Provide Enterprise HDAP Eligibility and Enrollment System Frequently Asked Questions

System Access

Question: How do I access Provide Enterprise?

Answer: PEC is accessed through the Commonwealth's Virtual Gateway. Your agency was provided with instructions and forms to add users to the Virtual Gateway's Provide Enterprise application. Instructions are also available in the document titled "Provider Instructions for Accessing Provide Enterprise." After your agency completes this step, you will receive a welcome email to create an account. Once you log in to the Virtual Gateway, you will be routed to Provide Enterprise using the same login credentials. You will not need to enter your credentials twice.

Question: What do I do if I do not have a Provide Enterprise Account?

Answer: If your agency has not submitted the required forms to the Virtual Gateway, you will not receive a welcome email and will not have access to Provide Enterprise. Please follow these instructions for gaining access to Provide Enterprise. For further questions, email DPH-BIDLS-IDDAP@mass.gov.

Question: Can a colleague obtain access to cover my clients when I am out?

Answer: Yes, as long as that person has access to Provide Enterprise. The Client List option on the lefthand menu allows users to view their clients or all clients in their agency. The Applications options will show all applications submitted or in progress for the agency.

Question: How will PEC training be made available to newly hired case managers?

Answer: An eLMS training is being developed and will be available in the future. In addition, recorded training guides and videos are available in the Provide Enterprise application.

Question: My access to the MA HDAP portal was locked after too many unsuccessful login attempts. I tried the reset password link, and my account is still locked. What should I do?

Answer: Please contact the BIDLS inbox for assistance and include the email associated with your account and a screenshot of the error, without client information. Please also indicate whether you are accessing PEC through the Virtual Gateway or via PEC.

Question: My Provide Enterprise account is under the wrong email address. What should I do?

Answer: Your Virtual Gateway Agency Administrator (AA) will need to submit a new User Request Form (URF) to the Virtual Gateway to have your new email address added and your incorrect email address removed. Please also email DPH-BIDLS-IDDAP@mass.gov to inform DPH of the change; please allow 7-10 business days for the update to take place. You may also create a new business MyMassGov account associated with the email we have on file to avoid having to switch profiles within the Virtual Gateway, which will not require a new URF.

Question: I cannot see my dashboard or client list. What should I do?

Answer: Please contact the BIDLS inbox for assistance and include a screenshot. Your agency assignment or user permissions may need to be reviewed. Include your organization, the email you use to access PEC, and a screenshot of the issue.

Question: Does my primary care provider have access to my HDAP application if they are in a different organization?

Answer: Your primary care provider does not automatically have access to your HDAP application because they provide your care. Access depends on their authorized PEC account, organization, and permissions. The HDAP Provide Enterprise system does not interface with EMR systems.

Ryan White Eligibility

Question: Can a client apply for HDAP and Ryan White services at the same time?

Answer: At this time, Provide Enterprise will determine Ryan White eligibility but only allows the client to apply for HDAP. Integration with other Ryan White services is being developed.

Question: Will Provide Enterprise show the Ryan White programs in which a client is enrolled?

Answer: At this time, Provide Enterprise shows HDAP only. Integration with other Ryan White programs is being developed.

Question: Why do I see inactive and deceased clients on my client list?

Answer: The My Client and agency client lists show clients whose most recent application since January 1, 2021 listed your agency as their case management agency, regardless of enrollment status. Clients who are deceased, have moved out of state, or are no longer in care will not appear if HDAP has been notified of their status. If HDAP has not received that information, the client will remain on your client lists. Case managers can clean up their client lists by going into Client Information and changing the status of clients who are deceased, who have moved out of state, or who have fallen out of care.

Question: I have a client who has been in "lost eligibility" status for five years. I believe he may have passed away, but the death has not been confirmed. Should the client remain in "lost eligibility" status?

Answer: Yes, the client should remain in "lost eligibility" status until a different status is confirmed.

Question: My Client List and our Agency List show inactive clients who have died or are no longer served by our agency. How do we update this?

