TROUBLESHOOTING AND APPEALS

Health Access Basic Benefits Training

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Troubleshooting Eligibility

- How do you know there is a problem?
  - Notice of denial, termination or downgrade.
  - Provider says MassHealth isn't active.
  - Pharmacy won't fill prescription.
  - Member should be eligible for more comprehensive benefit.
  - Medicare premium is deducted from Social Security check.
- First steps:
  - Get a signed PSI or ARD form
  - Review any notices
    - Check for appeal or other deadlines
- Forms available at:
  - https://www.mass.gov/service-details/masshealth-member-forms

PSI or ARD

- Permission to Share Information (PSI)
  - You can get information from MassHealth
  - You cannot make any changes to eligibility
  - You cannot choose a health plan
  - You can obtain copies of records from MassHealth Privacy Office
- Authorized Representative Designation (ARD)
  - You can fill out MassHealth or Health Connector forms;
  - You can report changes in income, address, or other circumstances;
  - You are mailed copies of all MassHealth and Health Connector eligibility notices; and
  - You can act on behalf of the member in all other matters with MassHealth and the Health Connector such as choosing a plan.
- Fax to 857-323-8300 and wait until processed
  - Will take at least 24 hours to process

How to figure out eligibility status

- Read any Notices
- Phone call to Customer Service
  - 1-800-841-2900 – MassHealth Customer Service
  - 1- 877-623-6765 - Connector Customer Service
- Phone Call requires either:
  - Three way telephone call; or
  - PSI or ARD on file; or
  - DOB & SSN/MH ID to access some automated information
- Member's on-line account
  - Can see notices and submitted documents
- Schedule a phone or video appointment with online tool
  - https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative
- Visit a MEC or Connector office

Who do I Need to Speak with?

- MassHealth Enrollment Center (MEC)
  - For changes in eligibility such as income or immigration status
  - If eligibility related information has been submitted, but has not been timely processed or appears to have been entered erroneously
  - To separate a household
  - Can be reached through 1-800-841-2900 or 1-888-665-9993.
    - Most calls to MassHealth are answered by Customer Service and may be challenging to be transferred to a MEC
  - Ask if you are talking to an Enrollment Center
  - You can schedule an appointment for a phone call or video meeting with a MEC.
    - https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative

Who do I Need to Speak with?

- MassHealth Customer Service (Private contractor)
  - 1-800-841-2900
  - Can give you information about the status of a case
  - Call here to apply over the phone
  - Call here to choose or change a health plan
  - Premium billing issues
  - MassHealth transportation approvals (PT1 form)
  - Can not make eligibility related changes to a case, but can transfer a call to the MEC
- Health Connector Customer Service
  - 1- 877-623-6765
  - All Health Connector issues

Eligibility Decisions

- One notice for MassHealth, HSN and CMSP
  - Each family member may have a separate notice
  - Family members may be eligible for different kinds of MassHealth
- A separate notice for Health Connector programs
- Decision based on
  - Application and submitted proofs
  - Data matches
  - Changes reported by member
- Eligibility notices come from two computer systems.
- HIX Notices
  - These notices use MAGI income.
  - Both MassHealth and Health Connector notices
- MA 21 Notices
  - Only MassHealth notices
  - Most notices for seniors and some for people with disabilities
- A member may get notices from both computers.

Understanding Notices – Health Connector

- Approval notice will tell you the amount of the tax credit and the earliest coverage date.
  - Check what year the notice applies to.
- Approval notice may say that you need “special circumstances” to enroll now.
- An approval for unsubsidized care is a denial of ConnectorCare.

Resolving eligibility issues

- Eligibility decisions are made by a computer.
  - Eligibility workers rely on the computer to make correct decisions.
  - Inaccurate data will result in an erroneous decision.
  - Provision of correct information solves some problems.
  - Sometimes issues are caused by computer glitches

Can it be fixed without an appeal?

- Missing or erroneous information that can be supplied by phone or fax or online to member's account.
- Error apparent in system – data entry from paper application or proof.
  - Example: Monthly wage entered as weekly
- What will be the effective date of the change?
- To avoid gaps in coverage that may leave member with medical debt, an appeal may be needed.

