

EOHHS Virtual Gateway: MTF Updates



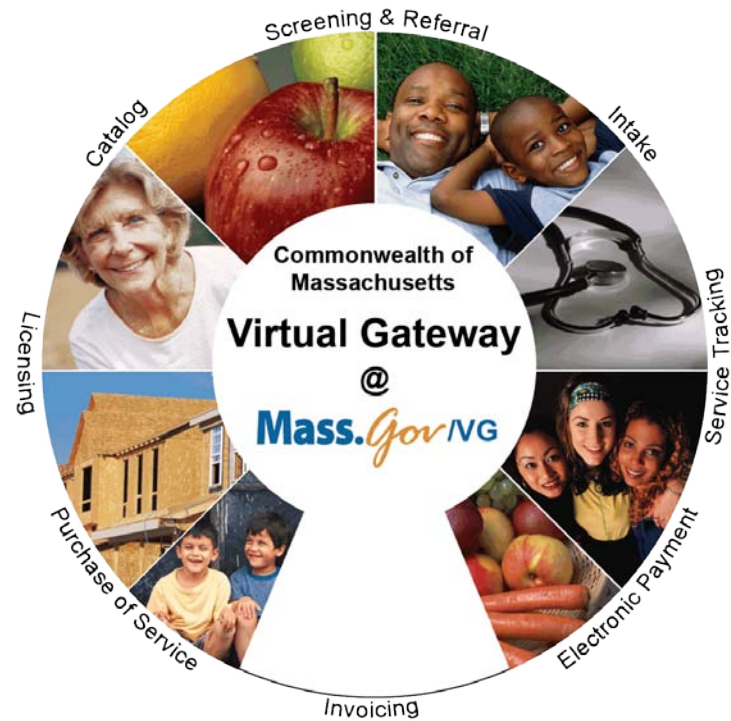
Commonwealth of Massachusetts

October 2011





MBR Updates





MBR Updates

Changes coming soon to the following questions:

- New Residency question
- Alaska Native question changes
- Fishing Partnership Health Plan
- Absent Parent Signature page
- MassHealth Signature Page updated

New addition to the VG application:

- Adding new MassHealth Fax Cover Sheet!



MBR Updates

- Residency question – replaces the “Visitor” questions on the Personal Information page:
 - “Is this person who is applying for benefits living in MA with the intention to stay?”
 - “Do not include infants born in MA who have not left the state.”

Virtual Gateway Mass.gov

[Mass.Gov Home](#) [Help](#)

App#: 183892

User: Pintu Dewangan
 Location: EOHHS
[Suspend Application](#)
[Cancel Application](#)

Household Members

first person

Personal Information

First Name:* Middle Name: Last Name:* Suffix:

Applying for Programs (select all that apply):*

Health Ins. & Assistance Prog None

Demographic Information:

Gender:* Date of Birth:* / /

Certain American Indians and Alaska Natives may not have to pay MassHealth premiums and copays.

Is this person who is applying a federally recognized American Indian or Alaska Native who is eligible to receive or has received services from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider?

Does this individual need long-term care services at home?

Does this person have a [Social Security Number](#)?*

Is this person a US Citizen/National?

Is this person who is applying for benefits living in Massachusetts with the intention to stay?*

*Do not include infants born in Massachusetts who have not left the state.

Ethnicity:

Ethnicity Type:

Spoken Language:

Written Language:

Race (select all that apply):

American Indian/Alaska Native Asian
 Black/African American Caucasian/White
 Native Hawaiian/Other Pacific Islander Other
 Race Unknown

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MBR Updates

- Alaska Native Question on the Personal Information page
 - “Certain American Indians and Alaska Natives may not have to pay MA premiums and copays.”
 - “Is this person who is applying a federally recognized American Indian or Alaska Native who is eligible to receive or has received services from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider?”

Virtual Gateway Mass.gov

Mass.Gov Home Help

App#:183894

Progress Bar
11% Complete
[Suspend Application](#)
[Cancel Application](#)
[Navigation Tips](#)

Household Members
first person

Personal Information

Please tell us about all of the people in [the household](#):

First Name:* Middle Name: Last Name:* Suffix:
first person

Program(s) this person is applying for (select all that apply):
 Health Ins. & Assistance Prog None

Demographic Information:

Gender:* Male
Date of Birth:* 11 / 11 / 1998

Certain American Indians and Alaska Natives may not have to pay MassHealth premiums and copays.
 Is this person who is applying a federally recognized American Indian or Alaska Native who is eligible to receive or has received services from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider? Yes

Does this individual need long-term care services at home? No

Does this person have a [Social Security Number](#)? No

Is this person a [US Citizen/National](#)? No

Is this person who is applying for benefits living in Massachusetts with the intention to stay? No

*Do not include infants born in Massachusetts who have not left the state.