Answer: If you have confirmed a client is deceased, you can update this in Client Information in the Client Details tab, Deceased section. If they are currently enrolled, this will also terminate their enrollment. If a client is no longer with your agency, please notify CRI and we will update the client's care team information accordingly.

HDAP Application Navigation

Question: How do I move to the next section of the application?

Answer: At the bottom of the page, click "Back to Top," and then select the next section tab.

Question: Why does nothing happen when I click "Submit Application"?

Answer: An application cannot be submitted when a required question is blank. Check tabs marked with a red exclamation point. If no marked tab is visible, use the left or right arrow to reach additional sections. Within the section, required questions appear in red text. You may need to scroll to the bottom of the page to find the missing field.

Question: How do I submit a change to client information?

Answer: Click Save on the tab where you made the update. If nothing happens, a required field is missing. Scroll through the section and complete the question shown in red text.

Question: Can I update client information when an application is in progress?

Answer: Once you submit an application or update, the system will lock all sections in the Client Information profile until HDAP processes the application and no updates can be made. The only exception is the Care Team section, which can be updated at any time.

Question: Are client IDs changing in Provide Enterprise?

Answer: No. Clients will keep their existing five-digit HDAP ID. New clients will be assigned five-digit HDAP IDs upon registration.

Question: Can I continue working on an application while waiting for a client update request?

Answer: No, once you submit an update, you cannot submit the application until the update is processed. If you need to update a client's information and they are due to recertify, please complete and submit the recertification application instead.

Question: Where can I find the reason an application is locked?

Answer: Applications are locked once they are submitted and are waiting to be processed by HDAP. Once the application is processed and either completed or pended, the client information will be editable.

Question: What does a "Canceled" application status mean?

Answer: An application is automatically canceled if it is not fully processed by the client's eligibility termination date. Start a new recertification application, reattach the required documents, and submit it to HDAP again.

Question: Can I delete a document that I uploaded by mistake?

Answer: No. After a document is saved, it cannot be deleted. Upload the correct document and email hdap@crihealth.org to notify HDAP that the document was entered incorrectly.

Question: Should documents be uploaded together or separately?

Answer: Upload documents separately, with one document type in each required section. Attach proof documents only in the field where they are requested.

Question: What should I do if a document will not upload?

Answer: If clicking the upload box does not open the file browser, click the box again. After selecting the file and clicking Upload, wait until the attachment finishes uploading before clicking Save. PDF, PNG and JPG are the accepted document types. Word documents are not accepted.

Question: When a client is newly approved, there is no way to know without searching their name to see if they have been added to the client list. Will there be some sort of notification for this?

Answer: To confirm that a newly approved client has been added, check the client's enrollment screen or review the application list to see whether the client's application is still under review.

Question: I accidentally started an application for the wrong client, whose coverage had previously lapsed. Is there a way to delete this, or will it stay in the "Incomplete Applications" tab?

Answer: An application that was started for the wrong client will remain under incomplete applications unless it is submitted or the Administration Team is asked to cancel it. If the application remains unsubmitted, it will automatically be canceled after 60 days.

Question: Why are pending applications not showing up in the "Pended Applications" tab?

Answer: The pended applications section includes applications that HDAP has returned to the agency because of missing or incorrect information. Pended applications will not appear in the pending applications dashboard until 24 hours after they were pended by HDAP. Applications that were started but not completed will be listed under incomplete, not pended, applications.

Question: I am logged into the Provide Enterprise portal, but there are no clients on my Client List. Why?

Answer: Clients will only show on your "My Client" list if you are listed as their lead case manager. To see a list of all clients at your agency, go to your agency's list. To update a client's case manager, open the client, go to Client Information and then Care Management, and select your name from the lead case manager list.

Question: I need to update a client's information, but it says it's locked. What does this mean?

Answer: A client's information will show as "locked" when there is currently an application or update in progress. This means that you submitted an application or update to HDAP and HDAP has not yet completed processing it. If the application or update is urgent, please contact hdap@crihealth.org and the team will expedite processing.

