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MassHealth Frequently Asked Questions

The purpose of these “Frequently Asked Questions” is to assist DCF staff with understanding the purpose of Medicaid (MassHealth) and how to better utilize the system.

1. What is MassHealth?

MassHealth is a state agency that is overseen by the Executive Office of Health and Human Services. MassHealth administers the state Medicaid program that is a public health insurance program for low- to medium-income residents of Massachusetts. DCF is able to assign MassHealth to children who have an open case. Some children have other insurance in addition to MassHealth, and in that case providers bill MassHealth as the second payer after the private health insurance.

2. What are the MassHealth enrollment options for DCF children?

There are three different enrollment options for DCF children: a Managed Care Organization (MCO), a primary care provider through the MassHealth Primary Care Clinician Plan (PCCP), or Fee for Service.

- a. Managed Care Organizations (MCOs): An MCO is a group of health care providers who work together to provide health care. When a child is enrolled in an MCO, DCF or the parent selects a primary care doctor who is part of that MCO to do checkups, provide basic care, and make referrals. If the child needs to see a specialist, they see a specialist who is part of the MCO. The current MassHealth MCOs are: Boston Medical Center HealthNet; Network Health; Neighborhood Health Plan; Fallon Community Health Plan and Health New England.
- b. Primary Care Clinician Plan (PCCP): The PCCP is a provider network administered by MassHealth. Primary Care clinicians (PCCs) authorize primary care services and referrals to specialty care. Not all MassHealth providers are PCCs. For children entering custody or placement, MassHealth requires that PCCs schedule a medical screening examination within 7 days of receiving a request from a DCF social worker and a comprehensive examination within 30 days of receiving such a request.
- c. Fee for Service: If DCF children aren't enrolled in an MCO or the PCCP, they are automatically considered “fee for service”, which is the lack of any managed care plan. Children with fee for service coverage may go to any healthcare provider who accepts MassHealth.

3. Under what circumstances may DCF establish MassHealth for a child?

- a. Children in care or custody of DCF
- b. Children with an adoption or guardianship subsidy agreement with approved MassHealth
- c. Children who are not in placement and who have no healthcare coverage or whose healthcare needs cannot be met through existing healthcare coverage. This is called MassHealth ONLY (MAO) and cannot be open if there is a current Home Removal Episode or an open adoption or guardianship subsidy.
- d. Children returning home on a trial basis. In this case, the MassHealth type is “Placement” for the first 6 months after the child returns home or until the Home Removal Episode ends.

~ Formerly the Department of Social Services ~

4. What is an Authorized Representative?

Authorized Representatives are individuals who are able to discuss all MassHealth issues; request to change assignment with a primary care clinician or Managed Care Organization; request a replacement card; and act in any other way as the child's medical representative. The Authorized Representatives are determined based on the specifics of the case and placement.

5. What health insurance information should be obtained prior to placement?

Prior to placement, it is important to determine if the child has health insurance coverage. This might include private health insurance, Medicare, MassHealth through the Commission for the Blind or Temporary Assistance to Needy Families (TANF). Some children may have two different types of insurance and if so, MassHealth is always the secondary payer.

6. What is Third Party Liability?

Third Party Liability (TPL) is eligibility for other health insurance coverage in addition to MassHealth. For children with other health insurance coverage, including private insurance or Medicare, MassHealth is always utilized as the last payer after benefits from the other health plans have been accessed.

Some children may be enrolled in managed care organizations (MCO) through MassHealth prior to DCF involvement or through DCF assigned MassHealth. It is the responsibility of healthcare providers to check a child's eligibility each time the child presents for services.

7. How are MassHealth members identified?

The MassHealth Member ID is the 12-digit number that is on the MassHealth card and is displayed in the upper right of the FamilyNet MassHealth Application window. This number displays within a few minutes of starting a new DCF MassHealth eligibility for a child. A document providing temporary proof of a child's MassHealth eligibility may be printed by using the Document button on the FamilyNet MassHealth application window. [NOTE: The ID number is not based on the member's social security number.]

For children in DCF care or custody or those under guardianship, the ID number remains the same no matter how many times the child receives a replacement card, moves to another residence, has a change in name and/or has a gap in MassHealth coverage. **For children who are adopted**, the identification number changes when the adoption subsidy starts.

8. What is the process for making changes regarding a child's MassHealth?

To make changes to demographic information: DCF staff update demographic information in FamilyNet when new or changed information is identified. This information is automatically transmitted electronically to MassHealth and the child's information in the MassHealth system is updated. FamilyNet sends updated transactions to MassHealth every half hour.

