



**MassHealth**  
**All Provider Bulletin 240**  
**December 2013**

**TO:** All Providers Participating in MassHealth  
**FROM:** Kristin L. Thorn, Medicaid Director   
**RE:** **Temporary Coverage for Applicants for Subsidized Health Insurance**

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**Background**

Since October 1, 2013, the Massachusetts Health Connector and MassHealth have been accepting applications for subsidized health insurance coverage effective January 1, 2014. Applicants have submitted their information through MAhealthconnector.org, the new online, integrated eligibility system for the Health Connector and MassHealth, as well as through the new paper application for 2014 health care coverage.

While we are experiencing some delays in processing applications through our new systems, our highest priority is to ensure that everyone seeking insurance coverage has access to coverage without gaps or delay. Many who applied are already enrolled in Commonwealth Care, the Medical Security Program, or MassHealth and can retain their current coverage through at least March 31, 2014. Other applicants are not currently enrolled in any subsidized health program and need access to health care coverage starting on January 1. The Health Connector and MassHealth are working to process applications for subsidized coverage as soon as possible and prioritizing those who are not currently enrolled in any subsidized health program.

Starting January 1, 2014, individuals not currently enrolled in any subsidized health program who have applied for subsidized coverage, and whose applications we have not been able to process, will have access to temporary coverage until we are able to process their applications and make final eligibility determinations. Individuals enrolled in this temporary coverage will receive a fee-for-service benefit through MassHealth. Providers who provide MassHealth-covered services to these individuals and submit claims directly to MassHealth will receive payment from MassHealth as they would for any MassHealth member.

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**Proof of Eligibility**

Applicants as described above may be enrolled in this temporary coverage beginning January 1, 2014, until their applications are processed and an eligibility determination is made.

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***Proof of Eligibility  
(cont.)***

Individuals enrolled in this coverage will receive a letter from MassHealth and the Massachusetts Health Connector informing them of their temporary coverage. A sample letter is attached to this bulletin. The first of these letters will be sent out during the last week of December 2013. This letter will contain the individual's temporary member ID and will serve as the individual's temporary ID card. These individuals will not receive a MassHealth or other health insurance ID card. Individuals with temporary coverage should present their letter to you as proof of coverage. Providers must confirm coverage through the Eligibility Verification System (EVS) to ensure MassHealth payment for services provided.

Individuals will receive another letter from MassHealth and the Health Connector with their eligibility determination once their application has been processed. The temporary coverage will end after the eligibility determination has been made, and EVS will be updated to reflect the individual's new eligibility status.

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***What Services  
Are Covered?***

Any service that is covered for MassHealth Standard members is covered for individuals receiving this temporary coverage. The same medical necessity and prior-authorization requirements that apply to services provided to MassHealth Standard members apply to these individuals.

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***Provider Responsibilities  
and Payment***

MassHealth providers who provide services to individuals enrolled in this temporary coverage and submit claims to MassHealth will receive payment subject to all applicable program and administrative and billing requirements. Providers must provide medically necessary covered services for these individuals as they would for any MassHealth Standard member. Providers must check EVS to confirm eligibility every time they provide services to these individuals. As always, providers must check EVS daily for members in inpatient settings. In EVS, eligibility for these individuals will display as MassHealth Standard. EVS will not display any Primary Care Clinician (PCC) Plan or managed care organization (MCO) enrollment for these individuals as they are not eligible to enroll in managed care.

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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[MAIL-TO-NAME]  
[MAILING-STREET-ADDR]  
[MAILING-CITY-NAME], [STATE] [ZIP-CODE]

**You can get this information in large print and Braille.**

Call **1-800-841-2900** from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: **1-800-497-4648** for people who are deaf, hard of hearing, or speech disabled).

**You will have temporary health coverage beginning January 1, 2014, until your application is processed.**

Date: [DATE]

Dear [MEMBER-FIRST-NAME] [MEMBER-LAST-NAME],

You applied for new health insurance coverage with a start date of January 1, 2014, through the MAhealthconnector.org website or a paper application. We are still processing your application to determine if you qualify for a Health Connector plan or for MassHealth.

