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

MassHealth

Eligibility Operations Memo 06-07
May 1, 2006

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **MA21 and Mail Correct Application (MCA)**

Introduction

The MA21 Additional Options, MA21 Holding Area, has been expanded to include "Mail Correct Application (MCA)." Effective May 2006, MassHealth staff will be able to generate notices for the Central Processing Unit (CPU) and the MassHealth Enrollment Centers (MECs) to be used when an incorrect or an obsolete application is received. Data will be able to be entered on MA21 to protect original application dates and generate MA21 notices to designated printers at the CPU/MEC for mailing the correct applications.

New and Revised Notices

There are three new/revised notices that will now be generated by MA21.

- **CPU-2 (Rev. 09/05)**—This notice will be used by the CPU when the CPU receives a Medical Benefit Request (MBR) and the applicant must complete a Senior Medical Benefit Request (SMBR).
- **MEC-2 (09/05)**—This notice will be used by the MECs when the MEC receives an MBR and the applicant must complete an SMBR.
- **MHA-RET (Rev. 07/05)**—This notice was issued with EOM 05-08 and is used when the CPU/MEC receives an obsolete application (MassHealth Application—MHA). The obsolete MHA and the new SMBR must be date stamped and mailed to the applicant.

For all three above notices, the MEC return address will be determined by systems based on the applicant's zip code.

Mail Correct Application and MA21

On MA21 under "Additional MA21 Functions," there is an option called "MA—MA21 Holding Area." By selecting "ML"—Mail Correct Application (MCA), the application data can be entered. Details about how to access this new option and its usage will be explained in Attachment A of this memo.

Protecting Original Application Dates

Once the application is entered and the correct application is mailed along with the CPU-2, MEC-2, or the MHA-RET, the applicant will be given 14 days to return the correct application to protect the original application date. If the correct application is received after the 14 days, the date the correct application is received becomes the new application date. For the MBR, 10-day automatic retroactive eligibility will be used as determined by the coverage type. For the SMBR, the three-month retroactive period can be used if requested by the applicant and the applicant is otherwise eligible.

MA21 and Expiration of Application after 60-Day Period

After an application has been entered into the MCA file and a notice has been printed to the CPU/MEC designated printer and mailed to the applicant, MA21 will automatically do the following.

- Each night, systems will check, by SSN and/or by name, to determine if the application has been entered onto the MA21 database. If the application has become active on the MA21 database with the same received date, systems will close the MCA file with the reason "Received Application."
- If after the 60-day period, the application has not been entered as "Received," the case is considered expired and will be reported in a MEC ViewDirect report. These "expired" MCAs will be left in active status for specific workers to manually close.
- Closed MCA applications will be archived (sent to History) and viewed in MCA History.

MCA Application Rules

The following are the MCA application rules.

- Only secured CPU/MEC staff may add or maintain MCA.
- MCA information may be modified if the log is active "Pending Initial Entry Status."
- Once the MCA information has been stored and the MCA notice generated, the MCA data may not be deleted, only modified or closed (sent to History).
- Once the MCA notice has been created and is in "Awaiting Application Status," the MCA information may not be modified, only closed (sent to History).
- An active/pending MCA may be closed at any time by a secured user. The MCA record will be sent to History.
- An automated nightly process will detect applicants entered on the MA21 database, close the MCA, and send to History.

(continued on next page)

MCA Application Rules (cont.)

- After 60 days, an active MCA will be reported to the appropriate CPU/MEC to investigate and manually close, as necessary.
- Once an MCA has been closed, it will no longer be displayed in the "MA21 Holding Area" (4th Browse). The MCA History option may be used to display for entry of SSN and/or name (last, first initial).

Determining Which MCA Notice to Send

The process to determine which notice (CPU-2, MEC-2, or MHA-RET) will be generated is based on the following.