Ethnicity: Hispanic, Latino, or Spanish Ethnicity
 Ethnicity Type: Central American
 Spoken Language:
 Written Language:

Race (select all that apply)

American Indian/Alaska Native Asian
 Black/African American Caucasian/White
 Native Hawaiian/Other Pacific Islander Other
 Race Unknown

Is there anyone else in the household? No

[Go Back](#) [Continue](#)

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MBR Updates

- Fishing Industry Insurance Access Information page has been removed
- Fishing Partnership Health Plan option has been removed from the “Insurance Type” drop down on the Medical Insurance Information page

Medical Insurance Information - Windows Internet Explorer

http://ier-dev.ehs.state.ma.us:8080/ier/jsp/consumer/ControllerServlet

Medical Insurance Information

App#:183894

Progress Bar

57% Complete

[Suspend Application](#)

[Cancel Application](#)

[Navigation Tips](#)

[Personal Information](#)

[Income Information](#)

[Insurance Information](#)

[Submit Application](#)

Medical Insurance Information

Insurance company name:* Aetna of CA

Policyholder:* first person

Who in the household is covered by this insurance policy?* first person

Employer/union or other source name providing this insurance policy:*

Policy Number: ▶ Group Number: ▶

Policy Start Date: ▶ MM / DD / YYYY

Policy Type:* Family

Contribution Period: ▶ Policyholder Contribution to Premium Costs: \$

Insurance Coverage: ▶

Note: For the question below, subsidize means to pay for some portion of the cost to reduce overall price.

Insurance Type: ▶

Is anyone else in the household (other than Medicare, MassHealth, or TRICARE) covered by a policy (other than Medicare, MassHealth, or TRICARE)?* No

Employer or Union Subsidized
Medical Security Plan
Non-Subsidized
Other Federal or State Subsidized
Student insurance through school
TRICARE

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MBR Updates


- Text change to Absent Parent Signature page
 - “I am the parent with whom the child lives (custodial parent or legal guardian) and I certify under penalty of perjury that the information in this supplement is correct and complete to the best of my knowledge. I also understand that by signing below I assign my rights and give permission to MassHealth and DOR to go after medical support from the absent parent of any child under age 19 who is living with me and applying for MassHealth. I also agree to cooperate with MassHealth and DOR in this process, as explained in the application.”

Absent Parent Questions and Assignment of Rights	
Application Number:	183894
Date:	September 21, 2011 04:33:44 AM
Programs	
Applying for Programs:	Health Insurance and Health Assistance Programs (includes MassHealth, Healthy Start, Children's Medical Security Plan (CMSP) and MassHealth for Seniors and People Needing Long-Term-Care Services at Home, or Commonwealth Care and the Health Safety Net (HSN))
Absent Parent Information	
Who is the child(ren) of this absent parent?	first person
Is there a medical support order?	
Absent Parent Name:	sdfsdf
Social Security Number:	
Gender:	Male
Date of Birth:	
Telephone Number:	
Street Number:	
Suffix:	
Street Name:	
Street Type:	
Unit:	
City:	
State:	
Zip Code:	
Country:	
Absent Parent Employment Information	
Does an absent parent have income from a job (including self employment)?	No
<p>I am the parent with whom the child lives (custodial parent or legal guardian) and I certify under penalty of perjury that the information in this supplement is correct and complete to the best of my knowledge. I also understand that by signing below I assign my rights and give permission to MassHealth and DOR to go after medical support from the absent parent of any child under age 19 who is living with me and applying for MassHealth. I also agree to cooperate with MassHealth and DOR in this process, as explained in the application.</p>	
Signature of custodial parent or legal guardian:	
_____	Date: _____
To print this screen, click the Print button or go to the File menu and select Print.	
<input type="button" value="Go Back"/> <input type="button" value="Continue"/> <input type="button" value="Print"/>	



MBR Updates

- Adding the MassHealth Fax Cover Sheet to the VG application




VG VERIFICATION

MassHealth Cover Sheet

No. of Pages Attached (including this sheet): _____

Application for Health Insurance and Health Assistance:

Application Number:	183892
Date:	September 21, 2011 04:15:52 AM

Head of Household Information:

Name:	first person
Date of Birth:	02/11/1985

Please include this cover sheet when faxing or mailing any documents to MassHealth.

