



William F. Weld
Governor
Argeo Paul Cellucci
Lieutenant Governor

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

Joseph Gallant
Secretary
Claire McIntire
Commissioner

Field Operations Memo 96-39
November 1, 1996

TO: Local Office Staff

FROM: Joyce Sampson
Assistant Commissioner for Field Operations

RE: Transitional Medical Assistance (TMA) Changes

Introduction

TAFDC and AFDC recipients who become ineligible for cash assistance due to an increase in income from employment of the grantee may be eligible to receive Medical Assistance for the twelve-calendar-month period beginning with the month in which the assistance unit becomes ineligible for TAFDC or AFDC. The first six months of medical coverage is automatic, provided that the assistance unit continues to include a dependent child and the grantee remains employed. The medical benefits are extended an additional six months if the DMA reporting requirement is met and the assistance unit is otherwise eligible.

Procedural Changes

All TAFDC and AFDC cases closed on or after November 1, 1996, that are eligible for TMA will remain in the DTA local offices as closed category 2, PA status 5, MA status 4 cases. These cases will no longer be electronically transferred to the DMA MassHealth Enrollment Center (MEC) in Taunton and DTA staff will no longer be responsible for the Medicaid-related maintenance activities for TMA cases after the TAFDC or AFDC has been terminated. The closed category 2, status 5 cases may be accessed by DTA staff for maintenance activities such as child care.

When the TAFDC or AFDC case is closed, the system will electronically open a category 6 Medicaid case. DMA staff will assume responsibility for all Medicaid-related maintenance activities.

Note: All TMA cases that were established prior to November 1, 1996 and transferred to DMA's Taunton MEC will continue under the "old" process, i.e., the closed category 2, status 5 cases will remain in the Taunton MEC. To reopen a TMA case established prior to November 1, 1996, the case must be transferred back to the local office.

Notice Requirements

The appropriate DTA systems-generated termination notices will continue to notify the assistance unit of their right to an extension of Medical Assistance.

DMA will generate a separate TMA notice that will notify the assistance unit of the TMA requirements and that the Taunton MEC has responsibility for their Medical Assistance.

PACES

Effective November 1, 1996, PACES will open a category 6 case for closed TAFDC and AFDC cases that are eligible for TMA on or after November 1, 1996. These will be identified as category 6, action reason 11, category type T, and assigned to DMA office #700, CAN 926.

Each month, the system will run a match and automatically close any active category 6 case if the category 2 case is reopened in an active status for cash assistance.

Note: When a category 2 case is reopened, review the child care authorization file and determine whether the recipient continues to be eligible for child care.

Questions

If you have any questions concerning this memo, have your Hotline designee call the Policy Hotline at (617) 348-8478. Systems questions should be directed to Systems Customer Support Services at (617) 348-5290.



THIRD PARTY LIABILITY REFERENCE GUIDE FOR DEPARTMENT OF TRANSITIONAL ASSISTANCE OFFICES

Many DTA recipients have resources other than Medical Assistance that can be used to pay for their medical care. These resources may include health insurance, Medicare, and accident and injury insurance, and must be used first, as Medical Assistance is the payer of last resort. In FY96 alone, the Division of Medical Assistance saved over \$600 million by identifying individuals with TPL.

WHAT IS TPL?	WHO IS LIKELY TO HAVE HEALTH INSURANCE?	WHAT TO DO	IMPORTANT ADDRESS & PHONE NUMBER
<p>An individual, entity, or program that is, or may be, liable to pay all or part of the cost of any medical service furnished to a recipient.</p> <p>Potential Sources:</p> <ul style="list-style-type: none"> • Group health plans • Private health insurance • Medical support from absent parent • Employer-based health insurance • School-based insurance • Union-sponsored insurance • Medicare • Champus 	<ul style="list-style-type: none"> • Employed person or someone who has recently lost his or her job • Dependent child whose parent is employed • High school or college student • Member of a union (even if not currently working) • Retiree and dependents • Self-employed individual • Absent parent responsible for or court-ordered to provide health-care coverage 	<p>Discuss health insurance and TPL with applicant/recipient during the application interview or eligibility review.</p> <p>Inform applicant/recipient that TPL information does not affect his or her eligibility determination.</p> <p>Complete a Third Party Liability (TPL) Indicator form.</p> <p>If the applicant/recipient has health insurance or other TPL, make a copy of the health insurance card (both sides) and attach to TPL Indicator.</p>	<p>DMA Third Party Liability Unit P.O. Box 9209 Boston, MA 02209</p> <p>(617) 357-4027</p>