- **CPU-2/MEC-2:** For incorrect applications received at the CPU/MEC, "N" must appear in the "Received Obsolete Application" field. MA21 will then automatically determine whether the CPU-2 or MEC-2 will be generated based on the originating CPU/MEC (i.e., Office 500 will only receive CPU-2s).
- **MHA-RET:** For obsolete applications, MEC designated staff must enter "Y" (yes) in the "Received Obsolete Application" field on the "Mail Correct Application screen." Since MA21 automatically defaults to "N" on this screen, it is important to enter "Y" if an MHA-RET should be generated to the designated CPU/MEC printer.

Note: If an eligibility representative or Permission to Share Information person has been entered on the "Contact screen," he or she will receive a copy of the notice.

The appropriate MCA notice, including the contact person notice (if applicable), will be sent to the CPU/MEC designated printer for mailing the correct application.

Attachments

The following are attached to this memo.

- Attachment A—MA21 MCA Screens
- CPU-2 (Rev. 09/05)—in English and Spanish—for information only
- MEC-2 (09/05)—in English and Spanish—for information only
- MHA-RET (Rev. 07/05)—in English and Spanish—for information only

Questions

If you have any questions about this memo, please have your office designee call the MassHealth Policy Hotline.

Attachment A – MA21 MCA Screens

MA21 Holding Area 4th Browse Select

When a worker enters a name in the MA21 MassHealth Main Screen, browse lists appear to help the worker identify if an applicant is known to MA21. Press F2 to browse through screens.

1. List Household Member by Name
2. List Person by Name
3. Browse Applications by Name
4. MA21 Holding Area – Browse Applicants by Name

Note: Only active Mail Correct Applications will display.

```
Position cursor or enter screen value to select
MCDNL004                    ***** MA21 Holding Area *****
Dec 28,05                   - Browse Applicants by Name -                    1 more >

 Holding                                                                  Date of
  Type     MEC Last Name                First Name                Ssn        Birth      Stat
--------- --- -------------------- ---------------- ----------- ---------- ----

MCD-MBR   500 HARRINGTON           ELIZABETH        028-46-0244 1966-08-23    C
MCD-MBR   500 HARRINGTON           ELIZABETH                       -   -      O
MCD-MBR   500 HARRIS               MARY             400-01-0889 1975-08-12    C
MCD-TRAD  510 JOHNSON              BARRY            002-22-3345     -   -      C
MCD-TRAD  510 JOHNSON              DESIGN           003-33-3345 1930-05-05    C
MCD-MBR   500 KNOWN                NOW              472-83-3555     -   -      O
MCD-MBR   500 MACINTYRE            GAVIN            026-26-2626     -   -      C
MAILTRAD  500 MCA                  TESTB            029-88-3848     -   -      P
MAILTRAD  500 MCA                  TESTC            039-94-8785     -   -      P
MCD-MBR   500 MOE                  SARA             400-12-1551     -   -      C
OBS-TRAD  500 OBSOLETE             MAIL             030-99-4994     -   -      P
OBS-TRAD  500 OBSOLSTE             APPL             029-98-3999 1955-10-20    P
MCD-MBR   500 PSI                  PERSON           044-55-6698 1954-06-10    C
Last Name: H___________________
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
        help  retrn quit                        bkwrd frwrd       left  right main
```

Field	Description
Holding Type	This field describes the reason type MA21 needs to 'hold the received MBR/TRAD,' prior to entry into MA21. CPU-LOG—CPU Logged Application MCD-MBR—Missing Critical Data MBR Application MCD-TRAD—Missing Critical Data Traditional Application MAIL TRAD—Mail Correct Senior Traditional Appl. OBS-TRAD—Obsolete Senior Traditional Appl.

