



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 08-03
February 15, 2008

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Revised Medical Benefit Request (MBR) and MA21 Screen Updates**

Introduction

MassHealth Operations, in conjunction with the Commonwealth Health Insurance Connector Authority (the Connector), has revised the Medical Benefit Request (MBR) in an effort to capture applicant information to appropriately determine eligibility for Commonwealth Care. As a result of the changes to the MBR, MA21, the Virtual Gateway Common Intake Application, and MassHealth notices have also undergone revision.

The Connector wants to expand its ability to limit access to Commonwealth Care when applicants have subsidized insurance or have access to employer-subsidized insurance or other government-funded or state-authorized insurance programs. The Connector will investigate and verify claims of nonsubsidized insurance, waiting periods, and availability of employer-sponsored health insurance that is reported by the applicant.

MBR Changes

The MBR contains the following changes.

- **Instruction page:** added instructions for completing new health-insurance section and information about “out-of-pocket expenses.”
 - **HIV Information Section (HIV):** question moved from page two to page five.
 - **Working Section (EIN):** revised questions determine the individual’s access to employer-subsidized health insurance.
 - **Nonworking Section (LTU):**
 - title of section renamed “Nonworking and Students”;
 - added questions to determine potential access to the Massachusetts Division of Unemployment Assistance Medical Security Program (MSP) and the Division of Health Care Finance and Policy Qualifying Student Health Insurance Plan (QSHIP);
 - and
-

(continued on next page)

MBR Changes
(cont.)

- added additional space for a second applicant to respond to questions.
- **Health Insurance Section (HIN/SIA):**
 - **Part A** replaces former Supplement A, “Health Insurance Questions”; and
 - **Part B** has two new questions to determine access to the Fishing Partnership Health Plan (FPHP) and TRICARE.
- **Supplements:** deleted former Supplement A, “Health Insurance Questions,” and reordered the remaining supplements:
 - Supplement A: Injury, Illness, and Disability;
 - Supplement B: Absent Parent; and
 - Supplement C: Immigration.

Supplies of the revised MBR are available and providers will be notified in [Acute Inpatient Hospital Bulletin 134](#) and [Community Health Center Bulletin 61](#).

Other Revised
Forms

Please note that the following forms are in the process of being revised to incorporate similar changes:

- Eligibility Review Forms (ERV-1 and ERV-5);
 - Senior Medical Benefit Request (SMBR); and
 - Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services (MER and MER/TRANS).
-

Commonwealth
Care: Potential
Access to Health
Insurance

Eligibility regulations for Commonwealth Care can be found at [956 CMR 3.00](#). An individual who has income that is less than or equal to 300% of the federal poverty level (FPL) may qualify for Commonwealth Care if he or she is uninsured and does not have access to employer-subsidized or other government-funded or state-authorized insurance programs.

Applicants and members who have access to employer-subsidized insurance (ESI) are not eligible for Commonwealth Care. Individuals who have had health insurance offered to them by their current employer within the last six months will be denied Commonwealth Care. However, individuals may qualify for Commonwealth Care if they are in a waiting period before becoming eligible for ESI when the employer covers at least 20% of the annual premium cost of a family health-benefit plan or 33% of an individual health-benefit plan.

(continued on next page)

**Commonwealth
Care: Potential
Access to Health
Insurance**
(cont.)

Applicants or members who are eligible for government-funded or state-authorized insurance plans are **not considered uninsured** for the purpose of determining eligibility for Commonwealth Care.

Students with potential access to the Division of Health Care Finance and Policy Qualifying Student Health Insurance Plan (QSHIP) are ineligible for Commonwealth Care. Students have potential access to QSHIP if they are taking at least 75% of a full-time curriculum at a Massachusetts college, university, or other institution of higher learning that grants a certificate, diploma, or degree.

Individuals with at least 50% of their income from the commercial fishing industry are eligible for the Fishing Partnership Health Plan (FPHP). Applicants or members eligible for FPHP are ineligible for Commonwealth Care.

