



## Central Processing Unit Site Visit: The application processing center for the under-65 community population

NASHP/State-to-State Exchange  
March 25, 2011

Patti Murphy, Director  
MassHealth Central Processing Unit  
[Patricia.a.murphy@state.ma.us](mailto:Patricia.a.murphy@state.ma.us)

## Overview

- CPU History & Highlights
- Application Process (Methods)
- Time Standards
- Health Care Reform 2006
- Volume Received
- New Efficiencies

## History & Highlights

- 1996 Intake for under 65 in local offices
- 1997 Centralized Intake-CPU created to support 1115 Medicaid Waiver
  - New staff, rules, eligibility system, workflow
  - Expansion Groups
  - Medical Benefit Request (MBR) – used for all programs
  - Perform eligibility determination for 6 MassHealth coverage types, and automatic referral to Children’s Medical Security Plan (CMSP) and Healthy Start Program (HSP).

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## History & Highlights

- Provided with most comprehensive coverage eligible for
- Partnership with advocates and providers enhanced
- 100,000 MBRs Received
- 1998 SCHIP Expansion
  - 113,000 MBRs Received
  - Added Family Assistance coverage type
- 2004 MassHealth assumed responsibility for CMSP & HSP from the Department of Public Health

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## The First MBR Entered at CPU



From Left to right Bruce Bullen (Commissioner), Russ Kulp (Director of Member Services), Cedric Russell (Clerk), Pasquale Iocola (Systems), and Bob Scheer (Member Services)  
*MassHealth Newsletter, June 24, 1997*

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## History & Highlights

(Eligibility system required information not on the form)

## MBR Attachments




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# Lessons Learned

- Received incomplete/inconsistent responses to the Paper MBR
- Required IT subsystem to address incomplete information
- Established tracking log for Customer Service
- Created in-office Policy Liaison position to expedite responses to eligibility and processing issues
- Developed in-house procedures manual to document standardizations (included scenarios)

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**Medical Benefit Request**

This form is valid only if it has not been changed in any way, other than by entering the information requested.

**IMPORTANT:** Please do not leave this information on your computer screen where unauthorized persons may be able to read confidential personal information.

To fill out this form on your computer screen, use the mouse to click in the first form field (last name), type your entry, then press the Tab key to go to the next field.

This is an application for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, and the Health Safety Net. You do not have to be a U.S. citizen/national to get these benefits. Please print clearly. Please answer all questions and fill out all sections and any supplements that apply to you and your family. If you need more space to finish any section on this form, please use a separate sheet of paper (include your name and social security number), and attach it to this form.

## New MBR

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**Head of Household**

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home address (if different from street address or if living in a shelter): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this person applying?  yes  no    If yes, is this person a U.S. citizen/national?  yes  no    Social security number\* \_\_\_\_\_

Spoken language choice: \_\_\_\_\_ Written language choice: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_ Sex (optional): \_\_\_\_\_ Race (optional): \_\_\_\_\_

Telephone number (list with number only if you call out of area): \_\_\_\_\_ Home/Cell: \_\_\_\_\_ Mark: \_\_\_\_\_

\*Area code and phone number (without parentheses, spaces, or hyphens)

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**Other Family Members**

2. List all other members of your family group. Do not repeat head of household information in this section. See instruction page for description of a family group.

2. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Is this person applying?  yes  no    If yes, is this person a U.S. citizen/national?  yes  no    Social security number\* \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Gender: \_\_\_\_\_ Race (optional): \_\_\_\_\_ Spoken language choice: \_\_\_\_\_ Written language choice: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Relationship to head of household: \_\_\_\_\_

3. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Is this person applying?  yes  no    If yes, is this person a U.S. citizen/national?  yes  no    Social security number\* \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Gender: \_\_\_\_\_ Race (optional): \_\_\_\_\_ Spoken language choice: \_\_\_\_\_ Written language choice: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Relationship to head of household: \_\_\_\_\_

4. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Is this person applying?  yes  no    If yes, is this person a U.S. citizen/national?  yes  no    Social security number\* \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Gender: \_\_\_\_\_ Race (optional): \_\_\_\_\_ Spoken language choice: \_\_\_\_\_ Written language choice: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Relationship to head of household: \_\_\_\_\_

5. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Is this person applying?  yes  no    If yes, is this person a U.S. citizen/national?  yes  no    Social security number\* \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Gender: \_\_\_\_\_ Race (optional): \_\_\_\_\_ Spoken language choice: \_\_\_\_\_ Written language choice: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_ Relationship to head of household: \_\_\_\_\_

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**Pregnancy**

Are you or any family member pregnant? \_\_\_\_\_ yes \_\_\_\_\_ no

Name: \_\_\_\_\_ Is this person pregnant with:  baby?  twin?  triple?  other? \_\_\_\_\_ If other, how many? \_\_\_\_\_ Due date: \_\_\_\_\_

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**American Indian/Alaska Native**

Family members under the age of 19 who are Alaska Natives or members of a federally recognized American Indian tribe who get MassHealth Family Assistance may not have to pay any premiums for this coverage.

Are you or any family member who is under the age of 19 an Alaska Native or a member of a federally recognized American Indian tribe?  yes  no

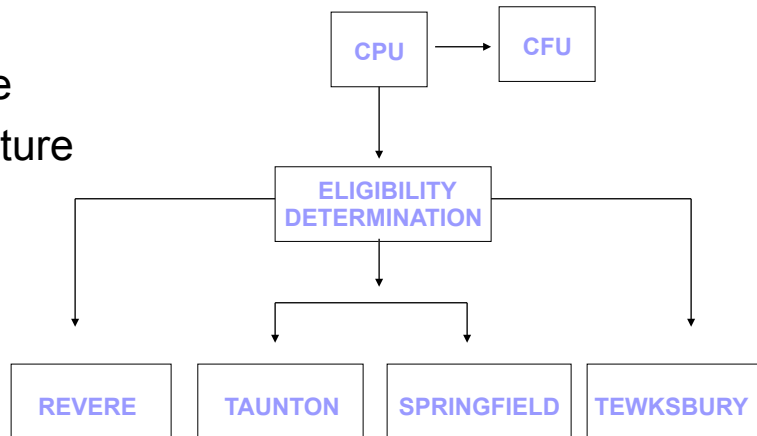
If yes, name(s): \_\_\_\_\_

\*Required if you have received and the person is applying for MassHealth or Commonwealth Care, except for MassHealth Limited, CHSP, Healthy Start, or the Health Safety Net.

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## History & Highlights

Field  
Office  
Structure



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## Application Process

- Paper Process
  - Mail in
  - Facility drop off
  - Walk-in
  - Fax
- Virtual Gateway (electronic) 2004
  - Hospital freecare applications integrated into eligibility system – Health Safety Net

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## Application Process

### Virtual Gateway (implemented 2004)

- Web-based electronic service delivery system
- Hired deployment staff to provide on-site support to providers
- Developed Business Process for Providers
  - 3 business day hold
- 60% of MBRs via VG (11,000 avg monthly)
- 40% of MBRs via Paper (7,000 avg monthly)

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## Application Process

### Benefits of Virtual Gateway (VG)

- Legible
- Complete
- Consistent
- Fewer Phone Calls
- Applicant/Provider Satisfaction

RESULT: more efficient application processing

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## Time Standards for Processing

- Virtual Gateway: 6-10 days
- Paper: 10-15 days

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## Time Standards for Processing

	<u>Staffing</u>	<u>Productivity</u>
VG	20	35-45 per worker daily
Paper	15	20-25 per worker daily

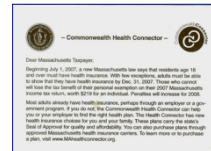
Clerical support required for each team

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## Health Care Reform 2006

### Commonwealth Care (CommCare)

- Health Connector administers CommCare Program
- MH performs eligibility determination for program
- Uninsured adults
- Not eligible for MassHealth
- At or below 300% FPL
- Huge impact in operations
- Advertising campaign



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## Volume of Applications Received

1997 – 2003 Avg 115,000 per year

2004 – 2010 Avg 200,000 per year

2,000,000 Total (period ending 12/31/10)

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## New Efficiencies

### July 2010 unattended VG MBRs

- Applications meet certain minimal criteria
- 3,000 applications determined monthly without worker intervention
- Staff processes verifications received

### June 2011 Electronic Document Management

- 3 business day hold automated
- All VG MBRs will be scanned online
- Verifications matched online

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