

Self- Attestation (Short) Form FAQs

1. How should the short form be submitted to HDAP, by mail or fax?

While both options are available, faxing the form is the preferred method. The HDAP fax number is 617-502-1703 and please remember to attach a fax cover page when faxing the complete short forms.

2. Will you be updating the short form so that the shaded parts are legible when faxed?

The short form has already been updated to make it more legible when faxed. You may access these documents via the CRI website for downloading at: <https://crine.org/enrollment-information-application>

Please use the most recent version available on the CRI website; previous versions should be discarded. For clarification, the most recent version available is the one with the numbered sections.

3. Will the short form be available in a fillable pdf version?

Yes, HDAP is currently working on a fillable pdf version of the short form. It will be uploaded to the website when it becomes available, tentatively May 1, 2019.

4. Will there need to be submit a full eight-page application yearly or once approved can clients continuously use the short form?

A client must submit the long form on an annual basis. They can only submit the short form six months after recertifying using the long form as long as they do not have any gap in HDAP coverage.

In other words, if they are continuously enrolled in HDAP and are thus eligible for using the short form, then they should submit the short form. Once approved for six months, they must submit the long form during their next recertification cycle. Six months after their long form's approval, then they must submit the short form, and so on. Please remember that a client is not eligible to submit a short form if they have any gap in coverage.

Since the self-attestation process will be officially rolled out as of May 1, 2019, the first group of HDAP clients eligible to use the short form for recertification will be the clients whose HDAP termination date is May 31, 2019. All clients with termination dates of April 30, 2019 and earlier must still use the long form to recertify with HDAP.

5. If we have already submitted short forms that are slightly wrong, should we re-submit them with corrections now that we have heard the webinar?

Yes, if you have already submitted the short forms for the clients terminating on May 31, 2019, then you may make corrections and resubmit the complete forms as long as we receive them prior to the client's termination date.

All clients who are not part of the pilot program and have termination dates of April 30, 2019 or earlier, must submit the long form to recertify with HDAP. If you submit the short form, it will be automatically rejected.

6. Will a short form submitted 15 days in advance or just prior to the client's termination date be accepted for processing regardless of any delays by HDAP in processing the short form?

Yes, for a client eligible for recertifying using the short form, HDAP will process the complete form as long it is received prior to the client's termination date.

An important reminder—please make sure that the short form is complete prior to submitting it to HDAP. If the short form is submitted incomplete and HDAP rejects it, then the resubmitted complete form must be received prior to the client's termination date. If it is received after the client's termination date, then the resubmitted form will be rejected, and the client will have to submit the long form to recertify with HDAP.

7. Is it no longer required to submit HDAP application two months prior to the clients' termination dates?

It is not a requirement to submit HDAP applications two months prior to the clients' termination dates. HDAP will mail the notices of recertification to clients or case managers, depending on their preferred form of contact, eight weeks prior to the clients' termination dates. Clients and case managers will have nearly eight weeks to complete and submit the complete applications. We recommend that clients and case managers send completed applications six-eight weeks prior to their termination dates.

HDAP used to send notices of recertification to clients and case managers six weeks prior to the clients' HDAP termination dates; unfortunately, most clients failed to submit their complete applications prior to their termination dates. So, HDAP started sending the notices of recertification eight weeks prior to the clients' termination dates, which has significantly increased the number of clients who submit their applications prior to their termination dates.

8. Will the short form be used for HDAP enrollment for clients who are incarcerated?

No, there is a separate process for enrolling clients who are incarcerated in the HDAP program. Please continue to use the standard HDAP Jail application for clients who are incarcerated. Do not use the short form.

9. Is there an easy way to know a client's termination date? Since the processing time varies, date of submission of an application is not always an accurate indicator. Often, the only way we know the termination date is approaching is when the client calls us to say that they received notice in the mail or that their pharmacist told them it needs to be renewed.

