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Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2001- 15
March 12, 2001

To: Transitional Assistance Office Staff

From: Joyce Sampson, Assistant Commissioner for Field Operations

Re: Temporary MassHealth Cards for TAFDC and EAEDC Applicants and Recipients

Introduction

This Field Operations Memo clarifies when and how to issue temporary MassHealth cards. There are two paper versions of the temporary MassHealth card.

- The MASS REVS screen print (Attachment A) is used as a temporary replacement of a lost or stolen MassHealth card for an active TAFDC or EAEDC recipient.
- The blue and white, preprinted paper card, the "Temporary MassHealth Card" (Attachment B), is used as a temporary initial MassHealth card for a TAFDC or EAEDC applicant who has not yet been approved, but who is in a pending status, i.e., established on PACES with Action Reason 03.

Determining that a Temporary MassHealth Card Is Needed

Before issuing either a preprinted Temporary MassHealth Card or a MASS REVS screen print to an applicant or recipient:

- Ask the applicant or recipient if he or she has an immediate need for a temporary MassHealth card; and
- Verify the identity of the applicant or recipient by requesting photo identification such as an EBT card or a driver's license.

**Issuing
Temporary
MassHealth
Cards to TAFDC
and EAEDC
Recipients**

To issue a MASS REVS screen print as a temporary replacement of a lost or stolen MassHealth card for a TAFDC or EAEDC recipient:

- Access the Case Inquiry (CS) screen on REVS;
- Print a copy of the MASS REVS screen;
- Stamp the MASS REVS screen print in the lower right hand corner with the Transitional Assistance Office stamp and sign your name, title and case assignment number (CAN);
- Give the MASS REVS screen print to the recipient. The MASS REVS screen print is valid as a temporary MassHealth card and will be accepted by all MassHealth providers. It will remain valid until the permanent plastic MassHealth card is reissued.

**Issuing
Preprinted
Temporary
MassHealth
Cards to TAFDC
and EAEDC
Applicants**

TAFDC and EAEDC applicants who have not yet been approved, but who are in a pending status, i.e., established on PACES with Action Reason 03, cannot use a MASS REVS screen print as a temporary MassHealth card. The preprinted Temporary MassHealth Card must be completed by typing the appropriate information on the card.

To issue a preprinted Temporary MassHealth Card to a TAFDC or EAEDC applicant who has an immediate need:

- If the applicant is not already a pending case on PACES, complete a PID to establish a pending case using Action Reason 03. This is necessary to ensure the provider will be paid.
- Type the appropriate information on the preprinted Temporary MassHealth Card, being sure to include any applicable restrictions such as: (a) applicant has third-party insurance, or (b) MassHealth Standard or MassHealth Basic. Also include the 17th check digit and the eligible from and through dates. The eligibility period for a preprinted Temporary MassHealth Card should be determined in accordance with the time standards for an application (see 106 CMR 702.160), but must not exceed 45 days from the date of issue.
- To obtain the 17th check digit from the MMIS screen:
 - Access the Medicaid Management Information System - MMIS Main Menu.

**Issuing
Preprinted
Temporary
MassHealth
Cards to TAFDC
and EAEDC
Applicants
(continued)**

- Select option 21. This will bring up the Medicaid Management Information System - Recipient Main Menu screen.
 - Select the command RCK - Check Digit Calculation. This will bring up the Medicaid Management Information System - RID Check Digit Calculation screen.
 - Enter the applicant's SSN. This will result in a RID Check Digit Calculation which provides the 17th check digit.
- List the preprinted Temporary MassHealth Card on the log sheet (ID-2 Control Log) along with the applicant's name, SSN and the AU Manager's name and CAN.

**Invalidating Lost
or Stolen Cards
and Authorizing
Permanent
Plastic
MassHealth
Cards**

Once a MASS REVS screen print is issued as a replacement of a lost or stolen MassHealth card for a TAFDC or EAEDC recipient, the lost or stolen card must be invalidated and a new permanent plastic MassHealth card must be authorized. Access the Card Inquiry/Update (CA) screen on REVS to complete this process and take the following steps:

- At Card Replacement, enter an **X**,
- At Card Replacement Reason, enter an **L**,
- At Card Issue Reason, leave blank
- At Invalidate Card, enter an **X**,
- At Invalidate Card Reason, enter an **L**, and
- When done, hit the **PF6**, key and a date will automatically be entered into the date section next to Card Invalid Date.