**As of January 1, 2014, you will automatically be enrolled in temporary health insurance coverage until we make a final decision on your application.**

**You can use this letter as proof of coverage when you go to get health care services—the same way that you would use a health insurance card. Bring this letter with you and show it when you go to a health care provider, including a doctor, hospital, or pharmacy.**

**Your temporary Member ID number is: [Medicaid ID]**

**Here is what you need to know about your temporary health insurance coverage:**

- You do not need to take any action or pay any money to get this temporary coverage.
- You will be enrolled automatically for coverage that starts January 1, 2014.
- Your temporary benefits will cover a wide range of health care services. Read the attached Summary of Benefits for a list of covered services.
- You can get covered health care services from providers that participate in the MassHealth program.
- You will get a letter when we finish processing your application letting you know if you qualify for a health insurance plan through the Health Connector or through MassHealth.
- Once we have processed your application and made a decision about your eligibility, your temporary benefits will end.

## **When you go to get health care services**

Your temporary benefits will cover a wide range of health care services, including doctor and clinic visits, hospital stays, prescription medicines, mental health, family planning, and laboratory services. Read the attached Summary of Benefits for a list of covered services.

MassHealth has an extensive network of participating providers including all of the hospitals in Massachusetts, thousands of physicians who provide primary care and specialty services, and a statewide network of pharmacies.

When you go to get health care services while you have this temporary coverage, you should find out first whether the provider is in the MassHealth network. Find out if a provider is in the MassHealth network by either:

- contacting the provider (such as a doctor or hospital) and asking if they accept MassHealth; or
- calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). They can help you find a provider near you.

There may be a co-pay for prescriptions. The co-pay for most medications is \$3.65. Some generic medications have a co-pay of \$1.00. If you are pregnant or under age 21 you do not have to pay any co-pays. Other exceptions may apply. Check with your pharmacy or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) for more information.

## **Questions?**

If you have questions or need more information please call **1-855-MA-4-HLTH (855-624-4584)**. You can also visit [MAhealthconnector.org](http://MAhealthconnector.org) for more information.

We apologize for the delay in processing your application. Please know that we are working hard to process your application and determine your eligibility so that if you qualify, you can enroll in a new plan. You will be covered through these temporary health insurance benefits until that process is complete.

Thank you,

MassHealth and Massachusetts Health Connector

## Summary of Benefits for Temporary Coverage

This is a summary of covered services and benefits for individuals receiving temporary coverage while their applications for health insurance coverage through the Health Connector or MassHealth are processed. Please keep in mind that this summary is for your general information only. Your temporary coverage will pay for medically necessary services. Some services have limits, and some services may require prior authorization. For more information, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

### Medical Services

Abortion Services  
Acute Inpatient Hospital Services<sup>1</sup>  
Ambulatory Surgery Services  
Audiologist Services  
Chiropractor Services  
Chronic Disease and Rehabilitation Inpatient Hospital Services  
Community Health Center Services  
Dental Services<sup>2</sup>  
Dialysis Services  
Durable Medical Equipment  
Eyeglasses, Contact Lenses, and Other Visual Aids  
Family Planning Services  
Hearing Aid Services  
Home Health Services  
Hospice Services  
Laboratory Services  
Long Term Services and Supports  
Medical/Surgical Supplies  
Orthotic Services  
Outpatient Hospital Services  
Oxygen and Respiratory Therapy Equipment  
Pharmacy Services  
Physician, Nurse Practitioner, and Nurse Midwife Services  
Podiatrist Services  
Prosthetic Services  
Radiology and Diagnostic Services  
Therapy Services (physical therapy, occupational therapy, and speech/language therapy)  
Transportation Services (emergency; nonemergency transportation to medical appointments)  
Vision Care (including comprehensive eye exams and vision training)  
Wigs

### Behavioral Health (Mental Health and Substance Use Disorder) Services

Emergency Services Program (ESP) Services  
Inpatient Services  
Outpatient Services

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<sup>1</sup> For individuals age 21 and over, the first 20 days of an inpatient hospital admission are covered. This limitation does not apply to inpatient stays provided in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital or in a rehabilitation unit within a DPH-licensed acute hospital.

<sup>2</sup> Individuals age 21 and over are only eligible for emergency and certain preventive dental services.