Documents should be **received** at the address below (mail or fax) within five business days from the date of the application to avoid a delay in processing.

Mailing Address:
 MassHealth Central Processing Unit
 PO Box 290794
 Charlestown, MA 02129-0214
Fax: 617-887-8799

Please Note: Signature pages should **always** be **mailed to the above address**. Signature pages include: application signature pages (with Eligibility Representative Designation section if necessary), absent parent assignment of rights pages, and personal-care-attendant pages.

Place a checkmark in the appropriate space below identifying the document(s) you have attached:

Income

Immigration

Identity

Health Insurance

Permission to Share Information (PSI) Form

Application Signature Page - **Mail Only**

Eligibility Representative Designation (ERD) section of the Application Signature Page - **Mail Only**

Absent Parent Assignment of Rights - **Mail Only**

Personal Care Attendant (PCA) Supplement - **Mail Only**

Other _____

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law is intended for the use of only the individual or department to which it is addressed. If you are not the recipient, or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

8
Cancel and Go Back
Save and Continue
Print



Social Security Number Update:

Social Security Number Update:

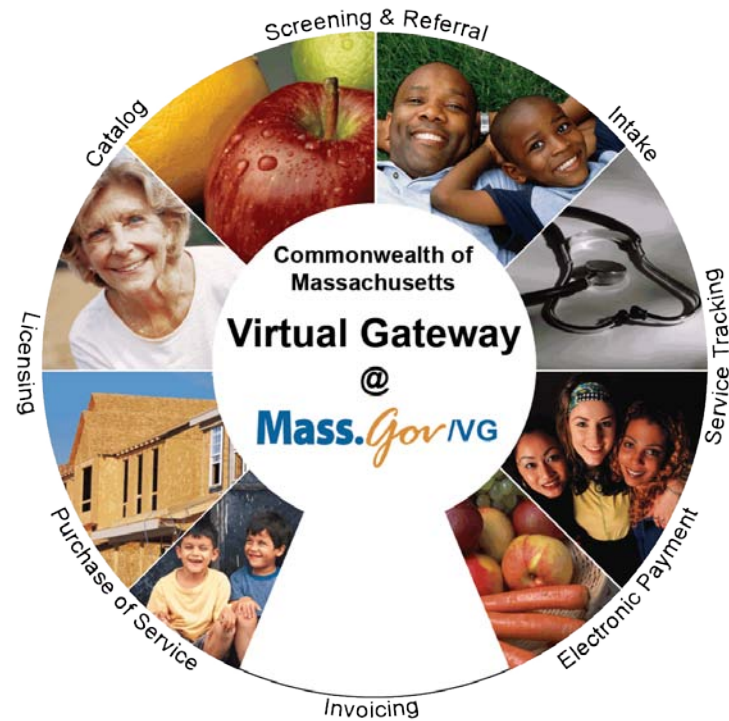
- Effective June 25, 2011, the Social Security Administration (SSA) changed the way SSNs are issued, expanding the types of numbers it creates for new SSNs.
- ***What changed?*** Changes, impacting only a small number of newly issued SSNs, include: expanding the range of the first 3 digits from 001-772 to 001-899. Also, SSN numbers are now generated randomly, without reference to demographics.
- ***How does it impact VG Providers?*** The Virtual Gateway (VG) Common Intake application is being modified to accept these new types of numbers. However, until these changes are implemented in October, ***you may see an error message*** when you try to enter one of these new numbers on a VG MassHealth application.
- ***What to do if you get the error message?*** Continue to submit the online application *without* the new SSN for that applicant. Use one of the following temporary options to submit the SSN separately. Please be assured your client's VG application will still be processed. **You do not need to call MassHealth Customer Service.**
- Submit the SSN with the documentation you send (mail) to MassHealth in support of the application. Include a note stating you had received the error message, and indicate the applicant's name and the new SSN.

OR

- Fax a Change of Information Form indicating the applicant's name and correct SSN. Complete all other relevant fields.



Quality Assurance Update





Tips to Ensure Complete & Accurate VG Applications:

- Always include all household family group members;
- Always include the correct household income amount;
- Don't omit household income if there is income;
- Answer all Absent Parent questions as required;
- List 18 year olds as children in their parents' household. Remember that MassHealth rules state that age 19 is the cut-off age, not 18; and
- Don't omit household assets for community elders if there are assets (e.g., checking accounts used for Social Security Administration direct deposits).