Resolving Eligibility Issues

- Connector Customer Service -1-877-MA-ENROLL
  - If Customer Service is unable to resolve, contact the Health Connector Ombudsman Office by mail or on-line.
    - https://www.mahealthconnector.org/about/contact#contact-ombuds
- MassHealth Enrollment Center
  - Ask Customer Service to transfer you to the Enrollment Center
- Use online scheduler to get an appointment for a call.
  - https://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative
- Escalate to the Service Solution Unit (SSU)
  - Use for MassHealth issues when calls have not solved the problem.
- Appeal
  - Appeal rights and procedure included with notices

The Service Solutions Unit (SSU)

- A new mechanism for advocates to escalate cases when contacts with the MEC, customer service, or other units have not been able to resolve an issue.
- A secure email should be sent to the SSU using a standard template.
- **EHS-DL-ITRequests@MassMail.State.MA.US**.
- Must have PSI or ARD on file.
- Response is usually prompt.
- See https://www.masslegalservices.org/content/new-masshealth-unit-problem-cases.

The Service Solution Unit (SSU)

Email Subject Line	SSU [Group]
Field	Description
Sender	
Sender Name	
Member Medicaid ID	
Member Name	
Priority Level	
Tag	
Group	
Request Content	

Third Party Liability Problems

- Problem examples:
  - The member has MassHealth Standard, but medical providers say they can't bill.
  - The member was just notified that no longer eligible for a managed care plan.
- Cause:
  - Other insurance may be showing on the member's record, possibly from a data match.
  - Is this insurance still active?
- Solution:
  - Call Third party Liability (888-628-7526) to remove if bad data or domestic violence.
  - If other insurance is active, it must be billed first unless blocked due to domestic violence.

Head of Household Problems

- The adult who signs an application is the “Head of Household” (HOH) for MassHealth
- Only the HOH can report changes.
  - HOH can designate other household member with an ARD
- Problems can arise when a family separates.
  - Parent 1 is HOH and Parent 2 moves out and has custody of children
    - How can Parent 2 have their own MH case?
    - Parent 2 to has to file a new application
      - A paper application may be required
      - The Enrollment Center may have to delink the case
      - Parent 1 may lose eligibility due to change in family size
  - Adult child moves out of household

Common Pharmacy Problems

- Member has active MassHealth coverage, but can't fill prescriptions:
  - Does drug need prior approval?
    - Ask prescriber to request prior approval.
    - MassHealth drug list.
      - https://masshealthdruglist.ehs.state.ma.us/MHDL/
  - Managed care issue?
    - Is correct insurance being billed?
  - Did member just become Medicare eligible?
    - Medicare Part D is now primary payor.
    - Ask pharmacy to bill LINET if member doesn't have a Part D plan
      - https://www.humana.com/provider/pharmacy-resources/medicare-limited-income-net-program/

MassHealth drug list

- On EOHHS website
- https://masshealthdruglist.ehs.state.ma.us/MHDL/
  - Specifies which drugs require prior authorization and sometimes criteria
  - Website has prior approval forms
- Brand name/generic
- Preferred drugs
- Generally, will approve a drug requiring prior authorization if document a failed attempt of preferred drug

Service Issues – Prior authorization

- Sometimes a medical provider needs to get permission from MassHealth before they can give the member needed care.
- The provider submits a request for prior authorization (P.A.)
- Medical consultants decide whether or not to give the O.K.
- The member and provider will be notified of MassHealth's decision.
- A denial can be appealed.

