



## COVID-19 Guidance for Assisters

### Overview

In response to COVID-19, and to help Assisters understand the related updates from MassHealth and the Health Connector, we are providing guidance on several areas of importance. Please review this document along with additional COVID-19 resources posted on [www.mass.gov/coronavirus-disease-covid-19-and-masshealth](http://www.mass.gov/coronavirus-disease-covid-19-and-masshealth) as you assist individuals across the Commonwealth.

Please check [www.mass.gov/covid-19-updates-and-information](http://www.mass.gov/covid-19-updates-and-information) regularly for general updated information and [mass.gov/coronavirus-disease-covid-19-and-masshealth](http://mass.gov/coronavirus-disease-covid-19-and-masshealth) for MassHealth-related information.

We also encourage you to consult both the [MA Department of Public Health](http://MA Department of Public Health) and the [Centers for Disease Control](http://Centers for Disease Control) websites for the most up-to-date information.

We thank you for the support you provide individuals to obtain and maintain health coverage, especially during this difficult time.

### Signing Applications on Behalf of Applicants

Navigators may complete and sign applications on behalf of an applicant if they have a Navigator Designation Form (NDF) on file and they received either spoken or written authorization from the applicant.

Certified Application Counselors (CAC) may complete and sign applications on behalf of an applicant if they have a Certified Designation Form (CDF) on file and they have received spoken authorization from the applicant.

The CAC should sign their name on the signature line of the application along with the following language that documents the consent:

**[CAC Name] is signing for [Individual's Name] based on authorization provided by [Individual's Name] over the phone on [mm/dd/2021] at [timestamp].**

This must be done by the CAC on behalf of the applicant on any MassHealth application or supplements that the CAC is given permission to sign.

In addition, the applicant should send the CAC an email confirming the authorization. If the applicant or member does not have access to email, the applicant or member can provide spoken authorization on a recorded phone line with MassHealth Customer Service to authorize the Assister to act on their behalf. The CAC should then include the applicant's or member's consent alongside their signature with the following language that documents the consent:

**[CAC Name] is signing for [Individual's Name] based on authorization provided by [Individual's Name] over the phone on [mm/dd/2021] at [timestamp].**

**Note:** If there is no CDF or NDF on file, the CAC/Navigator may complete and sign a CDF or NDF on behalf of the member using the same steps and accompanying language as above to proceed with the completion of the application.

## MassHealth Applications

Assisters should remind and encourage individuals of 'social distancing friendly' ways to apply for health and dental benefits at this time.

### ACA-3

The fastest way to apply is online at [www.mahealthconnector.org](http://www.mahealthconnector.org). It is also a mobile friendly page.

Individuals can also apply by phone with MassHealth Customer Service at (800) 841-2900, TTY (800) 497-4648.

### SACA-2

Mail or fax your filled-out, signed application to

MassHealth Enrollment Center  
PO Box 290794  
Charlestown, MA 02129-0214  
Fax: (617) 887-8799

Remind individuals that if they have an Authorized Representative Designation (ARD) form already on file, that they may save time and resources by contacting their ARD and requesting their assistance.

If the member has exhausted these methods, or has expressed an urgent need for your assistance, Assisters should follow the guidance below during the COVID-19 national emergency.

## MassHealth Renewals and Report a Change

### MassHealth Renewals

If members are sent a MassHealth renewal, they are encouraged to complete it, but MassHealth will not terminate a member for failure to respond during this time.

MassHealth members who were sent a MassHealth renewal with a response due date before March 18, 2020, and who failed to respond within the given timeframe may have experienced a decrease in coverage, or termination and should take action to have their coverage re-determined.

Individuals may complete a renewal or a report a change by:

- Phone with Customer Service
- Online at [mahealthconnector.org](http://mahealthconnector.org) if they have a MA Login or Optum Login
- Fax or mail in a paper renewal

Assisters may help individuals complete renewals or report a change if they have access to the Assister Portal.

