



Eligibility Operations Memo 15-04
February 1, 2015

TO: MassHealth Eligibility Operations Staff

FROM: Amy Andrade, Director, Member and Provider Services

RE: **DOR Automatic Renewal Process**

Background

State and federal laws require that MassHealth perform a continuing eligibility review of every member on an annual basis. Beginning in mid-November 2014, a renewal process using Department of Revenue (DOR) quarterly wage data was implemented for certain MassHealth, Children's Medical Security Plan (CMSP), and Health Safety Net (HSN) members. Families who meet the criteria for the DOR renewal process will not need to complete an annual review form. Their eligibility will continue for another year, assuming no changes occur throughout the year. If they have changes to report, they are advised to call, mail, or fax in their changes.

Eligible Population

Families with members under the age of 65 who have not gone through a Traditional Eligibility Determination will be automatically selected for the DOR renewal process if

- they have gross monthly income at or below 133% of the federal poverty level (FPL) as verified in MA21;
- at least one member of the household has earned wages and the household income is not zero;
- their verified household wages on file with MassHealth are within 20% FPL of the quarterly wages reported by the Department of Revenue in the last quarter;
- their only sources of income are wages, worker's compensation (which is no longer countable), and child support (which is no longer countable); and
- they are citizens or have a permanent qualifying non-citizen or protected non-citizen status. (Please note that nonqualified individuals lawfully present and nonqualified persons permanently residing under color of law (PRUCOLs) are not included in this process.)

Households that include members who are receiving temporary health coverage through MassHealth, Commonwealth Care benefits, Small Business Employee Premium Assistance (SBEP) benefits, and members who applied through the Health Insurance Exchange/Integrated Eligibility System (HIX/IES) will be excluded from this process. These members will need to re-apply during open enrollment (November through February) to determine if they are eligible to continue receiving health benefits in 2015.

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Review Process

At the time of the annual review, members who meet the criteria for the DOR renewal process will be sent

- a DOR renewal notice (DOR-R);
- an Authorized Representative Designation (ARD) Form;
- a Massachusetts Official Mail-In Voter Registration Form; and
- a UNIV-5 (Babel).

The cover letter advises the family that their eligibility has been reviewed electronically and that, unless there are changes to report, no further action is required. If they are receiving a monthly premium assistance payment, they will continue to receive this payment.

The cover letter instructs the family to report changes in circumstance, such as pregnancy, disability, income, insurance, or immigration status. They should report any information regarding their tax filing status or tax relationships if they think this could affect benefits. In addition, they should contact MassHealth if they no longer wish to receive benefits. Families are instructed to call the MassHealth Enrollment Center (MEC) or to mail or fax in any change in circumstances to the Health Insurance Processing Center (HIPC). All changes should be reported within 10 days, or earlier if possible.

If there have been no changes in circumstances as described above, the family does not need to take further action and their eligibility will remain intact for another year, assuming no changes occur throughout the year.

MEC Process

MA21 will automatically send out the appropriate DOR renewal notice to families who meet the criteria for this process. MA21 will identify the most recent DOR renewal for these households under the Most Recent Admin Review on the main query screen. PDOR RENEW will be displayed and the review date for these households will be extended by 12 months.

If a member calls to report a change in circumstances that may impact eligibility, the household must complete a new application. Members will be advised by a MEC worker that they can complete the application online or over the phone with a customer service representative. If they agree to complete the application over the phone, MEC staff will transfer the call to the Customer Service Center (CSC). If callers do not wish to complete the application over the phone, they will be advised that the fastest way to renew their coverage is online at MAhealthconnector.org. They will need to create an account to complete the application. These households should also be mailed a paper Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) that can be returned by mail or fax. A note should be added to the case in MA21 explaining that a change in circumstances was reported and an application was mailed. MA21 should not be updated with these changes.

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MEC Process (cont.)

If a MEC worker receives a report of a change in circumstances via mail or fax for a member who has gone through the DOR renewal process, the household must complete a new application. A paper application should be mailed to the household. A note should be added to the case in MA21 explaining that a change in circumstances was reported and an application was mailed. MA21 should not be updated with these changes.

MEC workers will be provided with an application cover letter to mail with the ACA-3 application. The application cover letter should be filled in with the head of household's first and last name, member ID, address, and date. A note should be added to the case in MA21 explaining that a change in circumstances was received via mail or fax and an application was mailed. The changes should not be updated in MA21.

There is no change to the current protocol for returned mail.

Attachments

Attached to this memo are a sample DOR renewal notice (DOR-R) and a sample application cover letter.

Questions

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

Good News from MassHealth
A Notice about Your MassHealth Eligibility Review

Federal and state laws require MassHealth to complete a review of your eligibility every year. Your case was reviewed electronically using recent information from our data sources.

MassHealth has determined that the following members of your family can continue to get the same benefits.

Name: [John Doe]

Coverage Type: [MassHealth Standard]

Medicaid ID: [1234432]

Please contact us using one of the methods below if family members living with you are not listed above and you feel they should be receiving benefits.