To make changes to a child's enrollment in MassHealth plan: To change the child's MCO, PCC plan or to move a child from one plan to another, DCF staff can call the MassHealth Customer Service Center at 1-800-841-2900.

9. What is the process for requesting a replacement DCF MassHealth card?

If a child's MassHealth card is lost or stolen, DCF can request a replacement card. To request replacement cards, staff may contact the person in their Area Office who has access to the MassHealth system.

10. Are children with DCF assigned MassHealth subject to co-pays for services?

All youth over age 19 are subject to copays except those who: are independent foster care adolescents who were in the care and custody of the DCF on their 18th birthday and who are eligible for MassHealth until they reach age 21; have TPL; are pregnant; are receiving hospice services; or are in chronic disease, rehab or nursing facilities or intermediate care facilities for the developmentally disabled.

Services subject to copayments include:

- a. Pharmacy Services: The copayment for pharmacy services is \$1 for each prescription and refill for each generic drug and over-the-counter drug covered by MassHealth in the following drug classes:--oral medications for diabetes, high blood pressure and elevated cholesterol-- and \$3 for each prescription and refill for all other generic, brand-name, and over-the-counter drugs covered by MassHealth.
- b. Nonpharmacy Services: The copayment for nonpharmacy services is \$3 for an inpatient hospital stay.

11. What happens when a youth leaves DCF placement at age 18?

Youth who are in DCF placement on or after their 18th birthday may keep their MassHealth coverage when they leave DCF until they turn 21 as long as they live in Massachusetts. MassHealth sends a letter to the youth at their home address explaining what they are eligible for and a MassHealth card once they leave DCF. MassHealth also requires the youth to have a social security number (SSN). The SSN listed on FamilyNet will be sent to the MassHealth system when the youth's DCF MassHealth is closed.

If a youth has no SSN listed in FamilyNet, the MassHealth system sends a notice to the youth asking for the SSN and if the youth does not supply it, the eligibility will be closed.

When the youth leaves DCF and has questions or concerns about her/his insurance coverage, the youth should call the MassHealth Customer Service Center at 800-841-2900.

12. What is the process for establishing MassHealth for children who are placed out of state?

Public Consulting Group helps DCF determine the Title IV-E eligibility of a child. If a child is IV-E eligible and will be placed out of state, the IV-E eligibility will assure access to Medicaid in that state. To make a referral, DCF staff can contact Public Consulting Group and give them the FamilyNet Case ID; child's name; SSN and DOB and the social worker's name, phone number and Area Office.

If an out of state placement has been approved and the child **is** title IV-E eligible, DCF staff can contact Public Consulting Group and provide the foster parent's name and address. Public Consulting Group sends IV-E certification letter directly to the foster parent. The foster parent takes this letter to their local Medicaid office to apply for Medicaid for the child.

Note: For questions, please contact the DCF Interstate Compact for Placement of Children (ICPC) unit at Central Office.

If a child is determined **not** to be Title IV-E eligible, DCF is financially responsible for the child as long as the child is in DCF custody. The following are the possible options for reimbursement of healthcare services:

- a. If the child is to be placed in a state that borders Massachusetts, the child may be able access healthcare services in Massachusetts while residing out of state. There are some out of state medical providers who accept MassHealth and this is more common in bordering states.
- b. If the placement is with a relative, the relative may apply for Grantee Relative Medicaid in her/his state. This usually requires the relative to document her/his relationship to the child through birth certificates.
- c. The caretaker may be able to add the child to her/his existing health plan.

13. Who should I call with questions about health insurance?

- a. For general questions about MassHealth, call the MassHealth Customer Service Center at 800-841-2900.
- b. For problems or questions about establishing MassHealth in FamilyNet, call the DCF Help Desk at 617-367-5300.
- c. For other questions or issues, the DCF Health and Medical Services Team can assist.

14. What should DCF staff and foster parents do when they receive bills for medical services?

When a child receives a MassHealth reimbursable service and they are eligible for MassHealth on the date of service and the service is delivered by a MassHealth provider, the provider must seek reimbursement from MassHealth and not from DCF, the parent or guardian. If a child receives a service from a provider who is not a MassHealth provider when the child is seen, whoever is the legal guardian on the date of service is responsible for payment.

Healthcare providers are responsible for following all of the MassHealth rules such as checking eligibility each time they see a child, submitting timely and correct bills and obtaining prior approval. Providers who are denied payment by MassHealth due to billing, eligibility or other issues for which they are responsible should not bill DCF, a parent, or a guardian.

If a DCF office or a foster parent receives a bill for a child who met the above MassHealth reimbursement criteria when the service was provided, the Area Office should not pay the bill before consulting with the MassHealth Customer Service Center to determine who is responsible for payment.