Services Requiring Prior Authorization

- Many prescription drugs
- Many dental services
- Some surgeries
- Non-emergency transportation (PT1)
- Personal Care Attendant services
- Durable Medical Equipment
- Exceeding service limits for therapy & medical supplies
- Private duty nursing
- Adult Day Health
- Adult Foster Care
- Some Home Health Services
- Advanced Imaging Services

Criteria for Prior Authorization

- Medical Necessity
  - Under 130 CMR 450.204 medical necessity includes both clinical and cost criteria
- Specific criteria in regulations for each service
- Subregulatory guidelines for medical necessity determinations for some services on EOHHS website.
  - https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination
- MassHealth cannot rely on Medicare criteria that is more restrictive.
- MassHealth contracts with Third Party Administrators
  - Dentaquest – dental
  - Optum – long term services in the community

MassHealth Action on PA Request

- May defer for more information
- May approve, deny or modify
- Member **is** notified if approved, denied or modified, and may be notified of a deferral
  - Modification can approve less of what was requested
- MassHealth will not approve something that was not requested
  - Example: 30 hours a week of PCA services requested.
    - MassHealth cannot approve more than 30 hours.
- In general, an approval is limited to the provider who made the request.

When should you file an appeal?

- MassHealth eligibility decision appears to be wrong.
  - May need to appeal to get a correct decision
  - Appeal may be needed to keep the case open (aid pending)
  - Appeal may be needed for retroactive coverage
- Member is being terminated for not returning a review form or verifications
  - Appeal in time to receive aid pending the appeal
  - Return the application or verifications
  - Appeal may be needed to prevent a gap in coverage, when aid pending appeal deadline missed
- Denial of prior approval for treatment or item
- MCO denial of medical service

How to File an Appeal by Fax or Mail

- Complete and sign the appeal form
  - Can be signed by the appellant, or someone with authority to act on behalf of the appellant, including an ARD. Include proof of authority.
  - Briefly state reason for appeal.
  - https://www.mass.gov/doc/fair-hearing-request-form-2/download
- Fax or mail appeal to number/address on form
  - (617) 887-8797 --MassHealth Appeals
  - (617) 933-3099 – Connector Appeals
- Include a copy of notice if available
  - Request interpreter if needed
  - Request any needed accommodations
- Managed Care appeals require an internal appeal first.

How to File a MassHealth Appeal by Phone

- Call 800-841-2900 (Customer Service)
- Fill out the request for hearing form over the telephone.
- This is a new way to file appeal.
  - Initially there were reports that customer service was not familiar with this procedure
  - Ask for copy of appeal form & Customer Service reference number

You can appeal without a notice

- Write a short letter to the Board of Hearing explaining what is being appealed
  - “My MassHealth terminated January 15, 2024 and I did not receive a written notice”
  - Must be signed by the member or member’s appeal representative
  - Include member’s name, address, phone number and member ID or SSN

Appeal Time Limits

- Must be **received** by Board of Hearings within 60 days from member's **receipt** of written notice.
  - 60 days is new; previously only 30 days
  - Presumption that notice received within 5 days of mailing
  - MassHealth notices have been mailed late.
    - Save the envelope for the postmark
- To continue benefits pending appeal
  - MassHealth - Appeal must be received within 10 days of receipt of notice or before implementation of action, whichever is later
  - On HIX notice, must request aid pending on the form
  - Connector – File a timely appeal and request on form
- If no notice, MassHealth appeal deadline is 120 days from the action, unless waived by the Director
- Time limits strictly enforced
  - No regulatory good cause for late appeal.
  - Possible to request a reasonable accommodation under the ADA

Aid Pending Appeal

- For MassHealth Appeals
  - Appeal must be **received** at Board of Hearings before termination date or within 10 days of your receipt of the notice to receive aid pending appeal.
    - Fair hearing form still says deadline is 10 days from mailing of notice, but EOM 23-05 (in compliance with federal law) says deadline is 10 days from receipt of notice.
  - **Call to confirm receipt and aid pending**
  - May need to request on appeal form
    - This is a change from prior practice
  - Benefits continue until hearing decision issued.
  - Recoupment is authorized but historically has rarely happened.
- For Connector Appeals
  - Request on appeal form
  - Recoupment is authorized and will happen when federal taxes filed for advance premium tax credits

Prehearing Resolution (PHR)

- Prehearing resolution can be requested on the appeal form.
- A new option to resolve an appeal.
- Applies to eligibility-related appeals only.
- MassHealth reaches out to the appellant
- If PHR is not possible, case will proceed to a hearing.
- See EOM 23-27 for details of this process.