If a client has a Client Portal account, they may have started an application or update, which will also lock the client's information. Please contact the client if they have started but not yet submitted the update through the Client Portal. Once the application or update is submitted through the Client Portal, it will show in your agency's applications queue and your Assigned to Me queue. From there, you can start review and then submit the application or update to HDAP for processing.

Client Contact Information

Question: Client email address is a required field. What should I do if a client does not have or does not want to provide an email address?

Answer: Turn off the "does client consent to email" question. If the client does not want to provide an email address, you can enter your email address as their case manager, or "N/A". The client does not need a portal account when working with a case manager.

Question: Can a case manager use the same case manager email address for more than one client for clients who do not want to provide their email address?

Answer: Yes.

Question: What should I do if a client does not want HDAP to contact them directly?

Answer: Enter your contact information as their case manager and your preferred contact method. Add a comment on the Applicant tab stating that the client does not want to be contacted directly.

Question: Mailing address is required. What should I enter if a client does not want to receive mail?

Answer: Enter your agency's mailing address. HDAP communicates with case managers by secure email only, so you will not receive mailed communications from HDAP.

Question: What should I enter for a client who is unstably housed?

Answer: In the housing status field, select "Unstable". Select the appropriate housing type, then enter the address of the site where the client receives care.

Question: What is the Personal Contacts section used for?

Answer: Complete this section only when the client wants to authorize HDAP to communicate with an alternate contact, such as a family member, friend, or healthcare proxy. Do NOT enter your information as the case manager in this section.

Question: What should I enter if a client does not have a Social Security number?

Answer: Select "No," and then select the appropriate reason from the list. If the client prefers not to provide a reason, select "Client never applied for SSN".

Client Income

Question: Is HDAP income eligibility determined based on the individual client's income or their household income?

Answer: HDAP determines income eligibility based on the client's individual income. You can enter household members if the information is needed to determine eligibility for a client who may be over 500% of the federal poverty level. You do not need to enter household income information.

Question: If a client does not know whether they have income adjustments, can I answer "No"?

Answer: Yes.

Question: What date should I enter for an income document?

Answer: Enter the date shown on the paystub or other income document, not the date you are entering the information. If you cannot determine the date, then enter the current date.

Question: How do I document seasonal or fluctuating income?

Answer: Please attach a case manager letter explaining their income source and amount and their latest tax return.

Documentation

Question: What HIV documentation is required for a new application or recertification?

Answer: For a new client, HIV verification is required. Accepted verifications include a signed diagnosis letter or clinician form.

For recertification, attach the client's most recent viral load test results. If lab results are unavailable, an existing system verification document is auto-attached to the recertification application, allowing you to submit the application without attaching an additional document.

Question: Does proof of address and income need to be submitted again at recertification?

Answer: Yes. Current address and income documentation must be uploaded with each recertification for HDAP to redetermine the client's eligibility. Recertification is annual.

Question: Does a recertifying client need to sign a new consent form?

Answer: Most recertifying clients do not need to sign again if they previously signed the updated HDAP CRI consent form. If you are not sure if the client has signed the updated consent, please have them sign it and attach the consent form. Otherwise, you can re-attach the previously signed consent or a blank consent form in the required document field.

Question: Do case managers need to retain signed client consent forms?

Answer: This is best practice but should be determined by each agency's policies and procedures.

Question: Can a client sign the consent form electronically through the Client Portal?

Answer: Electronic signatures are accepted, but the client cannot sign directly in the Client Portal. You can download the form directly from the application consent section in Provide Enterprise and email it to the client or use a PDF signing tool. The client may also print and sign the form, then send a picture for upload.

Question: Can I print a completed application for the client's electronic medical record (EMR)?

Answer: Printing a completed application is not currently an option in the system.

Insurance, Premium Assistance, and Subprogram Selection

Question: What are the subprograms and how do I know which one to select?