- The HIX eligibility screen will not show the protected coverage until a day after the determination/change is done.
- The screen will reflect the following message:

#### **"IMPORTANT MESSAGE"**

**This screen may not reflect the coverage protections in effect for all individuals who have MassHealth, Health Safety Net and Children's Medical Security Plan coverage as of March 18, 2020, and for all individuals approved for coverage during the COVID-19 outbreak national emergency and for one month after the emergency period ends.**

**Coverage will only end if an individual requests termination of eligibility or if they are no longer resident of the state.**

MassHealth has revised the COVID-19 guidance effective July 3, 2021, per updated CMS guidance. Under the revised guidelines, benefits will be grouped in tiers. Members will be allowed to move between coverage types if they are in the same tier. Members will remain covered during the federal health emergency but may be downgraded based on regular program determination rules.

**Tier I – Minimum Essential Coverage (MEC):**

- Medicaid and Medicaid Expansion only: Standard, CarePlus, and Family Assistance
- CommonHealth (Medicaid and CHIP)
- Family Assistance (CHIP or State-Funded) and CommonHealth (State-Funded only)
- Medicare Savings Programs (Medicare Buy-In, Senior Buy-In, and QI)

**Tier II – Non-MEC (with COVID testing and treatment coverage):**

- Limited with or without HSN and/or HSN only without ConnectorCare, CMSP with Limited or HSN
- MA has also decided to maintain CMSP coverage and HSN through the end of the federal emergency period, even though these individuals are not subject to continuous coverage requirements and not included in the above group. The exceptions are in the case of temporary 90-day HSN while individual enrolls in ConnectorCare or CMSP only, these individuals will be determined using regular program rules.

**Tier III – Non-MEC with limited benefits:**

- HSN with ConnectorCare and CMSP only

**Note:** To continue to receive the best coverage, applicants and members should provide their most current information and report any changes to MassHealth.

**MassHealth and Health Connector Request for Information**

Individuals may still receive Request for Information (RFI) notices when they apply, renew their application, or report a change. During the COVID-19 national emergency, MassHealth and the Health Connector will follow the federal public health emergency continuous coverage guidelines to establish and maintain an individual's coverage based on their failure to respond to an RFI. Individuals are encouraged to submit their proofs to MassHealth or the Health Connector as soon as they can.

Documents can be submitted business as usual through the following channels:

- Document Upload, through the Individual or Assister Portal - *recommended*
- Fax documents to Health Insurance Processing Center
- Mail documents to Health Insurance Processing Center

Please note in-person drop off of applications and supporting documents has resumed. Drop boxes are available at all MassHealth Enrollment Centers. No appointment is required.

Assisters may encounter scenarios in which an applicant fails the identity proofing step in the online application. Typically, CACs can use the IDP Fax Cover Sheet and fax proofs to a designated fax number.

During the COVID-19 national emergency, this process may be interrupted. If Assisters are unable to fax IDP documents, they may help applicants with identity proofing by getting a copy of the applicant's identification and emailing this via secure channels to

[MAhealthconnectorTraining@MassMail.State.MA.US](mailto:MAhealthconnectorTraining@MassMail.State.MA.US) along with the Assister's contact information.

This email box will be monitored daily, and ID proofing cases should be resolved within 24 hours of the received documentation.

CACs will receive a confirmation email once the case has been unlocked.

**Note:** The IDP guidance provided above is for CACs. It does not change the existing process for Navigators. They are allowed to do the IDP process over the phone with members.

### **MassHealth Health Plan Enrollments**

The following information is specific to Certified Application Counselors. Navigators have a dedicated dropdown on the MassHealth online enrollment form.

CACs may guide MassHealth members through the process of selecting and enrolling in an Accountable Care Organization (ACO), Managed Care Organization (MCO), or the Primary Care Clinical Plan (PCC Plan) (referred to as “MassHealth managed care plans” in this document) and selecting or changing a PCP. If CACs choose to provide such assistance, they do so at their own discretion and are not providing such assistance on behalf of MassHealth under any contract or agreement.

The MassHealth Choices website ([MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)) is the easiest and fastest way for members to learn, compare, and enroll in MassHealth managed care plans. CACs should use this tool when helping members to choose and enroll in a MassHealth managed care plan.

