



## COVID-19 Assister Guidance

In response to COVID-19, and to help Assisters understand the related updates from MassHealth and the Health Connector, we are providing guidance on several areas of importance. Please review this document along with additional COVID-19 resources posted on <https://www.mass.gov/coronavirus-disease-covid-19-and-masshealth> as you assist individuals across the Commonwealth.

Please regularly check [mass.gov/2019coronavirus](https://mass.gov/2019coronavirus) for general updated information and [mass.gov/coronavirus-disease-covid-19-and-masshealth](https://mass.gov/coronavirus-disease-covid-19-and-masshealth) for MassHealth-related information.

We also encourage you to consult both the [MA Department of Public Health](#) and the [Centers for Disease Control](#) websites for the most up to date information.

We thank you for the support you provide individuals to obtain and maintain health coverage especially during this difficult time.

### **MassHealth Applications**

#### **Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)**

- Assisters should remind and encourage individuals of 'social distancing friendly' ways to apply for health and dental benefits at this time:
  - The fastest way to apply is online at [www.mahealthconnector.org](http://www.mahealthconnector.org) and it is also a mobile friendly page
  - Individual can also apply telephonically with MassHealth Customer Service at (800) 841-2900, TTY (800) 497-4648)
- Remind individuals that if they have an Authorized Representative Designation (ARD) Form already on file, that they may save time and resources by contacting their ARD and requesting their assistance
- If the member has exhausted these methods, or has expressed an urgent need for your assistance, Assisters should follow the guidance below during the COVID-19 national emergency:
  - **The Assister has worked with this individual in the past, and has already completed a CAC Designation Form (CDF), or a Navigator Designation Form (NDF) for this individual-**
    - For Navigators, current practice permits remote assistance to individuals who have already completed an NDF

- For CACs with access to the Assister Portal, they may obtain the information from this individual telephonically, or in person if their site is allowing in person contact. If the information is received telephonically by a CAC with portal access, the CAC should enter the application as if the member was physically present but complete a signed signature page to record the verbal consent received via telephone.
  - The CAC should sign his or her name on the signature line along with a notation that documents the consent as follows: ***“CAC name is signing for individual’s name based on authorization provided by individual’s name over the phone on (xx/xx/2020) at (timestamp).”***
  - The Assister will also need to receive an email from the individual indicating the following: ***“I, individual’s name, authorize CAC name to sign the ‘Massachusetts Application for Health and Dental Coverage and Help Paying Costs’ on my behalf and I have provided them with verbal consent, as well as necessary and accurate information to complete this application.”***
    - ***“Yo, nombre del individuo, autorizo a, nombre del asistente, a firmar la aplicación para cobertura medica y dental y ayuda para pagar gastos’ en presentación mía, y he dado consentimiento verbal, como tambien toda la información necesaria y correcta para completar la aplicación.”***
- For CACs without Assister Portal access, an individual’s request to have an application submitted by the CAC may be done by paper.
  - The Assister should sign his or her name on the signature line along with a notation that documents the consent as follows: ***“CAC name is signing for individual’s name based on authorization provided by individual’s name over the phone on (xx/xx/2020) at (timestamp).”***
  - The CAC will also need to receive an email from the individual indicating the following: ***“I, individual’s name, authorize CAC name to sign the ‘Massachusetts Application for Health and Dental Coverage and Help Paying Costs’ on my behalf and I have provided them with verbal consent, as well as necessary and accurate information to complete this application.”***
    - ***“Yo, nombre del individuo, autorizo a, nombre del asistente, a firmar la aplicación para cobertura medica y dental y ayuda para pagar gastos’ en presentación mía, y he dado consentimiento verbal, como tambien toda la información necesaria y correcta para completar la aplicación.”***
- For CACs in either case, if the individual does not have email access, please see the telephonic options in this document regarding the use of Customer Service.
- **The Assister has a new applicant, with no previous relationship with this Assister –**
  - Consistent with current practice, the Assister must first complete the corresponding Designation Form for either a CAC or Navigator. If the Assister is

providing assistance via telephone, the Assister may sign that Designation Form with the applicant's verbal consent received via telephone. The Assister should sign his or her name on the signature line of both forms along with a notation that documents the consent as follows: ***"Assister name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."***

- The Assister will also need to receive an email from the individual indicating the following: ***"I, individual's name, authorize Assister name to sign the 'Massachusetts Application for Health and Dental Coverage and Help Paying Costs' on my behalf and I have provided them with verbal consent, as well as necessary and accurate information to complete this application."***
    - ***"Yo, nombre del individuo, autorizo a, nombre del asistente, a firmar la aplicación para cobertura medica y dental y ayuda para pagar gastos' en presentación mía, y he dado consentimiento verbal, como tambien toda la información necesaria y correcta para completar la aplicación."***
    - Assisters should read the CAC Designation Form, or Navigator Designation Form in its entirety and should offer to email or mail the form to the individual for their reference. **If Assisters do not want to follow the steps above and sign on behalf of the individual, they may call MassHealth Customer Service with the individual and obtain their consent on a recorded line, disconnect with MassHealth Customer Service and proceed to assist the individual.**
  - If the individual does not have email access, please see the telephonic options in this document regarding the use of Customer Service.
  - Once an Assister has obtained a signed Designation Form please refer to the guidelines above for Applicants with a Completed CDF or NDF
- If Assisters do not have access to the Assister Portal during this time, they should strongly encourage members to utilize the alternative methods of applying, as they are the most time efficient for both the applicants and Assisters.
  - If an Assister would like to complete a conference call with MassHealth Customer Service, and the individual to complete a telephonic application they may do so, however it may be time consuming for the Assister, and the Customer Service Representative would complete the actions.

