Part B enrollment (\$104.90 in 2014 for a majority of first time enrollees).

No matter what the source of the medical cost, when filing Medical Claims you must provide supporting documentation. The supporting documentation must include certain items, depending on the type medical cost to be reimbursed.

Medical Insurance premiums may be claimed by providing a copy of the paid monthly or quarterly bill, or by providing proof of an auto-debit from a banking account for the premium amount. When providing copies of bills, the bills must include the insured's name, the coverage period, and the amount of the premium after all other payers, discounts, deductions, and rebates have been applied (e.g. assistance by state or federal programs). For more detailed info on filing medical claims see *About Filing Medical Claims*.

QUESTIONS FOR ANY TOPIC NOT COVERED HEREIN SHOULD BE DIRECTED TO YOUR VSO.

About Income and Assets

Income

Allowable Income is determined based on a formula generated by multiplying the Federal Poverty Level (FPL) by 200%. The table below shows the current annual FPL for single claimants and for couples and families. It also shows the maximum allowable annual income (200%), and the maximum allowable monthly income for MGL Chapter 115 Veterans Benefits claimants. Additional family members would affect the Allowable Income. If your countable income exceeds these limits, you may still qualify for a *Medical Only* budget. If you are concerned that you may not qualify, contact your VSO and ask. Better safe than sorry.

2014 HHS Poverty Guidelines - Allowable Income			
Persons in Family Unit	FPL	200% FPL	Monthly
1	\$ 11,670.00	\$ 23,340.00	\$ 1,945.00
2	\$ 15,730.00	\$ 31,460.00	\$ 2,621.67

Countable Income, for the purposes of MGL Chapter 115, is basically **all income** that you derive **from any source**, although persons still working are allowed to earn up to \$200.00 per month (after allowable deductions) which will not be counted, **however**, this income **must still be declared** to the VSO as earned income.

Generated/Earned Income is income that is generated/earned through the efforts of your labor. If you generate **income from self employment** efforts, even if not on a regular basis, you must report this income when it is generated. What does that mean? If you play in a band once every couple of months and are paid for your efforts, it must be declared. If you are occasionally paid to sing at funerals in your church, it must be declared. If you sell balloons along the parade route only on holidays, you must declare the income. You may be required to provide forms such as the IRS 1099 or Schedule C Form 1040 tax claim. If you work full time, part time, regularly, or irregularly; all income counts. Claimants who are not retired or disabled are required to accept any bona fide employment available regardless of wages paid, to include minimum wage employment.

Unearned Income, such as dividends from investments, must be counted. If you receive an annuity payment, it must be counted. If you own income property, income generated from that property, such as rent, must be counted. (The property must be counted as an asset).

Benefits Derived Income such as Social Security Retirement Benefits, Social Security Disability Benefits, Supplemental Security Income, Department of Veterans' Affairs Compensation and/or Pension are all counted.

All Income must be declared. There is no such thing as non-reportable income. **Any income from any source must be declared.** Failure to declare/report any income is considered an attempt to conceal earnings/assets, which is a form of **Fraud and Deceit**.

Assets

Assets are those items that can be liquidated to provide cash to the claimant.

Countable Assets are all those assets not identified as **Exempt Assets**.

Assets Limits have been established for all Countable Assets.

Exempt Assets include the **home you own and live in** (for multiple family homes, this applies only to the portion of the building in which you live), and the **primary vehicle** of the claimant (and of the spouse if filing as a couple).

Determining what are Exempt Assets is not that difficult. If you own a multiple family home, the portion that you do not live in is considered an asset, and would need to be counted as such. Income generated from any portion of the property that was rented would have to be declared as income. If you have filed a claim as a single individual you may have one primary vehicle that is not counted as an asset, and if filing as a couple you may have two primary vehicles that are not counted; any vehicles above that number would be considered assets, to include any vehicles used as part of a self employment business.

Determining what are Countable Assets is not that difficult either. Countable Assets include bank accounts, IRAs, Certificates of Deposit, Life Insurance policies that may be converted to cash, and available on hand cash. Items such as mobile homes, campers, boats, and recreational vehicles are considered assets. Items owned as tools of self employment efforts (e.g. an ice cream cart) are also considered as assets.

Asset Limits for Countable Assets have been established, and are recalculated and republished periodically. The table below shows the maximum allowable assets levels for several situations. Find the description in the left hand column that best describes your situation, and look to the right hand column to find out what amount is your maximum allowable asset level. Life insurance is considered to be insurance that may be converted to cash, such as a whole life policy.