Once a client's application has been approved, HDAP sends an approval letter to either the client or case manager, depending on the preferred form of contact. This approval letter contains the client's new HDAP termination date. It is very important for clients and their case managers to keep each other informed when receiving communication from HDAP, so both are aware of any actions that may need to be taken in a timely manner to maintain HDAP services with no coverage gaps.

Beyond that, case managers and their organizations should create a system of tracking important dates related to their clients' HDAP enrollment. The tracking method should be determined by the individual case management site. Important information includes:

- HDAP ID
- HDAP termination date
- HDAP application submission type (short or long form)
- MassHealth application submission date
- MassHealth determination date

10. For section 2 – ‘Contact Information’ (client’s)—if ‘ONLY contact my Case Manager’ checkbox is marked, does that mean the rest of the client’s contact information does not need to be provided?

Yes, if the client chooses for HDAP to ONLY contact their case manager, then HDAP does not need the client’s own contact information. If a client ever changes their mind, they can contact HDAP and provide their contact information.

11. In section 4 – ‘My Mailing Address’ (client’s) – if the mail is going to the Case Manager, should the ‘No Change’ checkbox be still marked if there is no change?

If the ‘My Case Manager’ checkbox is marked in section 3, then this section should be left blank.

12. In the first few sections (1, 2 and 3), if all contact is to the case manager, is the cell phone information left blank or is it completed?

Sections 1 and 3 are required to be filled in order for the short form to be processed. In section 2, if the ‘ONLY contact my Case Manager’ checkbox is marked, then the remaining client’s contact information fields can be left blank.

13. Do we have to send updated viral load and CD4 counts if there is one available when submitting the short form?

There is no requirement to submit lab results when submitting the complete short form. When submitting the long form annually, HDAP no longer requires CD4 values unless the client is a new enrollee to HDAP or has a gap in coverage with HDAP for greater than two years. Viral load values dated within twelve months are still required when submitting the long form annually.

Generally, it is excellent practice for case managers to retain such information in an ongoing manner consistent with the requirement of the delivery of case management services.

14. When submitting the clinical provider page of the long form, wouldn’t providing the clinical information without the clinician’s signature suffice?

Providing the clinician’s signature is evidence that the client is currently in the medical care of a clinician. The clinician signature is required when submitting the long form.

15. For clients receiving social security income, their income typically increases by two%-3% yearly. Should we calculate this, or is it basically considered ‘no change’ if using the short form in the first half of the year?

Yes, you must calculate any change in income and report the new amount on the short form regardless of how small the change may be, so that we have updated and accurate income information.

16. Where would we put the pharmacy fax number on the short form?

HDAP does not require the pharmacy fax number on the short form. If a pharmacy is new to HDAP, as per our protocol, we would have to contact the pharmacy directly to onboard them to the program. During this onboarding process, we collect the fax number we should use for the pharmacy for all communications.

17. If a client has Tufts Health Direct, how should this information be provided on the short form in the insurance section?

If the Tufts Health Direct insurance purchased through the Health Connector is a ConnectorCare plan (subsidized), then please mark the 'ConnectorCare' checkbox. If it is a Qualified Health plan (unsubsidized/private), then please mark the 'Private Insurance (individual/Non-Group)' checkbox and provide the maximum copay amount. If you are not sure whether the client has ConnectorCare or a Qualified Health plan, please contact HDAP and ask to speak to a member of the BRIDGE team.

18. What is ConnectorCare?

ConnectorCare plans are subsidized health insurance plans available for purchase through the Massachusetts health insurance marketplace (MA Health Connector). If a client is eligible for ConnectorCare plans, they are receiving tax credits to help them pay for their health insurance premiums. These plans do not have deductibles, have low-cost premiums, and feature lower costs for maximum prescription copays.

For more information on ConnectorCare plans and who may be eligible, please see the Open Enrollment Webinar presentation posted on CRI's website at <https://crine.org/presentations-webinars>. If you have any questions regarding what type of insurance a client has while completing the HDAP enrollment forms (long and short form), please contact HDAP and ask to speak to a member of the BRIDGE team.