Individuals eligible for the Division of Unemployment Assistance Medical Security Plan (MSP) are ineligible for Commonwealth Care. Massachusetts residents who are receiving unemployment benefits from the state of Massachusetts and who have worked for a Massachusetts employer in the past 12 months are eligible to receive subsidized health insurance through MSP.

Individuals eligible for TRICARE are ineligible for Commonwealth Care. TRICARE is available to active-duty military personnel, retired military personnel, and their family members.

Individuals who are working 100 hours or more a month and are not self-employed who claim no access to employer-sponsored health insurance will get Commonwealth Care, but may be referred for investigation of insurance access.

**MA21 System
Changes**

In order to accommodate Commonwealth Care requirements, several MA21 screens have been modified and a **new event**, Subsidized Insurance Access (SIA), has been created.

- **LTU** (Long Term Unemployed): added questions used to determine potential access to MSP and QSHIP.
- **EIN** (Earned Income): added a question on whether ESI was offered in the past six months and removed questions about the waiting period and minimum subsidy met by employer.
- **EHI** (Other Possible Health Insurance): Question 3 (about availability of health insurance from current employer) can no longer be updated.

(continued on next page)

**MA21 System
Changes
(cont.)**

- **HIN** (Health Insurance): added new options for the “Subsidy Type” field.
 - **SIA** (Subsidized Insurance Access — **new** event): used to capture answers to the questions addressing access to subsidized health insurance from FPHP or TRICARE.
 - **TPL** (Third Party Liability): added questions that were removed from the EIN event (see above). This event will also display information for subsidized insurance access.
-

**Virtual Gateway
and Importing
to MA21**

Effective January 26, 2008, the Virtual Gateway is collecting additional information from applicants about access to health insurance. These enhancements correspond to the changes made to the paper MBR.

The import of a Virtual Gateway MBR or SMBR to MA21 will continue as usual. All new questions will be imported to the appropriate MA21 event, including the new SIA event.

MA21 Notices

MA21 is generating new notices for individuals who are not eligible for Commonwealth Care because they have access to other health insurance. These individuals will receive two separate notices when they are denied Commonwealth Care for this reason.

- The first notice will be the **current** MassHealth DENY or TERM notice that includes the MassHealth decision, the Health Safety Net decision, and a general description of the Commonwealth Care decision.
- The second notice is the **new** Commonwealth Care denial notice that contains a specific denial reason and manual citation, as well as the Connector appeals notice, if applicable, with instructions for the Connector appeals process.

Both notices are generated from the same MA21 determination and will be mailed at the same time.

The new Commonwealth Care denial notice types are described below.

COM-HIN-A Notice

This notice explains the Commonwealth Care reason for denial and also includes the Connector Appeal Request Form. MA21 will generate this notice for the following denial reasons:

- individual self-declares other health insurance;
 - potential access to insurance from MSP, QSHIP, or TRICARE;
 - confirmed access to subsidized health insurance (after insurance investigation);
-

(continued on next page)

**MA21 Notices
(cont.)**

- employer-sponsored health insurance meets minimum subsidy (after insurance investigation); or
- waiting period for other health insurance has ended.

A sample COM-HIN-A notice is attached to this memo.

COM-HIN Notice

This notice is similar to the COM-HIN-A notice except it does not contain the Connector Appeal Request Form. The reasons on this notice are not considered final actions and therefore cannot be appealed until final action is taken. These reasons are for

- a working individual who is not self-employed and who says that he or she pays the entire cost for health insurance; or
- an individual with potential insurance from the FPHP.

If a working individual who is not self-employed says that he or she pays the entire cost for health insurance, the individual must send proof to the Connector. This notice gives instructions on how to provide this proof.

