Troubleshooting Eligibility Problems

- **Common Problems:**
  - Member says MassHealth isn’t working
  - Notice of denial, termination or downgrade
  - Member has wrong benefit
- **First steps:**
  - Get a signed PSI or ARD form
  - Review any notices
  - Check for appeal or other deadlines
- **Forms available at:**
  [http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-library/member-forms.html](http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-library/member-forms.html)

How to figure out eligibility status

- **Phone call to Customer Service**
  - 1-800-841-2900 – MassHealth Customer Service (Maximus)
  - 1-888-665-9993 - MassHealth Enrollment Center (MEC)
  - 1- 877-623-6765 - Connector Customer Service
- **Phone Call requires:**
  - Permission to share information form (PSI);
  - Authorized Representative Designation Form (ARD); or
  - Three way telephone call
  - Fax form to 857-323-8300 (Electronic Data Management)
PSI or ARD

- **Permission to Share Information (PSI)**
  - You can get information from MassHealth records
  - You cannot make any changes to eligibility
  - You cannot choose a health plan

- **Authorized Representative Designation (ARD)**
  - You can fill out MassHealth or Health Connector forms;
  - You can report changes in income, address, or other circumstances;
  - You can get copies of all MassHealth and Health Connector eligibility and enrollment notices; and
  - You can act on behalf of the member in all other matters with MassHealth and the Health Connector.

- Fax to 857-323-8300 and wait until processed

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Which Number Should I call?

- **1- 888-665-9993 – MassHealth Enrollment Center**
  - For changes in eligibility such as income or immigration status
  - Ask if you are talking to an Enrollment Center

- **1-800-841-2900 – Customer Service (Maximus)**
  - Can give you information about the status of a case
  - Call here to choose or change a health plan
  - Premium billing issues
  - MassHealth transportation approvals (PT1 form)

- **1- 877-623-6765 - Connector Customer Service**

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Other Ways to Access Eligibility Information

- **Automated eligibility information**
  - Need member ID or SSN, date of birth, and sometimes zip code
  - 1-888-665-9993 – Press 3, 2 and follow directions
  - Recorded message with type of MassHealth enrollment and managed care plan.

- **Members on-line account**
- **Visit a MEC or Connector office**
- **Review any notices**
Eligibility Decisions

- One notice for MassHealth, HSN and CMSP
- A separate notice for Health Connector programs
- MassHealth sends a separate HIX notice for each family member
- The Connector includes all tax household members on the same notice
- Decision based on
  - ACA application and submitted proofs
  - Data matches
  - Changes reported by member

Understanding Notices

- 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 many for people with disabilities
  - A member may get notices from both computers

Understanding Notices

- The MassHealth HIX notices will not tell you:
  - What the MAGI income is
  - What was included in the income calculation
  - Who is in the MAGI household
- The MassHealth HIX notices will tell you
  - Effective date of coverage or termination
  - What kind of MassHealth is approved
  - Whether denial is procedural or substantive
  - Notice will tell you when approval is provisional
Understanding Notices – Health Connector

• Approval notice will tell you the amount of the tax credit and the earliest coverage date.
• Approval notice may say that you need special circumstances to enroll now.
• An approval for unsubsidized care is a denial of ConnectorCare.
  • Denial language is on third page of sample notice.
  • If client has income below 300% FPL, call Connector customer service to find out reason for denial.
  • Example – on application client said she did not plan to file taxes.

Resolving eligibility issues

• Eligibility decisions are made by a computer
  • MEC 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 problems with the programming of the computer

Can it be fixed right now?

• Missing or erroneous info that can be supplied by phone or fax to MEC
• Error apparent in system – data entry from paper application or proof
  • 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 (1-877-623-6765)
  - If Customer Service is unable to resolve, contact the Health Connector Ombudsman Office
    - [https://www.mahealthconnector.org/about/contact/contact-ombudsman](https://www.mahealthconnector.org/about/contact/contact-ombudsman)
- MassHealth Enrollment Center
  - 1-888-665-9993
- Email masshealthhelp@state.ma.us
  - Use for MassHealth issues when calls have not solved the problem, there is an urgent medical need, and an eligibility error
- Appeal
  - Appeal rights and procedure included with notices

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 is showing on the member’s record, possibly from a data match.
  - Is this insurance still active?
  - 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.