19. Can you please clarify the MassHealth determination requirement?

As part of our payer of last resort requirement, all clients are required to apply to MassHealth annually. If a client is enrolled in MassHealth, ConnectorCare or the Massachusetts Insurance Commission (MIC), they do not have to submit a MassHealth determination letter to HDAP. They should instead mark the appropriate checkbox(es) under insurance type in the short or long form.

If a client had previously submitted to HDAP an over-65 MassHealth denial letter using the MassHealth SACA-2 form, they do not have to submit a MassHealth determination letter to HDAP. They should instead mark the appropriate checkbox(es) under insurance type in the short or long form.

If neither of the above exceptions apply and HDAP has requested (through the notice of recertification or direct contact) a MassHealth determination, then a client should submit a valid eligibility-based MassHealth determination letter dated within the past twelve months for six-months HDAP approval, or the recent MassHealth application for two-months temporary HDAP approval pending the MassHealth determination letter.

20. Can you please clarify what it means when a client who is over 65 years old has been previously denied MassHealth due to income or assets? Does this mean that if an over-65 denial letter has already been submitted to HDAP once, then it does not need to be resubmitted annually?

Yes, if a client who is over 65 years old has applied to MassHealth using the SACA-2 form and has been determined ineligible for MassHealth due to income or assets, the client will only need to submit that determination letter to HDAP once. Thereafter, they will not have to provide documentation of MassHealth eligibility to HDAP each year.

21. What about clients who are undocumented? Do they need to do a new MassHealth application every year if their situation hasn't changed?

Yes, clients who are undocumented are required to submit a MassHealth application to MassHealth every year as they may be determined to be eligible for MassHealth Limited or Health Safety Net. For HDAP, they are required to submit a valid eligibility-based MassHealth determination letter along with their complete short form.

22. Why is a client's application rejected due to lack of submitting a recent MassHealth determination as it is not listed on the slide speaking to reasons why the long forms may be rejected?

The presentation slide only covers the potential reasons why the long form is *automatically* rejected without any follow-up contact by HDAP to a client or case manager. If a client does not submit a valid eligibility-based MassHealth determination when required by HDAP along with their HDAP long form, HDAP will not automatically reject it. Instead, the enrollment staff processing the application will contact the client or case manager and request submission of the MassHealth determination letter within two weeks from when the contact was made. If the requested documentation is not received, or no explanation of the client's current situation preventing them from providing that documentation is not received, then the long form will be rejected.

23. So, if a client has been denied MassHealth and has a different health insurance, will you still need the denial letter from MassHealth?

Yes, it is always best practice to send the denial letter from MassHealth to HDAP regardless of the type of health insurance the client currently has, or if the letter was requested by HDAP as part of the client's recertification process.

If a client now has private insurance, it is required to send the MassHealth denial letter to HDAP along with the new insurance plan name and maximum copay amount.

24. The majority of my clients who receive health insurance through their employers and choose not to use CHI have opted out of HDAP due to the MassHealth requirement, and choose to use co-pay assistance cards from Gilead, etc. Since they no longer need HDAP they are far less likely to check-in. Will documentation showing income over MassHealth eligibility limits ever be sufficient proof?

No, as per current HDAP's payer of last resort requirement, a client wanting to enroll into HDAP is still required to apply to MassHealth on a yearly basis and submit a copy of the eligibility-based MassHealth determination letter to HDAP. If the determination letter is not available, then the client can submit a copy of the completed MassHealth application for temporary coverage pending the MassHealth determination letter.

25. Can you clarify if you will still be sending the list each month for those clients requiring MassHealth determination letters?

Yes, HDAP will continue to send notices of recertification to clients or case managers, depending on their preferred form of contact. These notices will clearly state if clients are required to submit MassHealth determination letters along with their complete long or short forms.