MA21 Holding Area (‘MA’ option)

```
Select an option or PF2 to return
DMAPD004                    ***** MassHealth *****                    DMAMD004
Aug 22,05                - Additional MA21 Functions -                2:58 PM


Code System/Function/Explanation        Code System/Function/Explanation
---- -------------------------------    ---- -------------------------------
  UP  UnEnded Policies                    BX  Bendex Inquiry
  ST  Statistics                          PR  Profile Options
  NO  Notices                             CH  Premium Billing System
  NP  List IRP NextPay Date               EA  EAEDC Address Change
  MP  Member Special Payment System       PF  PACES Payment Functions
  DX  Detox Services Eligibility          MA  MA21 Holding Area
  TR  TMA Retro                           CC  Certificates of Coverage Counts
  CN  Counts Inquiry                      MS  Member And Provider Payments Inq
  WL  Waiting List Functions              PM  MA21 Premium Functions
  SV  Temporary Pretend SVES Update       SW  MA21 Switch Settings
                                          AR  Agency Referrals
                                          CL  CPU Log
 Option ===> __


Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      help  retrn                                                        main
```

Mail Correct Application (‘ML’ option)

```
MCDPD100                     ***** MassHealth *****                     MCDMD100
Nov 29,05                   - MA21 Holding Area Menu -                 10:21 AM

                  Code System/Function/Explanation
                  ---- ----------------------------------------
                   MC  Missing Critical Data
                   ML  Mail Correct Application
                  ---- ----------------------------------------

            Code: __









Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
      help  retrn quit                                                   main
```

Mail Correct Application Menu

```
MCAPD100                        ***** MassHealth *****                        MCAMD100
Nov 30,05                 - Mail Correct Application Menu -                   1:43 PM

                   Code System/Function/Explanation
                   ---- ----------------------------------------
                    01  Mail Correct Application
                    02  Mail Correct Application Query (Active)
                    03  Mail Correct Application History
                   ---- ----------------------------------------

             Code: __









Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
       help  retrn quit                                                    main
```

Option	Description
01 – Mail Correct Application	Entry to MCA Add/Maintenance
02 – Mail Correct Application Query (active)	Query active MCAs Only
03 – Mail Correct Application History	Query closed MCAs

Mail Correct Application User Access Screen

The Mail Correct Application user access screen may be accessed from the MA21 Additional Options ‘MA/ML’ Mail Correct Application maintenance option.

```
Enter the SSN or Name for a Name Search

+---------------------+  Mail Correct Application  +-----------------------+
 MCAPU001                                                            MCAMU001
 Tue, Nov 29                                                       10:43:00 AM
+----------------------------    Development   ---------------------------+



                            *Application: TRAD__


                            SSN....: 012 33 4567
                            (Last Name,First Name)
                            correct,application









Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11-PF12
       help  rtrn  quit                                                    main
```

*Application Select List

```
+-------------------------------------------------------+
| Position cursor or enter screen value to select       |
| TABNL200    ***** List Tables by Type *****           | -----------------+
| Nov 29,05                                   10:23 AM  |            MCAMU001
|                                                       |        10:23:00 AM
|    Code                        Description            | -----------------+
|   ------   ---------------------------------------- |
|   MBR      Medical Benefit Request                    |
|   TRAD     Senior Medical Benefit Request             |
|                 *** End of Data ***                   |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
|                                                       |
| Table Type: MCAA Code: ______                         |
| Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8-- | --PF10--PF11-PF12
|        help   retrn                           bkwrd frwrd |                 main
+-------------------------------------------------------+
```

```
No action performed
 MCAPD001                    ***** MA21 Holding Area *****                    MCAMD001
 Dec 28,05                     - Mail Correct Application - TRAD              08:52 AM

*User ID.......: DMACAE              MEC: 500
 Posted Date..: 11 29 2005                              Receive Date: 11 29 2005
 Status........: Pending     Initial Entry              Status Date.: 11 29 2005
 ---------------------------------------------------------------------------------
 Received Obsolete Application: N (Y/N)

 Name..........: CORRECT, APPLICATION__________        SSN..........: 012 33 4567
 Addr - Street: 100 MAIN ST___________________
        City..: FRANKLIN______________ *St: MA
        Zip...: 02038 ____     Mail.: +                Homeless....: N (Y/N)

*Lang - Speak.: ENG___                                  DOB..........: 10 20 1969

 Contacts.....: +                                       Phone - Home: 508 528 9988
                                                                Work: 617 210 7893
 Comments: THIS AREA MAY BE USED FOR ANY NOTES, COMMENTS ETC_
           ---------------------------------------------------
           ---------------------------------------------------
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
       help   retrn quit          confm                        clse                 main
```