TABLE 4	
MAXIMUM ASSET ALLOWANCE	
Number in Family and relationship	Maximum Asset Allowance
Combined assets of a single applicant	\$1,600.00
Combined assets of a single applicant with no life insurance	\$3,200.00
Combined assets of veteran and spouse	\$3,200.00
Combined assets of a veteran and dependant with no life insurance	\$7,000.00
Combined assets of a veteran, spouse with Minor children	\$3,600.00
Combined assets of a widow, with a minor children	\$2,000.00
Combined assets of applicant and one eligible parent	\$3,200.00
Combined assets of a veteran, spouse and one eligible parent	\$4,800.00
Combined assets of a veteran, spouse and two eligible parents	\$6,400.00
Combined assets of the veteran and two eligible parents	\$4,800.00
Combined assets of a veteran, spouse, children, one eligible parent	\$5,200.00
Combined assets of a veteran, spouse, child or children, two eligible parents	\$6,800.00
Combined assets of children with no parents	\$2,000.00

Reimbursed Expenses

Changes in circumstance regarding any reimbursed expensed must be reported to the local VSO. This includes changes in regular medical or shelter expenses, such as changes in rent, fees, mortgage, fire insurance, or taxes that are charged to the claimant of benefits; or changes in the claimant's share of such expenses if the claimant begins sharing this cost with another. The claimant must also report increases or decreases in medical insurance premiums or other regular health care costs, within one month of the change occurring as claims are based on reported costs.

Fraud and Deceit

Fraud and Deceit becomes a factor in cases where it is determined that an attempt has been made to conceal earnings and/or assets, or changes in reimbursed expenses.

Consequences for Fraud and Deceit

If/when Fraud or Deceit are detected, the claimant is placed in **Refund Status** for the amount of benefits paid to that person over the period that they were enrolled in the program, and they will be required to repay that amount. In addition, no further benefits would be paid to that individual.

Although most claimants do not intentionally attempt to defraud the community and state, failure to disclose information about assets and/or income, or changes in reimbursed expenses, can lead to benefits being discontinued and possible action to recover benefits already paid. **"I didn't know" is not** a viable excuse.

About Filing Medical Claims

One of the most widely used and beneficial aspects of Massachusetts General Laws (MGL) Chapter 115 Veterans Benefits program is the filing of claims for reimbursement of Medical Costs. Most Medical Costs are reimbursed at 100% of the out of pocket expense to the claimant, after all other payers, discounts, deductions, and rebates have been applied (e.g. Insurance, Assistance programs, etc). However, certain items such as Dental and Vision care are reimbursed based on tables created by the Division of Health Care Finance and Policy (DHCFP) of the Commonwealth of Massachusetts. This benefit is not guaranteed for Unemployed/Employable Veterans.

Some examples of Medical Cost that are reimbursable are Doctor, Hospital, Dental, and Prescription co-pays. Also reimbursable are Medical Insurance premiums, however, Dental Insurance premiums are **NOT** reimbursable. Medical Insurance premiums include premiums for Medicare Supplemental Insurance. Some plans include Medicare Part B and Part D Supplemental Insurance in a combined premium, while others provide only one or the other; both are reimbursable. Also reimbursable is the premium for Medicare Part B enrollment which is deducted from Social Security Monthly Benefits (e.g. \$104.90 in 2014 for most qualified applicants).

No matter what the source of the medical cost, when filing Medical Claims you must provide supporting documentation. The supporting documentation must include certain items, depending on the type medical cost to be reimbursed.

Medical Insurance premiums may be claimed by providing a copy of the paid monthly or quarterly bill, or by providing proof of an auto-debit from a banking account for the premium amount. When providing copies of bills, the bills must include the insured's name, the coverage period, and the amount of the premium after all other payers, discounts, deductions, and rebates have been applied (e.g. assistance by state or federal programs).

For Doctor or Hospital bill claims, the bill must include the patient's name, the date of service, record of financial transactions to include deductions, discounts, rebates, insurance payment, and the amount of co-pay remaining for the patient after all other payers, discounts, deductions, rebates, and insurance have been applied.

For Dental and Vision cost claims, in addition to the requirements for general Doctor claims, each item and/or procedure must be able to be identified with a code from the appropriate DHCFP Table. This means that the code must either be included on the bill, or the narrative of the item/procedure must be clearly stated so that a proper code may be identified from the DHCFP Table.