Individuals with potential access to the FPHP are ineligible for Commonwealth Care. The Connector will work with the FPHP to get them enrolled in FPHP when appropriate. The Connector will make a final decision within 14 days after all required information is received.

A sample COM-HIN notice is attached to this memo.

COM-EXC Notice

This is an updated version of the “Exceptions Letter” that currently exists in MA21. This notice is sent when a member of the household indicates that he or she was offered health insurance from a current employer within the past six months. Individuals are initially ineligible for Commonwealth Care if they were offered employer-sponsored health insurance within the past six months. However, they may be eligible if they meet one of the exceptions on the notice.

A sample COM-EXC notice is attached to this memo.

Appeal Rights

The Connector conducts fair hearings when individuals are denied Commonwealth Care due to access to other health insurance. The Connector Appeal Request Form contains instructions on how to start the Connector appeals process. The Connector Appeal Request Form is included with COM-HIN-A and COM-EXC notices.

(continued on next page)

Appeal Rights
(cont.)

The completed Connector Appeal Request Form is mailed to:
Commonwealth Care Customer Service Center
P.O. Box 120089
Boston, MA 02112-9914

The Commonwealth Care Customer Service Center telephone number is 1-877-MA-ENROLL (1-877-623-6765) and the fax number is 1-877-623-2155.

In addition to health-insurance reasons, the Connector conducts hearings for members closed for failure to pay a Commonwealth Care premium. The Connector Appeal Request Form is included with the ARC1-HCR denial notice (failure to pay Commonwealth Care premiums).

A supply of the Connector Appeal Request Forms will be provided to each MassHealth Enrollment Center (MEC). The current Connector Appeal Request Form is attached to this memo.

Attachments

The MassHealth [Medical Benefit Request \(MBR\)](#) has been revised to capture applicant information to appropriately determine eligibility for Commonwealth Care.

Attached to this memo are:

- COM-HIN-A sample notice (Attachment 1);
 - COM-HIN sample notice (Attachment 2);
 - COM-EXC notice (Attachment 3); and
 - Connector Appeal Request Form (Attachment 4).
-

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

MEC Tel: (877) 623-6765
MEC TTY: (877) 623-7773
MEC Fax: (877) 623-2155

**550/COM-HIN-A
CCTHREE ADTEST
123 MAIN ST
BOSTON MA 02111-0000**

Date: 01/11/2008

Notice: **1474816**

SSN: **000-00-0000**

NOTICE OF COMMONWEALTH CARE COVERAGE

Dear CCTHREE ADTEST

This notice is from the Commonwealth Health Insurance Connector Authority (Connector). We are writing to let you know that the following individuals are not eligible for the Commonwealth Care Health Insurance Program (Commonwealth Care):

Name	SSN/DOB
ADTEST, CCTHREE	000-00-0000
ADTEST, CCFOUR	000-00-0000

Reason and Manual Citation

You told us one of the following on your application:

- * a member of your household is a student and should be eligible for the Qualifying Student Health Insurance Program (QSHIP); or
- * the student in your household reported that they have a waiting period for QSHIP that is more than 100 days, but QSHIP rules do not allow students to wait for more than 100 days to get enrolled.

Students are eligible for QSHIP if they are taking at least 75% of a full-time curriculum from a Massachusetts college, university, or other institution of higher learning that grants a certificate, diploma, or degree. Individuals eligible for QSHIP cannot be eligible for Commonwealth Care (965 CMR 3.09).

continued...

QSHIP is a program designed to give students health insurance. QSHIP offers individual or family coverage. To learn more, please contact the student's school. For general questions about the student health-insurance program, you can call the Division of Health Care Finance and Policy at **1-800-609-7232**.

You have the right to appeal this decision and have your appeal heard by an impartial hearing officer. To file this appeal, you must complete the enclosed appeals request form according to the instructions and return it to the Connector. No other form will be accepted. The Connector must get the form within 30 days of when you get this notice. We expect that you got this notice within three days after the date on this notice.