**Application for Health Coverage for Seniors and People Needing Long-Term-Care SACA-2, and Assistance with Medicare Costs Medicare Savings (also known as Buy-In) Programs Application:**

Please note the following guidance is applicable during the COVID-19 national emergency and MassHealth will inform Assisters when we are returning to normal practices.

- Applications should be mailed or faxed at this time, in person drop offs are suspended until MassHealth Enrollment Centers are re-opened
- Applications can be completed via paper, business as usual

- Remind individuals that if they have an Authorized Representative Designation (ARD) Form already on file, that they may save time and resources by contacting their ARD and requesting their assistance
- If the member has exhausted these methods, or has expressed an urgent need for your assistance, Assisters should follow the guidance below:
  - **The Assister has worked with this individual in the past, and has already completed a CAC Designation Form (CDF), or a Navigator Designation Form (NDF) for this individual-** Assisters may obtain the information from this individual telephonically, or in person if their site is allowing in person contact. If the information is received telephonically, Assisters may sign this application for the individual with their verbal consent received via telephone.
    - The Assister should sign his or her name on the signature line along with a notation that documents the consent as follows: ***“Assister name is signing for individual’s name based on authorization provided by individual’s name over the phone on (xx/xx/2020) at (timestamp).”***
      - The Assister will also need to receive an email from the individual indicating the following: ***“I, individual’s name, authorize Assister name to sign the ‘Massachusetts Application for Health and Dental Coverage and Help Paying Costs’ on my behalf and I have provided them with verbal consent, as well as necessary and accurate information to complete this application.”***
      - ***“Yo, nombre del individuo, autorizo a, nombre del asistente, a firmar la aplicación para cobertura medica y dental y ayuda para pagar gastos’ en presentación mía, y he dado consentimiento verbal, como tambien toda la información necesaria y correcta para completar la aplicación.”***
  - **The Assister has a new applicant, with no previous relationship with this Assister-** Consistent with current practice, the Assister must first complete a CAC Designation Form. If the Assister is providing assistance via telephone, the Assister may sign both the CAC Designation Form as well as the actual application with the applicant’s verbal consent received via telephone.
    - The Assister should sign his or her name on the signature line on both forms along with a notation that documents the consent as follows: ***“Assister name is signing for individual’s name based on authorization provided by individual’s name over the phone on (xx/xx/2020) at (timestamp).”***
      - The Assister will also need to receive an email from the individual indicating the following: ***“I, individual’s name, authorize Assister name to sign the ‘Massachusetts Application for Health and Dental Coverage and Help Paying Costs’ on my behalf and I have provided them with verbal consent, as well as necessary and accurate information to complete this application.”***
      - ***“Yo, nombre del individuo, autorizo a, nombre del asistente, a firmar la aplicación para cobertura medica y dental y ayuda para pagar gastos’***

**en presentación mía, y he dado consentimiento verbal, como también toda la información necesaria y correcta para completar la aplicación.”**

- If the individual does not have email access, please see the telephonic options in this document regarding the use of Customer Service as a consent recording intermediary
- Assistors should read the CAC Designation Form, or Navigator Designation Form in its entirety and should offer to email or mail the form to the individual for their reference.
- **If Assistors do not want to follow the steps above and sign on behalf of the individual, they may call MassHealth Customer Service with the individual and obtain their consent on a recorded line, disconnect with MassHealth Customer Service and proceed to assist the individual.**

### **MassHealth Renewals and Report a Change**

#### **MassHealth Renewals**

- Currently MassHealth is suspending renewal requirements for members during the COVID-19 national emergency. If members were sent a MassHealth renewal, they are encouraged to complete renewals if they can, but MassHealth will not terminate a member for failure to respond during this time.
- MassHealth members that were sent a MassHealth renewal with a response due date, prior to March 18, 2020 and who failed to respond within the given timeframe may have experienced a decrease in coverage, or termination and should take action to have their coverage re-determined.

#### **Report a Change**

MassHealth will protect coverage for all individuals who have MassHealth, Health Safety Net, and Children’s Medical Security Plan as of March 18, 2020, and for all individuals approved for coverage during the COVID-19 outbreak national coverage emergency and for one month after the emergency period ends. Individuals are still required to report any changes to MassHealth as soon as possible.