For Prescription claims, you may provide the Prescription Tab that accompanies the Prescription which must include the patient's name, the date issued/filled, the Prescription Number, the drug name, and the cost to the patient after all other payers, discounts, deductions, and rebates have been applied. Another option would be to obtain a print out from your pharmacy that includes this same information.

No claim should be filed for a bill that is pending action from another payment source, until that source has either paid their portion, or declared that the portion is not covered by the source. No bill that includes "Balance Forward" amounts should be submitted for claim as these amounts would not include the minimum data required as detailed in the previous paragraphs. Simple payment records, register receipts, or other records that do not include the minimum data as called for in the previous paragraphs are unacceptable as supporting documents to a medical claim.

No claim should be submitted more than once, unless the Veterans' Service Officer (VSO) requests a duplicate claim in order to correct an error. Submitting claims more than once when not requested by a VSO can be considered as an attempt to gain dual/multiple compensation for a single claim, which constitutes FRAUD and DECEIT, and can result in the termination of MGL Chapter 115 Benefits.

All claimants **MUST** seek alternative sources of income and benefits such as MassHealth/ Prescription Advantage, and VA Healthcare. Per 108 CMR Section 5, all recipients eligible for Medicare Part B must enroll, and Hospitalization Insurance must remain in place for all recipients.

Save this sheet in case you need to show a provider what documentation you need for a claim.

Samples of Acceptable Receipts for Medical Claims

DATE	PROC CODE	DIAGNOSIS	UNITS	DESCRIPTION OF SERVICES	CHARGES	PAY/ADJ	INSUR. PENDING	PATIENT BALANCE
03-26-09	73562	719.96	1	Knee 3 Views	38.00			38.00
08-28-09				Ma Medicare Denied Amt 38.00 Reas B7 Denied Services Provided/Referred By Out Of Network Provider				
10-29-09				Insurance Denied Amt 38.00 Reas 96 Denied Service Not Covered By Insurance Policy Medicare Filed				
08-25-09								

Date	Pat	Prv	Msg	Service Description	CPT	Dx	Charge	Payment	Adjust	Line Balance
06/12/09	1	15	L	OFFICE VISIT NEW LEVEL 5	99205	724.2	357.00			
07/08/09				Medicare Payment				121.10	-205.62	30.28*
07/08/09				Accept Assign Adj.				0.00		
07/28/09				UNITED REALT Payment						
06/19/09	1	15	L	OFFICE VISIT EST LEVEL 4	99214	170.2	170.00			
07/08/09				Medicare Payment				56.72	-99.10	14.18*
07/08/09				Accept Assign Adj.						
07/28/09				UNITED REALT Payment				0.00		

Here we have two **DOCTOR** bills. The one to the left shows a bill that was submitted to Medicare which was eventually denied. This bill is suitable for claim. The bill to the right shows a bill with initial full charge that was then partially paid by Medicare, then adjusted by the billing authority, and then submitted to Insurance (United Health), who provided \$0.00 coverage. This bill is ok too. **HOSPITAL** bills work the same way; remember that the bill must include the patient's name, the date of service, record of financial transactions to include deductions, discounts, rebates, insurance payment, and the amount of co-pay remaining for the patient after all other payers, discounts, deductions, rebates, and insurance have been applied.

ARROW 427 North Elm Street Westfield, MA 01085 (413) 568-8911

JOHN Q CITIZEN
59 COURT ST WESTFIELD, MA 01085

Rx: 000000 RPh SS Drug Expires: 07/23/10
DOB: HC VALERATE 0.2 CRE (45802-0455-37)
IC for WESTCORT 0.2 CRE

Dr. Spock J. Kirk
EXPRESS SCRIPTS Auth# 32964
NO REFILLS

RECEIPT SAVE FOR INSURANCE RECORDS
07/23/09

JOHN Q CITIZEN
RX # 000000-02710 DATE: 06/26/09

OXYCODONE/APAP 10MG/325MG TABLETS
QTY: 90 NO REFILLS
New NDC: 00591-0932-01
Retail Price: \$158.99 Your Insurance Saved You: \$153.99

Dr. Spock J. Kirk
PLAN-PAID GROUP# UHFA174 CLAIM REF# 000000

Walmart (413) 572-0800 141 SPRINGFIELD ROAD WESTFIELD, MA 01085-0000

JOHN Q CITIZEN 06/03/2009 REFILL
59 COURT ST WESTFIELD, MA 01085

RX: 000000 Ref # 6 QTY: 13 DAW: 0 DS: 13
NDC: 00000-0249-15 FEMARA 2.5MG TAB NOV
Dr. Spock J. Kirk NABP: 2233841