Answer: Subprograms identify the type of HDAP assistance requested, including medication copay assistance for insured clients, full-pay medication assistance for uninsured clients, and premium assistance. Choose the subprogram based on the client's prescription drug coverage:

- **Rx Copay for Medicare**: Select Medicare if the client has prescription drug coverage through Medicare Part C or Part D, even if they also have other insurance.
- **Rx Copay for Private**: Select Private if the client has prescription drug coverage through the Health Connector, employer-sponsored insurance, or another private plan, even if they also have other non-Medicare insurance.
- **Rx Copay for MassHealth**: Select MassHealth if the client has prescription drug coverage through MassHealth, such as MassHealth Standard, CommonHealth, CMSP, or HSN.
- **Rx Full Pay**: Select the full pay subprogram if the client is uninsured or does not currently have active prescription drug coverage.

If the client is requesting premium assistance, select the subprogram that matches their prescription drug coverage and includes premium assistance, regardless of the type of plan receiving premium support.

Question: Under Private insurance, Premium Amount and Frequency are required fields. What premium amount should I enter if the client does not need or want premium assistance?

Answer: Enter $0 in the premium amount field and select any premium frequency. Request the Rx Copay for Private subprogram for enrollment.

Question: Does "premium assistance" mean CHII enrollment?

Answer: Yes.

Question: Can CHII be requested through the Provide Enterprise application?

Answer: Yes. Use the same application and request CHII by answering the applicable insurance and premium questions. Then when selecting a subprogram, select the appropriate prescription drug insurance + premium assistance.

Question: How do I submit premium statements in the new system for clients enrolled in CHII?

Answer: Premium documentation for CHII should be emailed securely to chiidocs@crihealth.org. You will receive notifications monthly to submit documentation for your CHII clients; please reply to these emails to send the documentation securely. Please do not submit premium documents through the new system.

Question: Why is there no option for Medicare Part D?

Answer: The Medicare Part D option will populate if you enter that the client has Medicare Part A, Part B, or Parts A & B. In the Insurance tab, navigate to the Medicare section and select Active benefits. Be sure to enter an effective date. Select that the client has Part A, B or A+B accordingly. Then scroll down to see options for Medicare Supplemental and Medicare Part D selections.

Question: My client's insurance changed before recertification. How do I notify HDAP?

Answer: Open the client from your list and select the Client Information view. Go to the Insurance tab and select "Change insurance" in the upper-right corner. Then click "Save" to submit the update. The fields should now show as locked. If nothing happens when clicking Save, scroll down to see what required field you are missing.

Address and income changes are made in the same way from the Addresses and Income tabs.

Question: There is no option to sign clients up for CHII while enrolling them in HDAP. Do we need to send a separate email to CHII to enroll clients?

Answer: When submitting an application or an insurance update, fill in the client's premium amount and premium frequency in the insurance tab under the appropriate insurance (i.e., Private, Medicare and/or MassHealth). When selecting a subprogram, select the option that matches the client's insurance and Premium Assistance (e.g., Rx Copay for Private + Premium Assistance). HDAP will then enroll the client in CHII; however, HDAP will not make a payment until sufficient documentation is sent to chiidocs@crihealth.org and processed by HDAP.

Question: Is there a place in the client's chart that indicates whether they are enrolled in CHII?

Answer: To see if a client is enrolled in CHII, click on the Enrollment tab, which will show which subprogram the client is enrolled in. If this screen indicates that the client is enrolled in a premium assistance subprogram, the client is enrolled in CHII.

Question: Should there be confirmation that CHII received a premium bill?

Answer: Case managers should receive an automatic reply from chiidocs@crihealth.org after submitting a premium bill, although it may not be immediate. Note that HDAP does not monitor chiidocs@crihealth.org for CHII-related questions; this email is only for the submission of premium bills.

Question: What are the due dates for CHII to receive a bill to be paid that month?

Answer: The due dates depend on the insurance plan. Case managers should submit the documentation to chiidocs@crihealth.org as soon as it is available. CHII makes payments daily.

Question: How do we make sure CHII receives the bill each month and pays it before the due date? There is a lag time between when a client receives a bill, gives it to the case manager to send to CHII, and the bill is paid; by then, it is already past due. It seems as if there should be a one-month grace period. The lack of confirmation from CHII that the bill was received leaves me unable to confirm with the client that the bill will be paid. This has become a major issue for us as an agency, as it is nearly impossible to reach out to clients every month for their bill. If the client goes one month without submitting a bill, will CHII not make the payment at all?

