



## Commonwealth Care Exception Letter Process Overview April, 2008

In response to questions regarding the Commonwealth Care “exception letter” process, and why there has been an increase in the number of letters being generated, the Connector has created the following Q&A.

### **1. What is an “exception letter”?**

- a. An exception letter is a notice that Commonwealth Care applicants or members receive when they report that their current employer offered them insurance within the last six months. Ordinarily, a person who is eligible for employer-sponsored insurance *is not* eligible for Commonwealth Care.
- b. The exception letter provides the opportunity to identify certain exceptions the member/applicant might meet to qualify them for Commonwealth Care coverage (e.g., they are in a waiting period for their employer’s health insurance).

### **2. Why would someone receive an exception letter?**

- a. There are two questions on the MBR and ERV forms that could trigger an exception letter:
  - i. Is health insurance (for the given employer) offered that would cover doctors’ visits and hospitalizations? (Even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.)
  - ii. If you answered no, was health insurance offered in the last six months?
- b. If the questions are answered yes or left blank, the exception letter will be sent

### **3. Why are we seeing an increase in exception letters?**

- a. On January 26, 2008, new logic was implemented in the eligibility system that sends an exception letter when an applicant or Commonwealth Care member with potential access to employer-sponsored health insurance is identified
- b. Individuals who are currently in a re-determination cycle or have changes to their case will now have the above logic applied to their eligibility determinations. Some of these individuals are being re-determined for the first time and/or may have never answered the questions in the past that trigger the exception letter being sent
- c. Prior to January 26, 2008, individuals who answered yes or left blank the MBR/ERV question from Question #2a.i. above did not receive an exception letter, but they will now be receiving one

### **4. What type of information and/or backup should be sent in with an exception letter?**

- a. Any backup that can be provided (e.g., a letter from the employer stating that they do not offer insurance, documentation from the employer about the amount of premium subsidy provided to employees, etc.) will be helpful. There may be further investigation/validation conducted after receipt of this information.

**5. Where should an exception letter be sent?**

- a. Exception letters should be sent to the address below, which is the address provided in the letter. Please do not send it to the MEC or Commonwealth Care Call Center, as this will only result in processing delays.

Exceptions Department  
PO Box 9212  
Chelsea MA 02150

**6. How long should it take for an exception letter to be processed?**

- a. Generally, exception letters sent to the proper place are processed within ten calendar days of when the individual sends the letter, or seven calendar days from when it was received by the Connector, taking into account that it may be three to four days from when the letter is mailed to when it is received by the Connector.
- b. If more than ten days has passed from when the letter was sent, an individual may contact the MEC to determine if their exceptions letter has been received or processed.
- c. In some cases, the Connector may be contacting the employer to verify information in the exception letter, for instance a claim that the employee does not qualify for insurance because of part-time or temporary status. If the employer does not respond in a timely fashion, this may delay the verification process. We encourage employees to let their employers know that they may be receiving a call and should respond quickly to requests for information.
- d. If the member or applicant's case is pending a re-determination or verification not related to the exception letter, the Connector decision on the exception letter will not take effect until the pending status has been resolved. We encourage members/applicants to send in their documentation as soon as possible.

**7. What other things should one be aware of around the exception letter process?**

- a. Members should be encouraged to report any changes in the circumstances of their household to the MEC, especially around their employers. If employer information is not up to date, this will cause further delays in processing the exception letters.

**8. What happens to a Commonwealth Care enrolled member who receives an exception letter?**

- a. Members should be receiving two notices when their circumstances warrant getting an exception letter: The first notice is a notice with their MassHealth, Commonwealth Care and Health Safety Net decisions that will tell them that they do not appear to be eligible for Commonwealth Care because of health insurance offered by an employer; this notice will include a Commonwealth Care coverage end date. The second notice will be the exception letter notice. They should fill out the exception letter as quickly as possible and send it to the appropriate address. An appeal notice is also included with the exception letter.

- b. Although every effort is made to process exception letters quickly for individuals who are at risk for disenrollment, if the exception letter is not sent in promptly upon receipt, it may not be processed in time to prevent loss of coverage.
- c. If loss of coverage occurs and eligibility for Commonwealth Care is re-established, individuals can contact Commonwealth Care Customer Service at 1-877-MA-ENROL (1-877-623-6765 or TTY: 1-877-623-7773) Monday through Friday from 8:00 AM to 5:00 PM for re-enrollment within 1 business of regaining eligibility. If coverage is re-established within 1 month from when coverage ended, premium paying individuals will be re-enrolled without having to pay a premium payment in advance, if applicable. If more than 1 month has passed, coverage would start on the first day of the next month, assuming premium payment was made by the 20<sup>th</sup> day of the prior month.
- d. If the Connector determines that the member does not meet an exception, they will be sent a notice informing them that they are not eligible for Commonwealth Care. An appeal notice will be included with this notice.

**9. What happens to a new applicant to Commonwealth Care who receives an exception letter?**

- a. Applicants should be receiving two notices when their circumstances warrant getting an exception letter: The first notice is a notice with their MassHealth, Commonwealth Care and Health Safety Net decisions that will tell them that they do not appear to be eligible for Commonwealth Care because of health insurance offered by an employer. The second notice will be the exception letter notice. They should fill out the exception letter as quickly as possible and send it to the appropriate address.
- b. At the time that the exception letter is sent, the applicant does not have coverage for Commonwealth Care. They should fill out the exception letter as soon as possible and send it to the appropriate address.
- c. If the Connector determines that the applicant meets an exception, a new notice will be sent informing the applicant that they are approved for Commonwealth Care. Eligible individuals can contact Commonwealth Care Customer Service at 1-877-MA-ENROL (1-877-623-6765 or TTY: 1-877-623-7773) Monday through Friday from 8:00 AM to 5:00 PM to enroll within 1 business of gaining eligibility. Coverage would start on the first day of the following month, assuming premium payment is made for premium paying individuals by the 20<sup>th</sup> day of the month.
- d. If the Connector determines that the applicant does not meet an exception, they will be sent a notice informing them that they are not eligible for Commonwealth Care. An appeal notice will be included with this notice.