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
<MEC street address>
<MEC city/state/zip>
<MEC telephone number, TTY telephone number, and fax number>

<Date>

<Addressee name>
<Addressee address>
<Addressee city/state/zip>

<Applicant name> <Applicant SSN>

We have reviewed your application for MassHealth. From the information you gave us on your application:

1. you are a person aged 65 or older applying for MassHealth, and you are not:
   - a parent or caretaker relative of children under age 19; or
   - disabled and working 40 or more hours a month; or
2. you are a member of a married couple living with your spouse and:
   - both you and your spouse are applying for MassHealth; and
   - there are no children under 19 living with you; and
   - one spouse is 65 years of age or older and the other spouse is under 65 years of age.

Based on this information, you must fill out a different application called the Senior Medical Benefit Request (SMBR) to apply for MassHealth. We have enclosed an application packet that includes the SMBR. Please fill out the application (SMBR) and any other forms in the packet that apply to you. Sign and date all applicable forms, and send them back with any needed information to the MassHealth Enrollment Center (MEC) listed above so the MEC gets the SMBR within 14 days of the date of this notice.

We have stamped the enclosed application (SMBR) with the date that we got your earlier application. This means that if we get your filled-out and signed SMBR within 14 days, and we decide you can get MassHealth, you may get MassHealth coverage up to three months before the month in which we got your earlier application.

If we get your filled-out and signed application (SMBR) after 14 days and we decide you can get MassHealth, you may only get MassHealth coverage up to three months before the month in which we got your SMBR.

If you have any questions, please call us at the telephone number at the top of this notice.

Thank you.

MassHealth Enrollment Center

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
<MEC street address>
<MEC city/state/zip>
<MEC telephone number, TTY telephone number, and fax number>

<Date>

<Addressee name>
<Addressee address>
<Addressee city/state/zip>

<Applicant name> <Applicant SSN>

Hemos revisado su solicitud de MassHealth. De acuerdo a la información que nos suministró en su solicitud:

1. usted es una persona que tiene 65 años o más de edad que solicita inscribirse en MassHealth, y no es:
   - padre/madre o pariente encargado de niños menores de 19 años; o
   - discapacitado, que trabaja 40 horas o más por mes; o
2. es miembro de una pareja casada que vive con su cónyuge y:
   - tanto usted como su cónyuge solicitan inscribirse en MassHealth; y
   - no hay niños menores de 19 años que vivan con usted; y
   - un cónyuge tiene 65 años o más de edad y el otro es menor de 65 años de edad.

Según esta información, debe completar una solicitud diferente llamada Solicitud de beneficios médicos para ancianos [Senior Medical Benefit Request (SMBR)] para inscribirse en MassHealth. Le adjuntamos un paquete de inscripción que incluye el SMBR. Por favor complete la solicitud (SMBR) y cualquier otro formulario del paquete que le corresponda. Firme y escriba la fecha en todos los formularios correspondientes, y regréselos con cualquier información necesaria al Centro de inscripción de MassHealth [MassHealth Enrollment Center (MEC)] indicado arriba para que el MEC reciba el SMBR dentro de los 14 días de la fecha de este aviso.

Hemos colocado un sello en la solicitud adjunta (SMBR) con la fecha en la que recibimos su solicitud anterior. Esto significa que si recibimos su SMBR completada y firmada dentro de los 14 días, y decidimos que puede obtener MassHealth, puede recibir cobertura de MassHealth hasta tres meses antes del mes en que recibimos su solicitud anterior.

Si recibimos su solicitud completada y firmada (SMBR) después de los 14 días y decidimos que puede obtener MassHealth, sólo puede obtener cobertura de MassHealth hasta tres meses antes del mes en que recibimos su SMBR.