You may be eligible for coverage of certain services through MassHealth or the Health Safety Net. You will receive another notice explaining what is available under those programs.

If you have any questions about this notice, please call the MassHealth Enrollment Center at the number at the top of this notice.

EOM 08-03
February 15, 2008
Attachment 2

REVERE OFFICE
300 OCEAN AVENUE, SUITE 4000
REVERE MA 02151-3675

MEC Tel: (877) 623-6765
MEC TTY: (877) 623-7773
MEC Fax: (877) 623-2155

550/COM-HIN
FHPONE ADTEST
123 MAIN ST
BOSTON MA 02111-0000

Date: 01/17/2008

Notice: **1475930**

SSN: **000-00-0000**

NOTICE OF COMMONWEALTH CARE COVERAGE

Dear FHPONE ADTEST

This notice is from the Commonwealth Health Insurance Connector Authority (Connector). We are writing to let you know that the following individuals are not eligible for the Commonwealth Care Health Insurance Program (Commonwealth Care):

Name	SSN/DOB
ADTEST, FHPONE D	000-00-0000

Reason and Manual Citation

You told us on your application that a member of your household works in the commercial fishing industry. Individuals in the commercial fishing industry are eligible for the Fishing Partnership Health Plan (FPHP). Individuals eligible for the FPHP cannot be eligible for Commonwealth Care (965 CMR 3.09).

We are working with the FPHP to collect information to make a decision on your case. We may contact you in the next 5 business days if we need more information. If you do not give us information that we ask for, you will not be considered eligible for Commonwealth Care. We may also send you an application for the FPHP that you should complete and send to the FPHP to find out if you are eligible. Once we have received all the information we need, we usually make a final decision within 14 days.

You may be eligible for coverage of certain services through MassHealth or the Health Safety Net. You will receive another notice explaining what is available under those programs.

continued...

- 2 -

If you have any questions about this notice, please call the MassHealth Enrollment Center at the number at the top of this notice.

Exceptions Department
P.O. Box 9212
Chelsea, MA 02150

<Date: _____>
<SSN: _____>
<NUM: _____ Type: _____>

<Member's Name>
<Street Address>
<City, State, Zip>

**EXCEPTIONS FORM
COMMONWEALTH CARE**

Dear < Member Name>

The Connector needs more information to decide whether the following individual(s) are eligible for the Commonwealth Care Health Insurance Program.

Name

SSN/DOB

Reason and Manual Citation

You told us that your employer offered health insurance within the past six months. Persons who can get subsidized insurance from their employer are not eligible for Commonwealth Care (see 956 CMR 3.09). But you may get Commonwealth Care right away if you meet one of the exceptions listed below.

Please put a checkmark (✓) in the space next to the letter (A, B, C, or D) of the exception that you think you meet. You may need to contact the employer who offered this health insurance to find out how much they pay for the health-plan premiums they offered you. You must sign below. Return this form to the address below. You will get another letter when the Connector makes a new decision.

- ☐ A. The employer who offered health insurance pays for less than 20% of the annual premium costs for a family plan.
- ☐ B. The employer who offered health insurance pays for less than 33% of the annual premium costs for an individual plan.
- ☐ C. Your employer pays for at least 20% of the annual premium costs for a family plan or pays for at least 33% of the annual premium costs for an individual plan, but you are in a waiting period before this insurance begins. Date employer insurance begins: / /
- ☐ D. You do not work enough hours to be eligible for the health insurance offered by your employer. Number of scheduled hours worked per week: _____

If you do not claim that you meet any of these exceptions by checking any of these boxes and sending this form to the address below, then this notice is a final decision by the Connector that you are not eligible for Commonwealth Care coverage. You have a right to appeal this decision and get a hearing before an impartial hearing officer. To ask for a hearing, complete the enclosed form according to the instructions and return it to the Connector. The Connector must get the form within 30 days of when you get this notice. We expect that you got this notice within three days after the date of this notice.