New TAFDC and EAEDC applicants will automatically be issued a permanent plastic MassHealth card after the case has been approved.

**Revised
Preprinted
Temporary
MassHealth Card**

The preprinted Temporary MassHealth Card has been revised. The following changes were made:

- The red "T" control number is preprinted on the card only once and appears on the front of the card; and
- The perforation in the center of the card has been removed.

**Ordering
Supplies of the
Preprinted
Temporary
MassHealth Card**

As MassHealth cards are negotiable documents, they may be ordered only by Transitional Assistance Office Directors.

To order a new supply of the preprinted Temporary MassHealth Cards, Transitional Assistance Office Directors must fax a request (Attachment C) to **Amy Oliveira, Program Coordinator - Division of Medical Assistance - Central Filing Unit - Taunton - fax number (508) 822-1764.**

Note: If you need to contact Amy Oliveira, her telephone number is (508) 822-1612.

When ordering preprinted Temporary MassHealth Cards, be sure to include your name, TAO, office address, telephone number, and the quantity of Temporary MassHealth Cards requested.

**Storing Supplies
of Temporary
MassHealth
Cards**

MassHealth cards are negotiable documents, therefore, they must be stored in a secure location.

Obsolete Material

Field Operations Memo 94-35 is obsolete.

Questions

If you have any questions, have your Hotline designee call the Policy Hotline at (617) 348-8478.

DATE: 01/24/2001

MASS REVS

TIME: 13:43:04

CASE INQUIRY SCREEN

SESSION ID CS MESSAGE ALL DETAILS HAVE BEEN DISPLAYED

CASEHEAD ID 012345678 9

CARD NUMBER 876543210

CURRENT TO MMIS AS OF: 01/24/2001

(CATEGORY SEGMENTS)

NAME	REGION	LWO	CAT	WORKER STATUS
ADDRESS	ST	ZIP		IN CARE OF
WHITE SNOW 1 MAIN STREET	MA	04 262	02	263 2
WHITE SNOW 1 MAIN STREET	MA	06 510	06	968 2

(RECIPIENT SEGMENTS)

RECIPIENT ID	RECIPIENT NAME		CARD NUMBER
234567890 1	WHITE	SLEEPY	876543210
345678901 2	WHITE	SNEEZY	876543210
456789012 3	WHITE	GRUMPY	876543210

**REVERE TAO
300 OCEAN AVE.
REVERE, MA 02151**

Jane Smith
TASW I
CAN 123

Temporary MassHealth Card

Messages:

MEC/TAO	CAT	For MassHealth eligibility questions, call
		1-800-841-2900 (TTY: 1-800-497-4648) or the deaf and hard of hearing.

Eligible from: _____ Eligible through: _____

Name/RID of Eligible Person	Age	Sex	Res	TPL

Issued to:

T1234567

See back of card for more information. X
Please sign right away

Important!

You can use this temporary card **only** for the time period listed on the other side of this card. The dates next to "Eligible from" and "Eligible through" show this time period.



TMC (Rev. 02/01)

The other side of this card lists the members of your family who are covered by MassHealth. This means that MassHealth pays for their health care. We may need to give you more than one card if we cannot list all your family members who are covered by MassHealth on one card. MassHealth is a state program run by the Division of Medical Assistance.

Show this card to your doctor or other medical provider whenever you or a listed family member get health-care services. If you need to talk to us about this card, be sure to give us the red "T" number from the other side of this card.

If you have any other health insurance, you must use that insurance first.



Massachusetts Department of Transitional Assistance

Request for Temporary MassHealth Cards

To: Division of Medical Assistance, Central Filing Unit

Attn: _____

From: _____, Director
Print Name

_____ Transitional Assistance Office
Print Name of TAO

Print Street or Mailing Address

Print City/Town, State, ZIP

Date: _____

Re: Temporary MassHealth Cards

Please send a supply of _____ Temporary MassHealth Cards.
Number Requested

Signature of Director

Date

Telephone Number _____

FAX THIS FORM TO (508) 822-1764

