



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 07-01
February 15, 2007

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: **Missing Critical Data (MCD) File – Waiver Population Update and Expansion of MCD File to Include the Traditional-Community Population**

Introduction

The automated missing critical data file for the Health Care Reform population, now referred to as the Waiver population, was introduced and detailed in [EOM 02-06](#), dated February 20, 2002. The process was developed to address the Central Processing Unit (CPU) receipt of incomplete Medical Benefit Requests (MBRs), including those that may contain conflicting information.

The MCD memo explained that an MBR that is designated as “incomplete” does not have enough critical information for MassHealth staff to enter the application onto MA21 in order to initiate the eligibility process. The eligibility process includes, if necessary, MA21 generating the customary Request for Information notice. The Request for Information notice is sent only for applications that are completely filled out, not when critical information is missing. MA21 was not designed to generate this notice for requesting missing critical information. Without a reliable, accessible record of these incomplete MBRs, MassHealth would be less able to identify the MBR or respond with efficient customer service to applicant or provider inquiries. The MCD file process fills this gap.

The MCD file process has been expanded to include applicants in the traditional-community population, effective July 2005.

The purpose of this memo is to:

- briefly describe the MCD file;
- specify the MassHealth MCD file regulations for the waiver and traditional-community populations; and
- identify the changes in MCD noticing.

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MCD File

The MCD file provides a mechanism to:

- record incomplete MBRs and community Senior Medical Benefit Requests (SMBRs);
 - generate an initial MCD notice (the MCD Request for Information (MCD1)), requesting responses to the case-specific unanswered questions or clarification of conflicting information needed to determine eligibility; and
 - generate a second MCD notice (the MCD Request for Completed Application (MCD2)), which is included with the original incomplete application and sent to the applicant. This notice advises the applicant that an eligibility determination by MassHealth is not possible because of the missing information on the application and requests that the application be completed and returned to the CPU or designated MassHealth Enrollment Center (MEC), as appropriate.
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Regulations

Regulations describing the MCD file requirements are were transmitted by Eligibility Letter 156. The MCD file regulations can be found at 130 CMR 502.001(E) for the waiver population and 130 CMR 516.001(E) for the traditional-community population. The following briefly describes the MCD file process.

- Without the required information on the application, MA21 is unable to proceed with the eligibility determination process at the time of application.
 - MassHealth requests all responses to the unanswered questions required to determine eligibility by using the MCD1 and MCD2 notices. MassHealth must receive the needed information within 14 calendar days of the date of the initial MCD notice to preserve the date the application was filed.
 - Information Received within 14 Days: If, after issuing the MCD1, the requested information **is** received within the specified timeframe, the MA21 eligibility process is initiated (which includes, if necessary, the MA21 systems-generated Request for Information notice) based on the date the application was received. The application's original start date **is** protected.
 - Information Not Received within 14 Days: If the requested information is **not** received within the specified timeframe, the original incomplete application, including any documents that had been received, is returned with the MCD2 notice to the applicant. The notice informs the applicant that eligibility cannot be determined due to incomplete information and requests that the original application be completed. If the application is subsequently completed and returned, the application's original start date **is not** protected. The new date of application is based on the date of receipt of the application in which the missing information is completed.
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Regulations
(cont.)

Additionally, the new MCD regulations require changes to certain other member regulations. The revisions include changes to the regulations about the application process for the traditional-community population at 130 CMR 516.002, briefly summarized below.

- A “completed application” is no longer one in which all financially related questions have been answered.
 - If unsigned, the entire application is no longer returned to the applicant.
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Noticing Changes

The MCD1 and MCD2 notices, available in English and Spanish, have been amended to include text revisions to accommodate the traditional-community population. One such change is that the generic term “application for MassHealth” replaces “MBR” in both MCD notices. This new term references either the MBR or the community SMBR, as appropriate. Also, “MCD” precedes the names of the two notices. The names of the notices are located in the space below the addressee name and address.

MCD1 notice: For applicants who prefer to provide the missing information by mail instead of by telephone or fax, the MCD1 notice is now issued in duplicate, and it instructs applicants to enclose one copy of the notice with any information sent. The copy of the notice will help identify the information the applicant has submitted.