Si tiene alguna pregunta, por favor llámenos al número de teléfono indicado en la parte superior de este aviso.

Gracias.

Centro de inscripción de MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
<MEC street address>
<MEC city/state/zip>
<MEC telephone number, TTY telephone number, and fax number>

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2. es miembro de una pareja casada que vive con su cónyuge y:
   - tanto usted como su cónyuge solicitan inscribirse en MassHealth; y
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   - un cónyuge tiene 65 años o más de edad y el otro es menor de 65 años de edad.

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Hemos colocado un sello en la solicitud adjunta (SMBR) con la fecha en la que recibimos su solicitud anterior. Esto significa que si recibimos su SMBR completada y firmada dentro de los 14 días, y decidimos que puede obtener MassHealth, puede recibir cobertura de MassHealth hasta tres meses antes del mes en que recibimos su solicitud anterior.

Si recibimos su solicitud completada y firmada (SMBR) después de los 14 días y decidimos que puede obtener MassHealth, sólo puede obtener cobertura de MassHealth hasta tres meses antes del mes en que recibimos su SMBR.

Si tiene alguna pregunta, por favor llámenos al número de teléfono indicado en la parte superior de este aviso.

Gracias.

Centro de inscripción de MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
Street address
City/Town, MA zip code
1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss)

Date: _____

Name: _____

Address: _____

City/Zip: _____

Application Return Notice

MassHealth is sending back your MassHealth Application (MHA) form, which you recently sent us. To apply for MassHealth, you must fill out an application called the Senior Medical Benefit Request (SMBR)—the enclosed orange form. Before you fill out the SMBR, please read the instructions on both sides of the cover to the application. If you send back the filled-out SMBR and we get it within 14 days of the date of this notice, we will use the application date of your original MHA to determine your eligibility.

If we get the filled-out SMBR after 14 days of the date of this notice, MassHealth will use the date we get your filled-out SMBR as your application date. If you need help with old medical bills, make sure you fill out the section called "Previous Medical Bills" on page 1 of the SMBR.

Send back the filled-out application to the MassHealth Enrollment Center listed at the top of this notice.

If you have any questions about this notice, or need help filling out the Senior Medical Benefit Request form, call us at the toll-free telephone number at the top of this notice.

Thank you.

Community Integration Team

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
Street address
City/Town, MA zip code
1-888-665-9993 (TTY: 1-888-665-9997 para personas con sordera parcial o total)

Fecha: _____

Nombre y apellido: _____

Dirección: _____

Ciudad/Código postal _____

Aviso de regreso de solicitud

MassHealth le regresa la Solicitud de afiliación a MassHealth (MHA) que nos ha enviado recientemente. Para solicitar los beneficios de MassHealth, debe completar el formulario llamado Solicitud de beneficios médicos para ancianos [Senior Medical Benefit Request (SMBR)]—el formulario anaranjado adjunto. Antes de completar el formulario SMBR, por favor lea las instrucciones en ambos lados de la portada de la solicitud. Si regresa el formulario SMBR completado y lo recibimos dentro de los 14 días de la fecha de este aviso, utilizaremos la fecha de su Solicitud original de MassHealth (MHA) para determinar si cumple con los requisitos necesarios para recibir los beneficios.

Si recibimos el formulario SMBR completado después de los 14 días de la fecha de este aviso, MassHealth utilizará la fecha en que recibió la SMBR completada como fecha de solicitud. Si necesita ayuda para el pago de cuentas médicas previas, asegúrese de completar la sección llamada "Cuentas médicas previas," en la página 1 de la SMBR.

Regrese la solicitud debidamente completada al Centro de inscripción de MassHealth (MassHealth Enrollment Center) que se indica en la parte superior de este aviso.

Si tiene alguna pregunta sobre este aviso, o si necesita ayuda para completar el formulario de Solicitud de beneficios médicos para ancianos, llámenos al número telefónico gratuito que se indica en la parte superior de este aviso.

Gracias.

Equipo de integración de la comunidad