




Eligibility Operations Memo 16-02
May 15, 2016

TO: MassHealth Eligibility Operations Staff

FROM: Amy Dybas, Director, Member Policy Implementation 

RE: **Incarcerated Inpatient Hospital and Pre-Release Coverage Process**

Introduction

MassHealth has changed the process for providing medical coverage to inmates of Department of Correction (DOC) and House of Correction (HOC) facilities who otherwise qualify for MassHealth. The changed process relates only to those inmates at a DOC or HOC who are in

- inpatient hospital status — the inmate is admitted as an inpatient into a hospital setting for a stay of at least 24 consecutive hours and will return to the prison facility upon hospital discharge; or
- pre-release status — the inmate will be released into the community within 30 days.

While on inpatient hospital status, claims for inpatient hospital services for MassHealth-eligible inmates will be covered by MassHealth instead of DOC/HOC resources.

Central Processing Unit (CPU) staff is responsible for processing applications for these individuals.

Applications

The paper Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) is used for those inmates who are younger than 65 years of age.

The Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2) is used for those inmates who are 65 years of age or older.

An existing ACA-3 or SACA-2 on file with a received date within 12 consecutive months may be updated with current information instead of filing a new application.

For those inmates who have already completed an application in order to receive inpatient benefits within the previous 12 months and who are scheduled to be released within the next 30 days, the DOC/HOC fax cover sheet, Health Coverage Fax Cover Sheet for Incarcerated Individuals (EDM-HCII (Rev. 08/15)), must be completed and submitted by the DOC or HOC. A full application is not required.

(continued on next page)

Systems

Inpatient hospital applications

Inpatient hospital applications are processed through MA21. The following three new aid categories are used to provide MassHealth benefits to incarcerated individuals who need inpatient hospital services.

- C1: Standard — Inpatient Services Only
- C2: CarePlus — Inpatient Services Only
- C3: Limited — Inpatient Services Only

Once released from incarceration, an inmate will transition from the inpatient hospital coverage on MA21 to the appropriate MassHealth coverage for non-incarcerated individuals.

Pre-release applications

Pre-release applications are processed through the HIX (for ACA-3s) or MA21 (for SACA-2s). Matching is performed and the customary verification request notices may be issued if verifications are needed.

Central Processing Unit (CPU) Responsibilities

Central Processing Unit (CPU) staff receives the ACA-3 or SACA-2 inpatient hospital or pre-release applications by fax from the DOC/HOC and indexes them into envelope category “Special Project 1” in My Workspace (MWS), which expedites the application process.

All applications are faxed with the DOC/HOC incarceration fax cover sheet that identifies the applicant, the DOC /HOC sender, and the reason for the application:

- inpatient hospital benefits;
- pre-release status; or
- transition from inpatient hospital status to pre-release status when an inpatient application was submitted within the previous 12 months (for inmates currently on file with inpatient hospital benefits aid category C1, C2, or C3, and are now approaching prison release).

For pre-release inmates, the DOC/HOC incarceration fax cover sheet also identifies the anticipated release date, the individual’s community residential and mailing addresses (if known), and whether the inmate is expected to become homeless upon release.

Inpatient hospital applications

BERS staff protects the application with the operational workaround “IS” and the applicable aid category (C1, C2, or C3). The start date entered is 10 days before the application date. The “open-ended” end date is 12/31/2299. The residential and mailing addresses used for the inpatient hospital application are the DOC/HOC facility’s address where the individual is an inmate.

Central Processing Unit (CPU) Responsibilities (cont.)

Pre-release applications

For pre-release applications where there have been no inpatient hospital services, BERS staff enters ACA-3 data on the HIX. The HIX will provide a 10-day retroactive date of eligibility.

All SACA-2s must be re-indexed into envelope category "SACA-2 applications" for MEC MA21 processing and expedited for "DOC Pre-release."

For transition pre-release applications, BERS staff must end the protection in MA21. Then an ACA-3 or SACA-2 must be entered on the HIX or MA21, respectively. If the original application that had been used to establish the protection is older than 12 months, a new application is required.

The residential and mailing addresses used for the pre-release application are the individual's anticipated community address upon release, if known. Otherwise, the prison's address is used. The applicant must notify MassHealth of the community residential and mailing addresses when known and must supply verification as needed.