If you are currently paying a monthly premium, you will need to keep paying this premium. You will continue to get a bill each month telling you what you owe.

If you are currently getting a monthly premium assistance payment, your payment will continue.

How did we make this decision?

MassHealth uses rules for family size and income counting to make a decision. We have also considered pregnancy, disability, breast or cervical cancer, and HIV. We also consider citizenship or immigration status and residency. We do not have evidence in our records indicating that any of these items has changed.

Family size is based on whom you are related to and live with. To decide your income, we mostly count income taxable by the IRS.

The family members on this letter can get MassHealth benefits based on the MassHealth regulations at 130 CMR 505.000, Children's Medical Security Plan (CMSP) benefits based on the MassHealth regulations at 130 CMR 522.004, or the Health Safety Net according to the Health Safety Net regulations at 101 CMR 613.00. You can find these regulations at

www.mass.gov/eohhs/gov/laws-regs/masshealth/regulations or
www.mass.gov/eohhs/gov/laws-regs/hhs/health-safety-net-regulations.html.

What happens next?

If you have no changes to report, and you would like to continue your benefits, you do not need to do anything. Contact us if

- there have been changes that could affect benefits for you or your family members, such as a pregnancy, disability, change in income, change in insurance, or change in immigration status;
- there is any information regarding tax filing status or tax relationships that you think could affect benefits (see member booklet for information about family sizes, which may be based on tax filing relationships); or
- you or your family members no longer wish to receive benefits.

All changes that affect eligibility must be reported to MassHealth within 10 days, or earlier if possible.

Would you or a member of your household like to register to vote?

The form to register to vote is included with this application or can be found at www.sec.state.ma.us, along with more information on how to register to vote. If you have any questions about the voter registration process, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the MassHealth Customer Services Center.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision to seek or accept help is yours.

If you believe that someone has interfered with your right to register or to decline to register to vote, with your right to privacy in deciding to register or in applying to register to vote, or with your right to choose your own political party or other political preference, you may file a complaint with the

Secretary of the Commonwealth, Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108
Tel: **617-727-2828** or **1-800-462-8683**

How do I contact MassHealth to report a change or get help registering to vote?

- **By phone: 1-888-665-9993**
(TTY: **1-888-665-9997** for people who are deaf, hard of hearing, or speech disabled)
- **By mail:** Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419
- **By fax: 857-323-8300**

What else do you need to know?

The **Member Booklet** explains income rules, family size rules, premiums, and covered services for MassHealth. To get a copy, go to www.mass.gov/masshealth and click **Applications and Member Forms** or call the MassHealth Customer Services Center at **1-800-841-2900** (TTY: **1-800-497-4648** for people who are deaf, hard of hearing, or speech disabled).

Please call the telephone number at the top of this letter if you have any questions.

Thank you.

MassHealth



Commonwealth of Massachusetts
Executive Office of Health and Human Services

_____, MA _____

Date: _____

Member ID: _____

Dear _____,

IMPORTANT! You must submit a new application for your household's MassHealth, Children's Medical Security Plan (CMSP), or the Health Safety Net (HSN) benefits.

Why do I need to submit a new application?

You recently reported a change in circumstances to MassHealth. In order for us to decide if you still qualify for benefits, you need to submit a new application. This application includes new questions you need to answer. The rules we use to count household members and household income have also changed.

What do I need to do?

You must submit a new application for health coverage for yourself and for all members of your household.

The fastest way to get coverage is to apply online through our new and improved website at MAhealthconnector.org. You must set up a new account, even if you created one before. You can also submit a paper application. Enclosed is the **Massachusetts Application for Health and Dental Coverage and Help Paying Costs**. Read the instructions carefully. It contains questions that we have not asked in the past. You must answer all of the questions and sign the form.

How do I send my completed application?

You can send us your completed application in the following ways.

1. **Online:** Go to MAhealthconnector.org. Set up a new account, even if you created one before.
2. **Fax:** 857-323-8300
3. **Mail:** Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
4. **Call:** 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).
5. **In Person:** Visit a MassHealth Enrollment Center (MEC) to apply in person. See the Member Booklet for a list of MEC addresses.

What happens next?

Once we have your completed application, we will send you another letter to let you know if you continue to qualify for health coverage through MassHealth, CMSP, the HSN, or the Health Connector.

We will check the information you give us with computer data sources such as the Internal Revenue Service, the Social Security Administration, and the Department of Homeland Security. We will keep the information you provided to us private, and will only use and disclose it in accordance with applicable law. If we need further proof, we will contact you.

What else do I need to know?

Please read the application instructions very carefully. The application contains questions that we have not asked you in the past, and you may have to include individuals you did not list on your application in the past.

The **Member Booklet** explains income limits, coverage types, premiums, and covered services for MassHealth and the Health Connector. It also explains how we count household members and income. To get a copy, go to MAhealthconnector.org or call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

What if I have questions?

If you have questions or need more information about MassHealth, go to www.MAhealthconnector.org or call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Sincerely,

MassHealth