CACs who work for or who are affiliated with 1) a MassHealth managed care plan (MCO or ACO), or 2) a provider who contracts with a MassHealth managed care plan, must inform MassHealth members who they assist that they are part of the MassHealth managed care plan or its network. Doing so is an important part of promoting transparency, protecting the integrity of the enrollment process, and respecting a member’s right to make their own enrollment decisions.

When assisting members enrolling into a MassHealth health plan:

- In the “Is this form right for you” section of the online enrollment form, a CAC should select the “I am a Navigator” drop down.
- When it asks for the name, in the “Last Name” field a CAC should add the following text:  
LASTNAME (CAC – CAC Org)
  - *Example: CAC is Mary Smith at Happy Health Center, she would enter: SMITH-CAC-Happy Health Center*
- Proceed with form as usual after this.

### **Permission to Share**

CACs and Navigators can sign the Permission to Share Information (PSI) as long as they include the applicant’s or member’s consent. CACs/Navigators should sign their name on the signature line along with the following language that documents the consent:

**[CAC/Navigator Name] is signing for [Individual’s Name] based on authorization provided by [Individual’s Name] over the phone on [mm/dd/2021] at [timestamp].**

In addition, the applicant should send the CAC/Navigator an email confirming the authorization. If the applicant or member does not have access to email, the applicant or member can provide spoken authorization on a recorded phone line with MassHealth Customer Service to authorize the Assister to act on their behalf. The assister should then include the applicant’s or member’s consent alongside their signature with the following language that documents the consent:

**[CAC/Navigator Name] is signing for [Individual’s Name] based on authorization provided by [Individual’s Name] over the phone on [mm/dd/2021] at [timestamp].**

The ability to continue to provide a spoken PSI will be reviewed when the COVID-19 national emergency ends.

If the member provides consent to sign an application, supplement, PSI, one time, that does not give the Assister the authority to sign any other document on behalf of that member going forward. The Assister must request consent every time and document it on every form they submit with the following language that documents the consent unless a valid ARD I form is on file:

**[Assister Name] is signing for [Individual's Name] based on authorization provided by [Individual's Name] over the phone on [mm/dd/2021] at [timestamp].**

## **Authorization Representative Designation**

MassHealth applicants or members may complete the Authorized Representative Designation (ARD) I form by speaking on a recorded phone line with MassHealth Customer Service as long as they include the applicant's or member's consent alongside their signature with the following language that documents the consent:

**[CAC Name] is signing for [Individual's Name] based on authorization provided by [Individual's Name] over the phone on [mm/dd/2021] at [timestamp].**

The ability to provide a spoken ARD I will continue beyond the COVID-19 national emergency period.

Spoken requests for all ARD II or ARD III designations will not be completed over the phone. Members may continue to complete and submit by mail or fax requests for ARD II and ARD III. The ARD form is available in English and Spanish on the [MassHealth Member Forms](#) page.

## **Voter Registration and Declination Forms**

Assisters are required to offer individuals that are applying for MassHealth, reporting a change of address, or completing a renewal, the opportunity to register to vote. During the COVID-19 national emergency, Assisters helping members with the actions above should inform individuals that they can assist them in registering to vote.

**In person.** If you are still able to meet with individuals in person, voter registration and declination forms are business as usual.

**By telephone.** If you are assisting someone by phone, provide the member with the option to register to vote either by mail, online, or through the automatic voter registration (AVR) process.

Automatic voter registration applies to the head of household only, and certain restrictions apply. For more information, please visit the Automatic Voter Registration course in the Learning Management System.

Record the individual's response in the online portal or on the paper application/renewal. MassHealth will continue to send individual's mail-in voter registration forms if they elect to register to vote.

Declination forms for assistance by phone should include the following language in the individual signature line:

**[Assister Name] is signing for [Individual's Name] based on authorization provided by [Individual's Name] over the phone on [mm/dd/2021] at [timestamp].**

**Note:** If there is no CDF or NDF on file with MassHealth, the CAC or Navigator may complete and sign a CDF or NDF on behalf of the member, using the same steps and accompanying language to complete the application.