- Individuals may complete a renewal or a report a change by:
  - Telephonically with Customer Service
  - Online at [www.mahealthconnector.org](http://www.mahealthconnector.org) if they have a MA Login or Optum Login
  - Fax or mail in a paper renewal
- Assistors may help individuals complete renewals, or report a change if they have access to the Assister Portal, business as usual.
  - The HIX eligibility screen will not show the protected coverage until a day after the determination/change is done. The screen will reflect the following message:

**”IMPORTANT MESSAGE**

**This screen may not reflect the coverage protections in effect for all individuals who**

have MassHealth, Health Safety Net and Children's Medical Security Plan coverage as of March 18, 2020 and for all individuals approved for coverage during the COVID-19 outbreak national emergency and for one month after the emergency period ends. Coverage will only end if an individual requests termination of eligibility or if they are no longer resident of the state."

### **MassHealth Health Plan Enrollments**

The following is specific to Certified Application Counselors as Navigators have a dedicated dropdown on the MassHealth online enrollment form.

CACs may guide MassHealth members through the process of selecting and enrolling in an Accountable Care Organization (ACO), Managed Care Organization (MCO), or the Primary Care Clinical Plan (PCC Plan) (referred to as "MassHealth managed care plans" in this document) and selecting or changing a PCP. If CACs choose to provide such assistance, they do so at their own discretion and are not providing such assistance on behalf of MassHealth under any contract or agreement.

The MassHealth Choices website (MassHealthChoices.com) is the easiest and fastest way for members to learn, compare, and enroll in MassHealth managed care plans. CACs should use this tool when helping members to choose and enroll in a MassHealth managed care plan.

CACs who work for or who are affiliated with:

- a MassHealth managed care plan (MCO or ACO), or
- a provider who contracts with a MassHealth managed care plan, must inform MassHealth members who they assist that they are part of the MassHealth managed care plan or its network. Doing so is an important part of promoting transparency, protecting the integrity of the enrollment process, and respecting a member's right to make their own enrollment decisions.

When assisting members enrolling into a MassHealth health plan:

- In the "Is this form right for you" section of the online enrollment form, a CAC should select the "I am a Navigator" drop down.
- When it asks for the name, in the "Last Name" field a CAC should add the following text: LASTNAME (CAC – CAC Org)
  - *Example: CAC is Mary Smith at Happy Health Center, she would enter: SMITH-CAC-Happy Health Center*
- Proceed with form as usual after this

### **Voter Registration and Declination Forms**

Assisters are required to offer individuals that are applying for MassHealth, reporting a change of address, or completing a renewal, the opportunity to register to vote. During the COVID-19 national

emergency, Assisters helping members with the actions above should inform individuals that they can assist them in registering to vote.

**In person:**

- If you are still able to meet with individuals in person, voter registration and declination forms are business as usual.

**Telephonic:**

- If you are assisting individuals telephonically, provide the member with the option to register to vote either by mail, online, or through the Automatic Voter Registration (AVR) process.
- Automatic Voter Registration applies to the head of household only, and certain restrictions apply. For more information, please visit the Automatic Voter Registration course in the Learning Management System.
- Record the individual's response in the online portal, or paper application/renewal. MassHealth will continue to send individuals mail in Voter Registration forms should they elect to register to vote.
- Declination Forms for telephonic assistance should include the following in the individual signature line:

***“Assister name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp).”***

**MassHealth and Health Connector Request for Information (RFI)**

**Individuals may still receive Request for Information (RFI) notices when they apply, renew their application or report a change. During the COVID-19 national emergency, MassHealth and the Health Connector will not terminate or decrease an individual's coverage based on their failure to respond to an RFI. Individuals are still encouraged to submit their proofs to MassHealth or the Health Connector as soon as they can. Documents can be submitted business as usual through the following channels:**

- Document Upload, through the Individual or Assister Portal - *recommended*
- Fax documents to Health Insurance Processing Center
- Mail Documents to Health Insurance Processing Center

\*Please note in person drop off of any document is suspended at this time. In person drop off will resume when MassHealth Enrollment Centers and Health Connector walk-in locations are able to re-open to the public.

**MassHealth Member Identity Proofing**

Assisters may encounter scenarios in which an applicant fails the identity proofing step in the online application. Typically, Certified Application Counselors (CACs) can use the IDP Fax Cover Sheet and fax proofs to a designated fax number. During the COVID-19 national emergency, this process may be interrupted. If Assisters are unable to fax IDP documents, they may help applicants with ID proofing by:

- Receiving a copy of the applicant's identification and emailing this via secure channels to MAhealthconnectorTraining@MassMail.State.MA.US, along with the Assister's contact information
- This email box will be monitored daily, and ID proofing cases should be resolved within 24 hours of the received documentation

Certified Application Counselors will receive a confirmation email once the case has been unlocked

Note: The IDP Guidance provided above is for Certified Application Counselors and it does not change the existing process for Navigators. They are allowed to do the IDP process over the phone with members then send their documents to Portland St.