Reminder when processing pre-release applications: For ACA-3 applications, BERS staff must enter "no" on the HIX to the incarceration questions. For the SACA-2 applications, do not deny eligibility due to incarceration.

DOC/HOC Responsibilities

DOC/HOC Certified Application Counselors (CACs), Navigators (NAVs), and other authorized staff members assist inmates to accurately and fully complete the ACA-3 or SACA-2, as appropriate, for inpatient hospital and pre-release benefits when no current inpatient hospital application is on file. The completed EDM-HCII is submitted for inmates transitioning from inpatient hospital status to pre-release status when the inpatient hospital application was submitted within the previous 12 months. The following documents must be included when submitting (faxing) the application:

- Permission to Share Information (PSI) form (if the applicant wants to grant this permission);
- Certified Application Counselor (CAC) form; and
- EDM-HCII, which includes identifying the reason for the application: inpatient hospital stay for at least 24 consecutive hours, pre-release within 30 days, or transition from inpatient status to pre-release status (no application is needed for the last reason if an application was previously submitted within the last 12 months at onset of inpatient hospital status).

The DOC/HOC faxes the application and associated documents to the CPU at 617-887-8754.

Noticing, Covered Services, and MassHealth Card

Inpatient hospital applications

Inmates approved for inpatient hospital services are issued a MassHealth MA21 notice. The notice is sent to the inmate at the DOC/HOC facility and a copy is sent to the DOC/HOC PSI. MassHealth benefits are restricted to cover inpatient hospital services only and the inpatient hospital stay must be for 24 or more consecutive hours. Covered services do not include dental or pharmacy benefits unless these services are provided in an inpatient setting. Inmate inpatient hospital coverage will remain in an open status, but will lie dormant to allow for additional inpatient hospital services throughout the individual's incarceration so that claims processing may resume as needed.

Coverage for inpatient hospital services is provided on a fee-for-service basis.

A MassHealth card is **not** issued for individuals with inpatient hospital coverage. The claims restriction, "Inpatient Services Only," will appear on EVS for these incarcerated individuals.

Pre-release status

Inmates transitioning from inpatient hospital status to pre-release status are issued a MassHealth notice ending inpatient hospital benefits when the pre-release application is processed. MA21 generates the transition notice with the action reason "no longer incarcerated."

All pre-release applicants are issued customary HIX or MA21 notices, benefit information, and MassHealth cards, as appropriate.

Attachments

The following documents are attached to this memo:

- MA21 approval notice: inpatient hospital benefits only
- MA21 transition notice: end of incarceration and inpatient hospital benefits
- Health Coverage Fax Cover Sheet for Incarcerated Individuals (EDM-HCII (Rev. 08/15))

Questions

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

EDMC
P.O. Box 1231
Taunton MA 02780-0968

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

Tel: (800) 841-2900
TTY: 1-800-497-4648
Fax: (617) 887-8770

Medicaid ID : 159159159159

510/APPR-IIS
COM-EXC-D- GAVIN
1 SOUTH ST
ROCKPORT MA 01966-0000

Date: 06/16/2015

Notice: 1767383

SSN: XXX-XX-1547

Dear COM-EXC-D- GAVIN

MassHealth has approved you for the coverage type described below.

Name	Benefit Effective		
Medicaid ID	SSN/DOB	Coverage Type	Date
GAVIN, COM-EXC-D- 159159159159	XXX-XX-1547	Standard - Inpatient	06/16/2015

While you are in jail or prison, Standard - Inpatient benefits cover certain services you receive when you are admitted as an inpatient in a medical institution such as a hospital or nursing facility. This is a limited benefit that only covers MassHealth services provided to you on an inpatient hospital basis while you are in jail or prison.

You will not receive a MassHealth card. You can use this notice as proof of coverage when you receive health care services-the same way that you would use a health insurance card.

Upon your release from jail or prison, you may be eligible for more MassHealth benefits. You will receive another notice at that time telling you what benefits you will get. Please pay careful attention to any letters you receive from MassHealth after your release.

Call the phone number at the top of this notice if you have any questions about this notice.

continued...

If you are not currently in jail or prison or if you do not agree with our decision, you can ask for a hearing. See the Request for a Fair Hearing page of this notice.

