



Commonwealth Care Exception Form Investigation Overview October, 2008

The following Q&A responds to questions about the Commonwealth Care “exception form” and the employer insurance investigation process.

1. What is an “exception form”?

- a. An exception form is a notice that Commonwealth Care applicants or members receive when they report that their current employer offered them insurance within the last six months. Ordinarily, a person who is eligible for employer-sponsored insurance *is not* eligible for Commonwealth Care.
- b. The exception form provides the opportunity to identify certain exceptions the member/applicant might meet to qualify them for Commonwealth Care coverage (e.g., they are in a waiting period for their employer’s health insurance).

2. Why would someone receive an exception form?

- a. There are two questions on the MBR and ERV forms that could trigger an exception form:
 - i. Is health insurance (for the given employer) offered that would cover doctors’ visits and hospitalizations? (Even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.)
 - ii. If you answered no, was health insurance offered in the last six months?
- b. If the questions are answered yes or left blank, the exception form will be sent

3. Why are we seeing an increase in exception forms being generated?

- a. On January 26, 2008, new logic was implemented in the eligibility system that sends an exception form when an applicant or Commonwealth Care member with potential access to employer-sponsored health insurance is identified
- b. Individuals who are currently in a re-determination cycle or have changes to their case will now have the above logic applied to their eligibility determinations. Some of these individuals are being re-determined for the first time and/or may have never answered the questions in the past that trigger the exception form being sent
- c. Prior to January 26, 2008, individuals who answered yes or left blank the MBR/ERV question from Question #2a.i. above did not receive an exception form, but they will now be receiving one

4. What type of information and/or backup should be sent in with an exception form?

- a. Any backup that can be provided (e.g., a letter from the employer stating that they do not offer insurance, documentation from the employer about the amount of premium subsidy provided to employees, etc.) will be helpful. There may be further investigation/validation conducted after receipt of this information.

5. Where should an exception form be sent?

- a. Exception forms should be sent to the address below, which is the address provided in the letter. Please do not send it to the MEC or Commonwealth Care Call Center, as this will only result in processing delays.

Exceptions Department
PO Box 9212
Chelsea MA 02150

6. How long should it take for an exception form to be investigated?

- a. Generally, exception forms sent to the proper place are investigated within fourteen business days of when the individual sends the form, taking into account that it may be three to four days from when the form is mailed to when it is received by the Connector.
- b. If more than fourteen business days has passed from when the letter was sent, an individual may contact the MEC to determine if their exceptions form has been received or investigated.
- c. In some cases, the Connector may be contacting the employer to verify information in the exception form, for instance a claim that the employee does not qualify for insurance because of part-time or temporary status. If the employer does not respond in a timely fashion, this may delay the verification process. We encourage employees to let their employers know that they may be receiving a call and should respond quickly to requests for information.
- d. If the member or applicant's case is pending a re-determination or verification not related to the exception form, the Connector decision on the exception form will not take effect until the pending status has been resolved. We encourage members/applicants to send in their documentation as soon as possible.

7. What happens during the exception form investigation?

- a. The investigation into an applicant or members insurance access begins upon receipt of a completed exceptions form. An exception form is considered complete when an exception is specified, the employer contact information is completed to its entirety, and the form is signed.
- b. In some circumstances the insurance information for a particular employer has been verified previously, so consecutive forms received from that employer may be processed upon receipt. In all other instances the employer must be contacted using the contact information provided by the applicant/member to verify the exception claimed.
- c. The majority of investigations can be completed with just one phone call to an employer. If there are problems contacting an employer by phone, a questionnaire will be sent regarding the health insurance benefits offered to employees.

8. What other things should one be aware of around the exception form process?

- a. Members should be encouraged to report any changes in the circumstances of their household to the MEC, especially around their employers. If employer information is not up to date, this will cause further delays in processing the exception forms.

9. What happens to a Commonwealth Care enrolled member who receives an exception form?

- a. Members should be receiving two notices when their circumstances warrant getting an

exception form: The first notice is a notice with their MassHealth, Commonwealth Care and Health Safety Net decisions that will tell them that they do not appear to be eligible for Commonwealth Care because of health insurance offered by an employer; this notice will include a Commonwealth Care coverage end date. The second notice will be the exception form notice. As of October 1, 2008 the exceptions form will also include the Commonwealth Care coverage end date. The member should fill out the exception form as quickly as possible and send it to the appropriate address. A Commonwealth Care appeal notice is also included with the exception form.

- b. Although every effort is made to process exception forms quickly for individuals who are at risk for disenrollment, if the exception form is not sent in promptly upon receipt, it may not be processed in time to prevent loss of coverage.
- c. If loss of coverage occurs and eligibility for Commonwealth Care is reestablished, individuals can contact Commonwealth Care Customer Service at 1-877-MA-ENROL (1-877-623-6765 or TTY: 1-877-623-7773) Monday through Friday from 8:00 AM to 5:00 PM for re-enrollment within 1 business of regaining eligibility. If coverage is re-established within 1 month from when coverage ended, premium paying individuals will be re-enrolled without having to pay a premium payment in advance, if applicable. If more than 1 month has passed, coverage would start on the first day of the next month, assuming premium payment was made by the 20th day of the prior month.
- d. If the Connector determines that the member does not meet an exception, they will be sent a notice informing them that they are not eligible for Commonwealth Care because they have verified access to employer sponsored insurance. An appeal notice will be included with this notice.

10. What happens to a new applicant to Commonwealth Care who receives an exception form?

- a. Applicants should be receiving two notices when their circumstances warrant getting an exception form: The first notice is a notice with their MassHealth, Commonwealth Care and Health Safety Net decisions that will tell them that they do not appear to be eligible for Commonwealth Care because of health insurance offered by an employer. The second notice will be the exception form notice. They should fill out the exception form as quickly as possible and send it to the appropriate address.
- b. At the time that the exception form is generated, the applicant does not have coverage for Commonwealth Care. They should fill out the exception form as soon as possible and send it to the appropriate address.
- c. If the Connector determines that the applicant meets an exception, a new notice will be sent informing the applicant that they are approved for Commonwealth Care. Eligible individuals can contact Commonwealth Care Customer Service at 1-877-MA-ENROL (1-877-623-6765 or TTY: 1-877-623-7773) Monday through Friday from 8:00 AM to 5:00 PM to enroll within 1 business of gaining eligibility. Coverage would start on the first day of the following month, assuming premium Payment is made for premium paying individuals by the 20th day of the month.
- d. If the Connector determines that the applicant does not meet an exception, they will be sent a notice informing them that they are not eligible for Commonwealth Care because they have verified access to employer sponsored insurance. An appeal notice will be included with this notice.