Reminders for Employees and Contractors Who Assist Health Assistance Applicants:

- Seek and disclose information on family size and income that is accurate and correct;
- Answer questions in the detail required;
- Do not leave out any important information that could result in an incorrect eligibility determination;
- Never fill out paper ERV or MBR with automatic or default responses that don't accurately reflect the applicant's / member's situation; and
- Inform applicants that falsifying or withholding information to obtain benefits could result in fines or criminal penalties.



Unique Opportunity to Hear the Latest Directly from MassHealth Staff!

- Sign up for “Best Practice” sessions at today’s MTF!
- Two ways to get on board:
 - Special form attached to your MTF packet – just fill out and submit to staff today, or
 - Contact Wanda Montes at wanda.montes@state.ma.us
617-847-1289
- We will also reach out to offer our assistance where it appears users are having difficulty submitting applications consistent with MassHealth rules and regulations



**Virtual Gateway Best Practices Training
Sign Up Sheet**



Do you...

- **Want a quick refresher session on the Virtual Gateway application process and business rules for MassHealth and Health Assistance applications?**
- **Have new staff that use the VG but need to know more about the VG Common Intake Health Assistance application?**
- **Want to learn about VG features in a stress-free, relaxing training session that will not take a lot of your time?**

We are organizing short VG refresher trainings for all current users and strongly encourage everyone that submits VG Common Intake Health Assistance applications to take part—even if you don't think you or your staff may need it.

It's a great opportunity to hear the latest tips and best practices for VG applications directly from MassHealth staff.

If you are interested, please complete the information below and return to Virtual Gateway, MTF or MassHealth staff before you leave today.

- Name of Organization: _____

- Contact name: _____

- Phone: _____

- Email address: _____

- Approximate number of staff that would attend: _____



Application Integrity – New Request

Suggested VG User Policy Going Forward:

General MEC Policy:

Staff not allowed to look into or process case either for themselves, family member and/or friends.

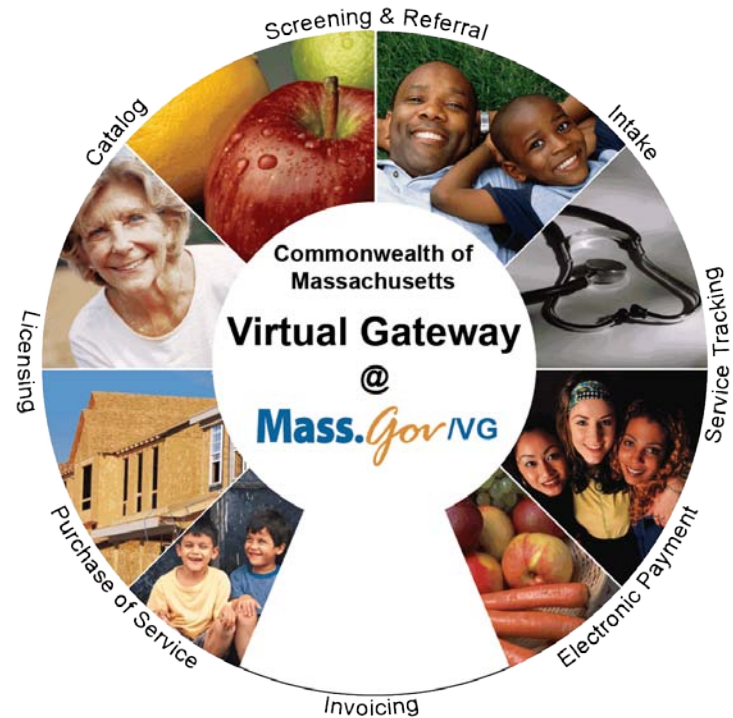
- If the application is for:
 - § the staff person, they must bring it to a manager for processing.
 - § a family member, friend and/or someone that they know, bring to supervisor
- If worker comes across application while processing their assigned work they must forward to a supervisor manager.
- If family member/friend contacts them, they should direct the family member/friend to follow the normal procedure. However, if worker brings it to a manager, MEC will process but not talk to the staff person about the case.
- If managers receive inquiry from someone they know, they must pass that inquiry down to a supervisor or staff, who will follow up with person.

CST Policy:

- CST employees who receive or are applying for medical benefits through the Commonwealth must not access their own case. Employees should contact their supervisors for assistance.
- Accessing and/or altering confidential info belonging to a friend, family member, associate, or anyone else with whom the employee has an established relationship is subject to disciplinary action.