HEALTH INSURANCE BUY-IN PROGRAM	QUESTIONS TO ASK	WHAT TO DO	IMPORTANT PHONE NUMBERS
<p>Through this program DMA will pay monthly health insurance premiums for individuals who: (1) receive, or have a family member who receives Medicaid benefits, AND (2) have access to group health insurance but cannot afford the premium payments.</p> <p>The purchase of this insurance must be determined cost-effective by DMA.</p> <p>Individual or family member must currently be receiving Medical Assistance to qualify.</p>	<p>Are you, your spouse, or your parent employed with access to employer-based health insurance but CANNOT afford the premium payments?</p> <p>Have you (or spouse) been enrolled in an employer-based insurance plan and left employment within the last 60 days?</p> <p>Is there an absent parent working but unable to pay the premiums for family employer-based health insurance?</p>	<p>Refer to Third Party Liability Indicator form, which defines procedures for DTA.</p> <p style="text-align: center;">OR</p> <p>Give applicant/recipient a Health Insurance Buy-In Brochure and have individual contact a DMA Health Insurance Buy-In Coordinator.</p>	<p>Health Insurance Buy-In Program</p> <p>(617) 348-5310</p> <p style="text-align: center;">OR</p> <p>1-800-462-1120</p>

ACCIDENT-RELATED INSURANCE	QUESTIONS TO ASK	WHAT TO DO	IMPORTANT PHONE NUMBER
<p>The applicant/recipient may require medical and/or financial assistance as a result of an injury/accident. Types of insurance include, but are not limited to, the following:</p> <p>Automobile</p> <p>Worker's Compensation—On-the-job accident or injury insurance carried by employer</p> <p>Other—Homeowner's insurance, business liability insurance, malpractice insurance</p>	<p>Are you applying for assistance because someone has been injured in an accident?</p> <p>Is someone out of work due to an injury that happened on the job?</p> <p>Have you filed any insurance claims?</p> <p>Do you have any legal actions pending due to an accident, injury, or malpractice?</p> <p>Has anyone been a victim of a violent crime?</p> <p>Has anyone been injured or involved in an accident since the last eligibility determination?</p>	<p>Ask the accident-related questions.</p> <p>Have the applicant/recipient fill out form A-16 or A-17.</p> <p>Tell the applicant/recipient to notify you in the future if he or she are involved in an accident and someone else is responsible or other insurance may be available.</p> <p>Forward the completed form to:</p> <p>Division of Medical Assistance Recovery Unit P.O. Box 9209 Boston, MA 02209—9929</p>	<p>Recovery Unit</p> <p>(617) 426-2807</p>

MEDICARE PART A AND PART B & MEDICARE SUPPLEMENT PLANS	WHO IS ELIGIBLE?	WHAT TO DO	IMPORTANT PHONE NUMBER
<p>Medicare is a federal health insurance program for the elderly, blind, and disabled, and includes two coverage areas:</p> <p>Medicare Part A—covers inpatient hospitalization, skilled nursing facility services, hospice services, and home health care.</p> <p>Medicare Part B—covers physician services and many other medical services and supplies not covered by Part A.</p> <p>Medicare Supplemental Plans are private insurance policies that pay for medical expenses, services and supplies that Medicare covers partially or not at all. These include Medigap policies that pay some Medicare coinsurance and deductibles and pay for services not covered by Medicare. Medex and Medex Gold are examples of Medigap plans.</p>	<ul style="list-style-type: none"> • Most individuals 65 and older who are entitled to Social Security or Railroad Retirement benefits • People of any age with permanent kidney failure • Individuals between 20 and 65 who are disabled beneficiaries under Social Security or the Railroad Retirement Board for more than 24 months <p>The Division has a Medicare Buy-In Program. Medicare Part A and Part B premiums can be paid by the Division for those low-income Medicare-eligible individuals who meet income and asset requirements.</p>	<p>Ask applicant/recipient for a copy of his or her Medicare card and attach to a TPL Indicator form.</p> <p>Determine the scope of Medicare coverage and record Medicare claim number.</p> <p>Record health insurance coverage code.</p> <p>You must enter the asset, income, and health insurance coverage code information accurately on PACES for a correct determination of eligibility for Medicare Buy-In. Incorrect coding will prevent the individual from being considered a possible Medicare Buy-In candidate.</p> <p>Ask if applicant/recipient has Medigap insurance.</p>	<p>For questions regarding Medicare Buy-In and supplemental plans call</p> <p>1-800-462-1120</p>

COMMONLY ASKED QUESTIONS ABOUT HEALTH INSURANCE

Q. Will having/getting private health insurance affect Medicaid eligibility status?

A. No. Medicaid will still pay for covered services not reimbursable by the private insurance plan.

Q. What does the Buy-In Program pay for?

A. The Health Insurance Buy-In Program pays the premium for the policy, as well as coinsurance, copayment or deductible for Medicaid recipients covered by the policy. Non-Medicaid family members covered by the policy are responsible for any coinsurance, copayment, or deductible associated with their own care.

Q. What do I do if the recipient's TPL information was added incorrectly?

A. If you have already submitted the TPL Indicator form to the TPL unit and the information is still not correct, please call the TPL Unit at (617) 357-4027.

Q. A recipient has received a bill demanding payment. What can they do?

A. Providers must not balance bill recipients for Medicaid covered services. Have the recipient contact the Customer Service Center at 1-800-841-2900.

Q. A recipient's insurance coverage has ended. Whom do I contact?

A. Complete a TPL Indicator form. Be sure to check-off "Cancel Existing Insurance Policy." Obtain written verification from the carrier and forward the information and form to the TPL Unit.