Sincerely,

MassHealth

HOW TO ASK FOR A FAIR HEARING

Your Right to Appeal: If you disagree with the action by MassHealth, you have the right to appeal and ask for a fair hearing before an impartial hearing officer. The Board of Hearings must get your fair hearing request form no later than **30 calendar days** from the date you got MassHealth's official written notice telling you of the action to be taken.

If you want to ask for a fair hearing because MassHealth did not take action on your application or on your request for service, MassHealth did not send you a written notice of the action to be taken, or a MassHealth employee's behavior toward you was coercive or improper, the Board of Hearings must get your fair hearing request form no later than **120 calendar days** from the date of your application or your request for service, MassHealth's action, or the MassHealth employee's improper behavior.

How to Appeal: To ask for a fair hearing, fill out the fair hearing request form (be sure to fill out **Section II-Reason for Appeal**) and send a copy with a copy of the MassHealth official written notice to: **Appeal Processing Center, P.O. Box 4405, Taunton, MA 02780-0419** or fax them to **1-617-887-8770**. Please keep a copy of the fair hearing request form for your information.

If You Are Now Getting MassHealth: If the Board of Hearings gets your fair hearing request form before the date the action is taken or, if later, within **10 calendar days** of the mailing date of MassHealth's written notice to you, you will keep getting MassHealth until a decision is made on your appeal. If you get MassHealth during your appeal, and then lose your appeal, you may have to pay MassHealth back for the cost of MassHealth benefits that you got during this time period. If you do not want to keep getting MassHealth during your appeal, please check **Box A in Section III** on the fair hearing request form. If you do not get MassHealth during your appeal, and then you win your appeal, MassHealth will restore your MassHealth benefits.

Date of Fair Hearing: At least **10 calendar days** before the fair hearing, the Board of Hearings will send you a notice telling you the date, time, and place of the hearing. This will give you time to get ready for the hearing. If you want to have a fair hearing scheduled as soon as possible, check **Box B in Section III** on the fair hearing request form for an expedited hearing. If you have good cause for not being able to come to the hearing, or if you need a telephone hearing, you must call the Board of Hearings at **617-847-1200** or **1-800-655-0338** before the hearing date. If you do not reschedule or appear on time at the hearing without documented good cause, your appeal will be dismissed.

Your Right to Be Helped at the Hearing: At the hearing, you may represent yourself or be represented by a lawyer or other representative at your own expense. You may contact a local legal service or community agency to get advice or representation at no cost. To get information about legal service or community agencies, 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).

If You Need an Interpreter or an Assistive Device: If you do not understand English and/or are hearing or sight impaired, the Board of Hearings will provide an interpreter and/or assistive device for you at the hearing. Please check either **Box C or D, or both, in Section III** on the fair hearing request form if you need an interpreter or assistive device, or call the Board of Hearings at **617-847-1200** or **1-800-655-0338** at least **five business days** before the hearing.

Your Right to Review Your Case File: You and/or your representative can review your MassHealth case file before the hearing. To do this, call a MassHealth Enrollment Center at **1-888-665-9993** (TTY: **1-888-665-9997** for people who are

deaf, hard of hearing, or speech disabled) before the fair hearing. Your MassHealth case file is not kept at the Board of Hearings.

Your Right to Ask to Subpoena Witnesses, and Your Right to Question: You or your representative may write to the Board of Hearings to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and cross-examine witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the fair hearing.

NONDISCRIMINATION NOTICE FOR APPLICANTS AND MEMBERS: Under federal and state law, MassHealth does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, health status, or handicap.

Name: COM-EXC-D- GAVIN SSN: XXX-XX-1547 Medicaid ID: 159159159159
Notice: 1767383 Notice Date: 06/16/2015

*** Mail or Fax this form ***

FAIR HEARING REQUEST FORM

Fill out all sections that apply. Print clearly.

SECTION I: Applicant/Member Information

Name of Applicant or Member: _____
Address: _____
Telephone No.: () _____
MassHealth I.D. or Social Security Number: _____
Cardholder's Name on MassHealth card (if different): _____

SECTION II: Reason for Appeal

I, _____ want a fair hearing because:

Signature: _____ Date: ____/____/____

SECTION III: Appeal Information

(Check the boxes that apply to you.)