Where to Fax/Mail What





Where to Fax/Mail What

No Changes for new LTC applications and related verifications only

MassHealth Enrollment Centers

300 Ocean Avenue, Suite 4000 Revere, MA 02151 Fax: 781-485-3402	333 Bridge Street Springfield, MA 01103 Fax: 413-785-4107	21 Spring Street, Suite 4 Taunton, MA 02780 Fax: 508-828-4634	367 East Street Tewksbury, MA 01876 Fax: 978-863-9231
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New applications & related verifications (excluding new LTC applications & related verifications)

Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA 02129
Fax: 617-887-8799

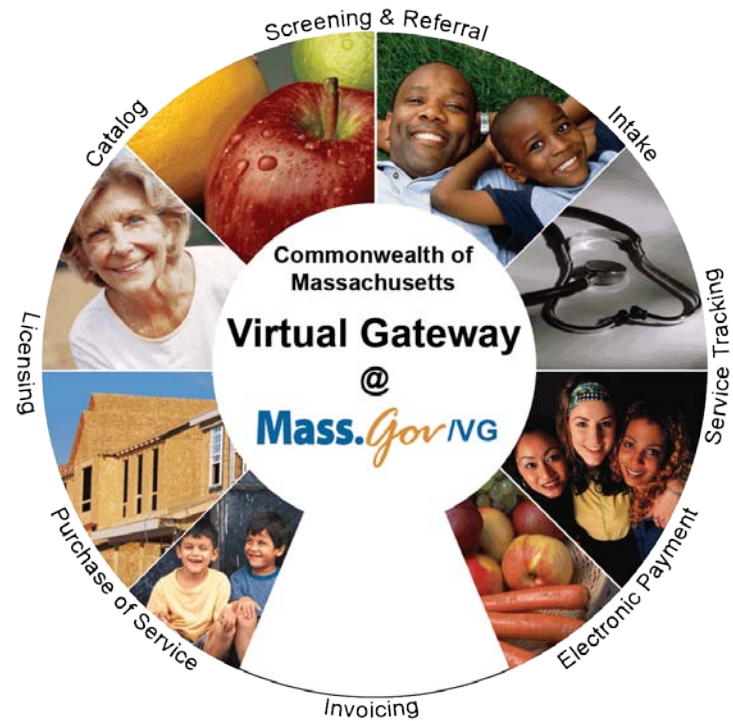
All ongoing case maintenance for all types of existing cases including LTC (includes annual reviews & related verifications)

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780
Fax: 617-887-8777

As always, if you're not sure where to send information, consult eligibility notices on MAP.



Spread the Word!





- Download, photocopy, and distribute flyer to your clients and patients!
- Order free flyers and posters: Call 1-800-841-2900. Press “1” then “8” at the prompts.

food cash health assistance benefits

Do you want an easy way to get information about your food assistance, cash assistance, or health assistance benefits? If you do, you can now use a new Internet tool called My Account Page to see your status!

My Account Page (MAP) lets the head of the household see information about the following benefits that the household now receives.

The head of the household is the person who signed the application for benefits.

Health Assistance

- MassHealth
- Commonwealth Care
- Health Safety Net
- Children's Medical Security Plan
- Healthy Start

Food/Cash Assistance

- SNAP (formerly known as Food Stamps)
- TAFDC (Cash Assistance)
- EAEDC (Cash Assistance)

With MAP, you can view:

- your benefits
- the date that benefits will be available (this feature is not available for Commonwealth Care)
- notices that we have sent to your household
- important information that will help you manage your benefits

You can also use MAP to update some household information for health assistance benefits without calling a MassHealth office. If you are a Commonwealth Care member, you may be able to use MAP to fill out your necessary annual review online.

www.mass.gov/vg/selfservice

http://www.mass.gov/Eeohhs2/docs/masshealth/provider_services/forms/map-flyer.pdf



Are you a MassHealth, Commonwealth Care or Health Safety Net Member or Applicant?



If so, you can now easily get details about your case or application right from your phone. Use this new self-service feature any time (24/7) to find...

- Case status (approved, closed, etc.)
- Key eligibility dates (i.e., next review date)
- Plan information
- Items still needed to process your case
- Examples of acceptable verifications
- Address to send outstanding verifications and forms
- Description of notices or other items recently sent to you by MassHealth
- Ability to request a copy of a misplaced or lost form



Please note: *This new feature is not yet available to those applying for or receiving Long Term Care services (for example, applicants seeking coverage for Long Term Care facilities or those currently living in such facilities). It is also not yet available to a small number of MassHealth members living in community settings.*



Finally...

Two Friendly Reminders:

- MAP – Member facing – recent numbers are good but we need your continued help in promoting it.
- Duplicate submissions – remember fax OR mail the same verifications, but not both!





Questions?