Common Pharmacy Problems

- Member has active MassHealth coverage, but can’t fill prescriptions
  - Does drug need prior approval?
    - Ask provider to request prior approval
  - 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/pharmacy/pharmacists/linet](https://www.humana.com/pharmacy/pharmacists/linet)
Why 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
  - Appeal may be needed for retroactive coverage
- Member is being terminated for not returning a new application or verifications
  - Appeal In time to receive aid pending appeal
  - Return the application or verifications
  - Appeal may be needed to prevent a gap in coverage, even if aid pending appeal deadline missed
- Denial of prior approval for treatment or item
- MCO denial of care

How to File an Appeal

- Complete and sign the appeal form
  - Can be signed by the appellant, a lawyer, or someone with authority to act on behalf of the appellant. Include proof of authority.
  - Briefly state reason for appeal
- Fax or mail appeal to number/address on form.
  - (857) 323-8300 - MassHealth Appeals
  - Can also fax to 617-847-1204 – Board of Hearings
  - (617) 933-3099 – Connector Appeals
- Include a copy of notice if available
  - Request interpreter
  - Request any needed accommodations

You can appeal without a notice

- Write a short letter to the Board of Hearing explaining what is being appealed
  - “My MassHealth terminated March 15, 2016 and I did not receive a written notice”
- Fax to MassHealth Board of Hearings at 617-847-1204
- Must be signed by the member, an attorney or someone with an ARD
  - Name, address, phone number and member ID or SSN
Appeal Time Limits

- Must be received by Appeal Board within 30 days from receipt of written notice.
- To continue benefits pending appeal
  - MassHealth: Appeal must be received within 10 days of date of notice or before termination and requested on form
  - Connector: File a timely appeal and request on form
- If no notice, appeal deadline is 120 days from the action
- Time limits strictly enforced

Aid Pending Appeal

- For MassHealth Appeals
  - Appeal must be received at Board of Hearings before termination date or within 10 days of date on notice
  - Call to confirm receipt
  - May need to request on form.
    - This is a change from prior practice
  - Benefits continue until hearing decision issued
  - Recoupment is authorized but historically has happened rarely
- For Connector Appeals
  - Request on form
  - Recoupment is authorized and will happen when federal taxes filed for advance premium tax credits

Hearing Preparation

- You have a right to a copy of the file.
  - Appeal form tells you how to request it.
- Your evidence
  - Documents and testimony
  - Usually useful to submit documents to MassHealth in advance
- Your Witnesses
  - Testimony by telephone is allowed
  - Can request a subpoena 130 CMR §610.052
Review case file prior to appeal

- In denial of service cases, record is mailed to appellant when fair hearing is scheduled but request it earlier
- For eligibility appeals, obtain record from MEC-can ask to examine paper file (if any) or print out of screens for on-line application
- For service appeals, obtain record from MCO or MH Prior Approval Unit. Ask Board of Hearings if unclear how to get file.

Hearing Notice

- Written notice with date, time and place
- Mailed at least 10 days before hearing for MassHealth
- Mailed at least 15 days before hearing for Connector
- Rescheduling is possible, but difficult
  - Request an accommodation (such as not in the morning) before the hearing is scheduled
- MassHealth hearings are in person unless a telephonic hearing is requested
- Connector hearings are telephonic unless you show good cause for an in person hearing.

The Hearing

- Impartial hearing officer (lawyer)
- Informal
- Adversarial
  - Someone will be present to represent MassHealth or the Connector
    - Eligibility worker if an eligibility case
    - Medical consultant for service appeals or disability determination
- Tape recorded
The Hearing

- Hearing is “de novo” - not limited to record at time of initial decision, §610.071(A)(2)
- Pre hearing settlement discussion is common
- Settlements are possible
  - Withdrawal of hearing request
  - Should be in writing
- May ask to keep 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

Judicial Review

- 14 days from date of hearing decision to request rehearing (optional)
- 30 days from date of fair hearing decision/denial of rehearing to file request for judicial review
  - 130 CMR §§610.091-092
  - GL. C. 30A, §14
  - Superior Court Modified Standing Order 1-96 Processing and Hearing of Complaints for Judicial Review of Administrative Agency Proceedings