SH THPS / PRA MPD Patient Pay \$38.44

PHARMACY NAME: CVS PHARMACY #0838
ADDRESS: 427 EAST MAIN ST, WESTFIELD SHOPS
CITY, ST, ZIP: WESTFIELD, MA, 01085

PATIENT KEY: 000000
PATIENT NAME: JOHN Q CITIZEN
ADDRESS: 59 COURT ST
CITY, ST, ZIP: WESTFIELD, MA 01085

STORE NO #	RX NUMBER	DRUG DESCRIPTION	DATE FILLED	PATIENT PD AMT
00838	000000	AMBIEN CR 12.5 MG TABLET	02/17/2009	20.00
00838	000000	AMBIEN CR 12.5 MG TABLET	02/04/2009	20.00

All of the above are examples of acceptable Prescription Tabs. They include patient name, the date issued/filled, the Prescription Number, the drug name, and the cost to the patient after all other payers, discounts, deductions, and rebates have been applied (Patient Pay Amount/Price). The Prescription List to the left is also acceptable for the same reasons.

STATEMENT OF ACCOUNT

Polo Dental, PC
15 Noble Avenue
Westfield, MA 01085
(413)568-1698

CHART NO. 000000 PAGE NO. 1
BILLING DATE 06/01/2009

CREDIT CARD # _____ EXP. _____
NAME _____ (As it appears on card)
SIGNATURE _____
TYPE OF CARD _____ AMOUNT ENCLOSED \$ _____
SECURITY CODE _____

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
06/01/2009	Resin-two surfaces, ant	JOHN	130.00	
06/01/2009	Resin-3 surface, post	JOHN	175.00	
06/01/2009	Resin-2 surface, post	JOHN	145.00	

Unlike most medical bills, Dental and Vision bills will only be reimbursed at the DHCFP allowable rates. It is important that you have your provider include the proper codes, or that the Description narrative is sufficient to identify the proper code.

WAL*MART Vision Center

141 SPRINGFIELD ROAD WESTFIELD, MA 01085 (413) 572-0003

JOHN Q CITIZEN
59 COURT ST WESTFIELD, MA 01085

Order # : 1225947
Ord Date: 07/21/2009
Assoc: JAMIE T.

R 7874222748 27.50
V2200 FT 28 PLASTIC
L 7874222748 27.50
V2200 FT 28 PLASTIC
7874220699 20.00
LENS PROCESSING FEE 10.00
V2753 ULTRAVIOLET COATING 35.00
7874222779 35.00
V2750 NO GLARE STANDARD AR NOT

Dental Bills

Service Date	Amount	VS-21
Polo Dental D2331 \$130.00 (\$86.00)	1-Jun-09 \$ 86.00	3-Aug-09
Polo Dental D2393 \$175.00 (\$77.00)	1-Jun-09 \$ 77.00	3-Aug-09
Polo Dental D2392 \$145.00 (\$65.00)	1-Jun-09 \$ 65.00	3-Aug-09
[Actual Charge] (DHCFP Allowable Charge)	Total \$ 228.00	

Note that reimbursement is at the **maximum allowable rate**, or at the **actual charge**, whichever is lower.

Walmart Vision Center

Service Date	Amount	VS-21
V2200 - [\$27.50] (\$43.09)	21-Jul-09 \$ 27.50	30-Sep-09
V2200 - [\$27.50] (\$43.09)	21-Jul-09 \$ 27.50	30-Sep-09
V2755 - [\$10.00] (\$17.24)	21-Jul-09 \$ 10.00	30-Sep-09
V2750 - [\$35.00] (\$14.87)	21-Jul-09 \$ 14.87	30-Sep-09
[Actual Charge] (DHCP Allowable Refund)	Total \$ 79.87	

114.3 CMR Massachusetts Division of Health Care Finance and Policy

Code	Allowed Fee	EPSDT Rate	Description
D2331	\$86	\$110	Resin - two surfaces, anterior
D2393	\$77	\$124	Resin-based composite - three surfaces, posterior
D2392	\$65	\$115	Resin-based composite - two surfaces, posterior

114.3 CMR Massachusetts Division of Health Care Finance and Policy

V2200	\$43.09	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2755	\$17.24	U-V lens, per lens
V2750	\$14.87	Anti-reflective coating, per lens