



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Eligibility Letter 92
September 1, 2002

TO: Division Staff

FROM: Wendy E. Warring, Commissioner

A handwritten signature in blue ink, appearing to read "W. Warring", written over the name Wendy E. Warring.

RE: Certificate of Creditable Coverage

This letter transmits revised regulations to comply with the federal Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires private and public health plans, including state Medicaid programs, to provide Certificates of Creditable Coverage to members upon termination of their health plan, or upon request for a limited period of time after their health plan has ended. The Certificate may allow members to waive or reduce the length of preexisting-condition waiting periods when they enroll in a new health plan offered by private insurance.

These regulations are effective September 1, 2002.

MANUAL UPKEEP

<u>Insert</u>	<u>Remove</u>	<u>Trans. By</u>
501.007	501.007	E.L. 51
501.010	501.010	E.L. 51
515.008	515.008	E.L. 63
515.009	515.010	E.L. 63

Trans. by E.L. 92

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- (1) the family group's gross income exceeds 200 percent of the FPL;
- (2) the family fails to cooperate with the Division's eligibility review; or
- (3) the child no longer meets MassHealth requirements.

501.007: Receiving Public Assistance from Another State

Persons who are receiving public assistance from another state are not eligible for MassHealth.

501.008: Massachusetts Commission for the Blind (MCB)

Blind individuals aged 19 to 64 inclusive may submit requests for MassHealth to the Massachusetts Commission for the Blind.

501.009: Rights of Applicants and Members

The policies of the MassHealth Program are administered in accordance with federal and state law. Applicants and members must be informed of their rights and responsibilities with respect to the MassHealth Program.

(A) Right to Non-Discrimination and Equal Treatment. The Massachusetts Division of Medical Assistance does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, disability, or age in admission or access to, or treatment or employment in, its programs or activities. Grievance procedures for resolution of discrimination complaints are administered and applied by the Division's Affirmative Action Office.

(B) Right to Confidentiality. The confidentiality of information obtained by the Division during the MassHealth eligibility process is protected in accordance with federal and state regulations. The use and disclosure of information concerning applicants, members, and legally liable third parties is restricted to purposes directly connected with the administration of MassHealth as governed by state and federal law.

(C) Right to Timely Provision of Benefits. Eligible applicants and members have the right to the timely provision of benefits as defined in 130 CMR 502.000.

(D) Right to Information. Individuals who inquire about MassHealth, either orally or through a written request, have the right to receive information about medical benefits, coverage type requirements, and their rights and responsibilities as applicants and members of MassHealth.

(E) Right to Apply. Any person, individually or through a representative, has the right, and must be afforded the opportunity without delay, to apply for MassHealth.

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(F) Right to be Assisted by Others. The applicant or member has the right to be assisted, accompanied, and represented by an individual of his or her choice. This individual may act on behalf of the applicant or member or act as an interpreter, if he or she qualifies as a representative or an interpreter as defined in 130 CMR 501.001.

(G) Right to Inspection of the MassHealth Case File. The applicant or member has the right to inspect information in his or her MassHealth case file and contest the accuracy of the information.

(H) Right to Appeal. The applicant or member has the right to appeal and request a fair hearing as the result of any adverse action or inaction taken by the Division. The request will not be granted if the sole issue is a federal or state law requiring an automatic change adversely affecting members.

(I) Right to Interpreter Services. The Division will inform applicants and members of the availability of interpreter services. Unless the applicant or member chooses to provide his or her own interpreter services, the Division will provide either telephonic or other interpreter services whenever:

- (1) the applicant or member who is seeking assistance from the Division has limited English proficiency or sensory impairment and requests interpreter services; or
- (2) the Division determines such services are necessary.

(J) Right to a Certificate of Creditable Coverage Upon Termination of MassHealth. The Division will provide a Certificate of Creditable Coverage to members whose coverage under MassHealth Standard, CommonHealth, or Basic, or a MassHealth health plan under Family Assistance has ended. The Division will issue a Certificate to members within one week of their MassHealth termination, or within one week of the request for a Certificate, as long as the request is made within 24 months of their MassHealth termination. The Certificate may allow members to waive or reduce the length of preexisting-condition waiting periods when they enroll in a new health plan offered by private insurance. If a member's MassHealth termination also terminates the coverage of his or her dependents, the dependents will be included on the Certificate.

501.010: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the Division in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of the MassHealth program including recovery and obtaining or maintaining available health insurance.

(B) Responsibility to Report Changes. The applicant or member must report, within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, or third party liability.

(C) Cooperation with Quality Control. The Quality Control Division will periodically conduct an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated for the family group.

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(G) Right to Inspect the MassHealth File. The applicant or member has the right to inspect information in the MassHealth file and contest the accuracy of the information.

(H) Right to Appeal. The applicant or member has the right to appeal and request a fair hearing as the result of any adverse action or inaction taken by the Division. The request will not be granted if the sole issue is a federal or state law requiring an automatic change adversely affecting members.

(I) Right to Interpreter Services. The Division will inform applicants and members of the availability of interpreter services. Unless the applicant or member chooses to provide his or her own interpreter services, the Division will provide either telephonic or other interpreter services whenever:

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515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the Division in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery.

(B) Responsibility to Report Changes. The applicant or member must report to the Division within 10 days changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division will periodically conduct an independent review of eligibility factors in a sampling of files. When a file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

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515.009: Referrals to Investigative Units

Intentional false statements or fraudulent acts made in connection with obtaining medical benefits or payments under MassHealth are punishable under M.G.L. c. 118E § 39 by fines, imprisonment, or both. In all cases of suspected fraud, Division staff will make a referral to the Bureau of Special Investigations or other appropriate agencies.

515.010: Recovery of Overpayment of Medical Benefits

The Division has the right to recover payment of medical benefits to which the member was not entitled, regardless of who was responsible and whether or not there was fraudulent intent. No provision under 130 CMR 515.011 will limit the Division's right to recover overpayments.