- A. I do not want to keep getting MassHealth during the appeal process.
- B. I want an expedited hearing.
- C. I need an interpreter
(what language?: _____) to be provided by the Board of Hearings.
- D. I need an assistive device to be provided by the Board of Hearings.
(Describe what type of assistive device you need. For example: American Sign Language): _____

SECTION IV: Appeal Representative, if any

My appeal representative is: _____
Title: _____
Address: _____
Telephone No.: () _____

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

EDMC
P.O. Box 1231
Taunton MA 02780-0968

Tel: (800) 841-2900
TTY: 1-800-497-4648
Fax: (617) 887-8770

Medicaid ID : 159159159159

510/TERM-IIS
COM-EXC-D- GAVIN
1 SOUTH ST
ROCKPORT MA 01966-0000

Date: 06/16/2015

Notice: 1767381

SSN: XXX-XX-1547

Dear COM-EXC-D- GAVIN

We have received information that you are no longer in jail or prison. Because you have been released, you now have more MassHealth benefits. You will receive another notice from MassHealth telling you what benefits you have.

Because you now have a better benefit, MassHealth is ending your old coverage as describe below.

Name	Medicaid ID	SSN/DOB	Coverage Type	Coverage End Date
GAVIN, COM-EXC-D-	159159159159	XXX-XX-1547	Standard - Inpatient	06/17/2015

Reason and Manual Citation:

We are ending the coverage type you had while you were in jail or prison. Because you have been released, you may now qualify for more MassHealth benefits. 42 CFR 435.1009.

Please contact MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) if you have any questions. You can call Monday to Friday, 8:00 a.m. to 5:00 p.m.

If you do not agree with our decision, you can ask for a hearing. See the Request for a Fair Hearing page of this notice.

continued...

Sincerely,

MassHealth

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Signature: _____ Date: ____/____/____

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- C. I need an interpreter
(what language?: _____) to be provided by the Board of Hearings.
- D. I need an assistive device to be provided by the Board of Hearings.
(Describe what type of assistive device you need. For example: American Sign Language): _____

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My appeal representative is: _____
Title: _____
Address: _____
Telephone No.: () _____



Health Coverage Fax Cover Sheet for Incarcerated Individuals

<p>Important Message Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate cover sheet for each individual. DO NOT use the same cover sheet to send items for more than one individual. Fax it with this cover sheet to: 617-887-8754</p>	<p>PRE-RELEASE STAMP PLACE HOLDER:</p>
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Please print clearly.

Incarcerated Individual's Information

Name: _____
 Soc. Sec. No.: _____
 Date of birth: (MM/DD/YYYY) ____/____/____
 MassHealth ID no. (if applicable): _____

Sender's Information

Name: _____
 Phone number: _____
 Name of facility: _____
 Number of pages, including cover sheet: _____

Please check one:

- Individual is incarcerated and needs inpatient treatment for 24 hours or more. (Follow **INPATIENT** instructions.)
- Individual is being released within the next 30 days (Follow **PRE-RELEASE** instructions.)
- Individual is being released within the next 30 days and is transitioning out of the MassHealth inpatient coverage. (Follow **INPATIENT TO PRE-RELEASE** instructions.)

Inpatient Instructions	Pre-release Instructions
Complete the entire ACA-3 Application (individuals under 65) or SACA-2 (individuals 65 or over) , as applicable, and list your facility's address as the applicant's for the residential and mailing address.	Complete the entire ACA-3 Application (individuals under 65) or SACA-2 (individuals 65 or over) , as applicable, and fill out the box at the bottom of this fax cover sheet. Submit the application for the individual. You may list your facility's address if the address at which the applicant will be living in the community is not available.

Inpatient to Pre-release Instructions

Provide the address where the individual will be living in the community, if available. You may list your facility's address if the address where the applicant will be living in the community is not available. Please fill out the box at the bottom of this fax cover sheet.

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ALL PRE-RELEASE CASES (BOX 2 or 3 were checked).			
<p>Home Address Street</p> <p>Apt. No.</p> <p>City State ZIP</p>	<p>Mailing Address (required) Street</p> <p>Apt. No.</p> <p>City State ZIP</p>	<p>Will this inmate be homeless upon release?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>NOTE: If so, a valid mailing address is still required.</p>	<p>Inmate's anticipated release date:</p> <p>(MM/DD/YYYY)</p> <p>____/____/____</p>