MCD2 notice: The revisions to this notice include the following:

- the appropriate waiver or traditional-community MCD citation and the following reason: “You have not provided us with the information we need to decide if you are eligible;”
 - the customary notice appeal language; and
 - the MassHealth appeal form (MA/RFH/M (Rev. 05/03)) on the reverse. The FHR-1 (Rev. 02/06) will be used as soon as the form is programmed by Systems.
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Reminders

Check the MCD File

When responding to applicant or provider inquiries, if you are unable to locate the applicant’s record on file, always check the online MCD file.

The MCD File and Eligibility Determinations

The MCD file system is simply a “holding area” as a subsystem of MA21. It is **not** an “eligibility portal” through which applications can be processed for an eligibility determination. As previously explained in this memo, the MCD file was created to **record** incomplete applications, that is, those that do not have enough critical information to initiate the eligibility process through MA21.

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Reminders
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When the MCD-requested information is received, MA21 cannot begin the eligibility process until the application is entered through the **regular** MassHealth MA21 eligibility system. Please ensure that any MCD-requested information that is received is entered **only** by the CPU or the MEC that entered the application on the MCD file. Please forward any misdirected information to the CPU or appropriate MEC, rather than entering the information from the location at which it was received.

Permission to Share and Eligibility Representative Designation

If a Permission to Share Information (PSI) form or an Eligibility Representative Designation (ERD) form is received with the application, the PSI or ERD information is recorded on the MCD file. Copies of MCD notices are also sent to the PSI or ERD contact.

Central Filing Unit

Copies of the MCD notices, the incomplete application, and any other documents received, including the PSI or ERD form, must be sent to the Central Filing Unit.

Attachments

Samples of the following revised MCD notices are attached to this memo:

- MCD Request for Information (MCD1); and
 - MCD Request for Completed Application (MCD2).
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Questions

Please direct questions about information in this memo to the MassHealth Policy Hotline through your CPU or MEC designee.

MassHealth Enrollment Center or
CPU
Address
City, St Zip

Tel: () 999-9999
Fax: () 999-9999
TTY: () 999-9999

MCD REQUEST FOR INFORMATION

Date: MM/DD/YYYY

Notice: 9999999

SSN: 999-99-9999

Dear First LastName

We have received your application for MassHealth but it is incomplete. We need more information before we can decide if you are eligible for MassHealth. We have not been able to reach you by telephone

We need the information listed below.

_____ for _____

_____ for _____

The answer to

_____ for _____

_____ for _____

Please call the phone number at the top of this notice to give us the above information, or if you have any questions about the information we need.

If instead of calling us, you prefer to mail or fax us the above information, you **must enclose** a copy of **this notice** with the information you send us. The MassHealth mailing address and the MassHealth fax number are at the top of this notice. Please keep a copy of this notice for your information.

If you do not give us the above information within 10 days of the date of this notice, we will send your incomplete application for MassHealth back to you. We need the above information before we can decide if you are eligible for MassHealth.

MassHealth Enrollment Center or
CPU
Address
City, St Zip

Tel: () 999-9999
Fax: () 999-9999
TTY: () 999-9999

MCD REQUEST FOR COMPLETED APPLICATION

Date: MM/DD/YYYY

Notice: 9999999

SSN: 999-99-9999

Dear First LastName

We have received your application for MassHealth, have notified you that it was incomplete, and have requested that you provide us with the missing information.

You have not provided us with the information we need to decide if you are eligible

130 CMR 502.001¹(E) or
130 CMR 516.001²(E)

We are sending back your incomplete application for MassHealth because you did not give us all the information we asked for. We need this information before we can decide if you are eligible for MassHealth.

Please fill out the application for MassHealth we have sent back to you with the information we asked for. Then send the filled-out application for MassHealth to the:

CPU or MEC
Address
City, St Zip

If you need help filling out the application for MassHealth, or if you have any questions about the information we need, please call the phone number at the top of this notice.

For information about appealing our decisions, see the other side of this notice

¹ MCDAP001.MCD-Application = 'MBR'

² MCDAP001.MCD-Application = 'TRAD'