Dismissal of Hearing Request

- 130 CMR 610.035
- Reasons for dismissal include:
  - Appeal not timely
  - Not an appealable action
    - Example – service denied by provider, not MassHealth
  - Change in state or federal law requiring the action.
  - Appeal filed by someone who does not have the right to appeal on behalf of the member
  - Failure to attend hearing
- The Board of Hearings will normally send a letter giving the member 10 days to contest the dismissal
  - Dismissal must be contested in writing.
  - If a response is sent, the dismissal might be vacated.
- A dismissal can be appealed to Superior Court.

Hearing Preparation

- You have a right to a copy of the file.
  - Hearing notice tells you how to request it.
  - Problems with getting files in time to prepare for a hearing.
- Your evidence
  - Documents and testimony
  - May be useful to submit documents to BOH and MassHealth representative in advance
- Your Witnesses
  - Testimony by telephone is allowed, but you should inform BOH in advance if there are witness who will need to be called.
- Can request a subpoena 130 CMR §610.052

Review case file prior to appeal

- In prior approval appeals, obtain the file from the managed care plan or Optum.
- The file may be mailed to the appellant after a fair hearing is scheduled, but you should request it earlier.
- For eligibility appeals, obtain the record from the MEC. Under a new procedure a copy of the file will be mailed to the appellant prior to the hearing.
- The fair hearing request form says to call 800-841-2900 to review the case file.
- Ask Board of Hearings if unclear how to get a file.

Hearing Notice

- Written notice with date, time and place of hearing
  - See sample in online materials.
- Mailed at least 10 days before hearing for MassHealth
- Mailed at least 15 days before hearing for Connector
- Rescheduling is possible and no longer difficult.
  - If you know of times that are not good, include this information with the hearing request.
- Currently MassHealth is not scheduling in person hearings due to COVID
  - Most hearings are telephonic
  - Video hearings are possible
  - Pre-COVID, most hearings were in person unless a telephonic hearing was requested.
- Connector hearings are telephonic unless you show good cause for an in-person hearing.

The MassHealth Hearing

- Impartial hearing officer (lawyer)
- Informal
- Adversarial
  - Someone will be present to represent decision-maker: MassHealth, Third Party Admin, Managed Care plan
    - Eligibility worker if an eligibility case
    - Medical consultant for service appeals or disability determination
- Tape recorded

The MassHealth Hearing

- Hearing is “de novo” - not limited to record at time of initial decision, 130 CMR §610.071(A)(2)
- Pre hearing settlement discussion is common
- Settlements are possible
  - Withdrawal of hearing request is vehicle for settlement
  - Should be in writing
  - Make sure there is no gap in coverage before withdrawing
- Member may ask to keep the record open for submission of additional information or legal memo.

After you win a fair hearing

- If you were not getting aid pending appeal and have an eligibility denial reversed, what happens next?
- MassHealth
  - MassHealth eligibility will go back to date of incorrect decision
  - Notify providers to bill MassHealth for past period
  - Reimbursement for out of pocket payments 130 CMR § 501.015
- Connector
  - Your choice for coverage to go back to date of incorrect decision if you pay premiums for past period OR
  - For coverage to begin in the following month with premiums due for future months only
    - Special exemption from tax penalty if you had a gap in coverage during appeal period

Implementation of Fair Hearing Decisions

- Should be implemented within 30 days of decision.
  - 130 CMR 610.086
- Report to Board of Hearings if not implemented.
- We have seen implementation delays with One Care plans.

Judicial Review of MassHealth Decision

- 14 days from date of hearing decision to request rehearing (optional)
- 30 days from receipt of fair hearing decision/denial of rehearing to file for judicial review
- 130 CMR §§610.091- 610.092
- GL. ch. 30A, §14
- Superior Court Modified Standing Order 1-96 Processing and Hearing of Complaints for Judicial Review of Administrative Agency Proceedings