You may be eligible for certain services from MassHealth or the Health Safety Net. You will receive another notice explaining what is available under those programs.

Employee name: _____

Employer name: _____

Employer address: _____

Employer phone number: _____

By signing this document, I allow my employer listed above to give MassHealth, the Commonwealth Care Health Insurance Program, and its vendors information about premiums, coinsurance, deductibles, and covered benefits that are or may be available to me through my employment.

Signature of applicant/member or eligibility representative

Date

Return this signed form to:

Exceptions Department, P.O. Box 9212, Chelsea, MA 02150

Timelines for Filing an Appeal:

We must receive this Form, properly completed, no later than 30 calendar days from the date you received notice of the action you are appealing. If this Form is received past that date, your appeal will be dismissed.

Date of Hearing:

At least 10 calendar days before the Hearing, we will send you a letter telling you the date, time, and place of the Hearing. If you do not reschedule or appear on time at the Hearing without documented good cause, your Appeal will be dismissed.

Telephonic Hearing:

Your hearing will be conducted by telephone. If you have good cause for wanting to appear at your hearing in person, you must call the Commonwealth Care Customer Service Center before the Hearing date to let us know you will be appearing in person.

Accelerated Hearing:

If you want to have the Hearing scheduled as soon as possible, check the appropriate box in Section IV of this Form for an accelerated Hearing and explain why you need it. However, it is up to us to decide if you will get an accelerated Hearing.

Your Right to Be Helped at the Hearing:

At the Hearing, you may, but are not required to, be represented by a lawyer or by a designated Representative at your own expense. You may contact a local legal service or community agency to receive advice or representation at no cost. To obtain information about legal service or community agencies, call the Commonwealth Care Customer Service Center.

If You Need an Interpreter or an Assistive Device:

If you do not understand English and/or are hearing or sight impaired, we will provide, at our expense, an interpreter and/or assistive device for you at the Hearing. Please check the appropriate box in Section IV of this Form if you need an interpreter or assistive device, or call the Commonwealth Care Customer Service Center at least five business days before the Hearing.

Your Right to Review Your Case File:

You and/or your Representative can review your Commonwealth Care case file before the Hearing. Call the Commonwealth Care Customer Service Center by 4:30 p.m. two business days before you wish to review your file. If you do not call within this time period, your file may not be available. The file shall be available for review Monday-Friday 8am-5pm, upon request, at the following location: Commonwealth Care Customer Service Center, 55 Summer Street, Boston, MA 02110. The file will also be available for viewing before your hearing begins.

SECTION IV: Appeal Information (Check any and all of the boxes that apply to you. If none apply, leave blank.)

☐ I need an interpreter to be provided by the Connector. (State what language you need):

☐ I need an assistive device to be provided by the Connector. (State what device you need):

☐ I want to request an Accelerated Hearing for good cause (Describe below, but note that we determine if you will have an Accelerated Hearing):

SECTION V: Appeal Representative (if any)

You may, but are not required to, designate someone as your Representative for purposes of completing this Form. To have a Representative at the Hearing or to have a Representative receive information on your behalf regarding your appeal, you must submit a *Representative Form* that is signed by both you and/or your Representative. The Connector will only accept this Representative on the *Representative Form*. By designating this Representative, you are authorizing the Connector to share your personal health information with that Representative. To submit the *Representative Form*, call the Commonwealth Care Customer Service Center.

SECTION VI: Member Signature

I certify that I have read, or had read to me, the information on this Appeal Request Form and that I understand my rights and responsibilities. I further authorize the release of my personal health information and other confidential data to the Connector and Connector contracted entities for the purpose of making a decision on my appeal request.

Signature (*Sign*)

Date

First Name and Last Name (Print)

☐ Check here if you are a Representative signing on behalf of the named individual. [If so, you must fill out the Representative Form to receive information.]

Fill Out Both Sides