Answer: Case managers should continue sending clients' bills to CHII as soon as they receive them. To confirm that a bill was received and check the payment status, or to ask about due dates and grace periods, please contact CHII directly at CHII@crihealth.org or 617-502-1791. CRI is working with DPH and our fiscal teams on solutions to this, as we recognize this is a major challenge.

Question: My client lost their insurance due to non-payment. How do I submit a 100% request to HDAP?

Answer: If a client has lost their insurance and needs HDAP full pay medication assistance (100% coverage), you do not need to submit an application. In Provide Enterprise, click on Client Information, then the Insurance tab. Click on the "Change Insurance" button in the top right-hand corner. This will allow you to edit the client's insurance. Update the applicable insurance to "No Benefits". Attach a 100% request letter to the documentation section. For the subprogram, choose Rx Full Pay and click Save to submit the update. If you have successfully submitted it, a banner will display on the page saying the fields are locked. HDAP will then review the request and authorize 100% coverage if eligible.

If the client's benefits are frozen due to non-payment and they need premium assistance, leave the applicable insurance plan benefits as active and attach the 100% coverage letter. Then select the Rx Full Pay + Premium Assistance subprogram. Clients receive one month of full pay coverage. If additional full pay coverage is needed, please submit a new 100% request letter to HDAP or provide the client's new insurance information.

Question: How do I refer a client to CHII or BRIDGE? Can I do this in the portal?

Answer: At this time, case managers cannot do this through the portal. Please email CHII at CHII@crihealth.org or BRIDGE at BRIDGETeam@crihealth.org (if sending confidential data, please send via encrypted email).

Question: The application asks if "Medicaid was checked." For clients on HSN, do we have to say "Yes" to the Medicaid question? If so, what do we put for the verification date if they've been on HSN for many years?

Answer: If you have verified by checking VG/NEHEN/Passport, etc., then you should indicate "Yes". You can use the date you are submitting the application as the "last verification date". Be sure to also scroll down to the subsidies section on the Insurance tab and, under HSN, select "Active Benefits".

Pharmacy and PBM Information

Question: Will case managers continue to receive approval letters by email?

Answer: No. Approval letters will no longer be emailed. Case managers can check on their client's application and HDAP status by logging into Provide Enterprise and looking up the client.

Question: Will an approval letter be sent to the client's pharmacy?

Answer: No, this information is no longer collected in the system and so HDAP cannot send approval notices to pharmacies. The PBM and CRI have shared the HDAP billing information with network pharmacies. Pharmacies have existing clients' HDAP IDs on file. For new clients or those switching pharmacies, you can provide the HDAP ID directly to the pharmacy. If the client requests a written or electronic billing card, HDAP can provide this.

Question: Do case managers need to designate or update a client's pharmacy in Provide Enterprise?

Answer: No pharmacy designation option is available in the new system. Network pharmacies can check a client's eligibility in real time when submitting a claim.

Question: What information do pharmacies need to bill HDAP for medications?

Answer: To bill HDAP, pharmacies need the client's HDAP ID and BIN and PCN identification numbers. The HDAP ID is the 5-digit ID that can be found in Provide Enterprise under the client's name.

For clients who have private, MassHealth or full pay coverage and do NOT have Medicare Part C or Part D:

- BIN: 015202
- PCN: MADAP

For clients who have prescription drug coverage through Medicare Part C or Part D:

- BIN: 015327
- PCN: 5014

If asked by the pharmacy, group number should be left blank.

For any billing issues, contact HDAP's Pharmacy Benefits Manager (PBM) SGRX at 855-855-SGRX or 855-855-7479

Question: My HDAP clients are being charged copays because the pharmacy says they don't have an HDAP approval letter. Can you send an approval letter to the pharmacy?

Answer: Pharmacy information is no longer collected on the application, so CRI no longer sends approval notices to pharmacies. Pharmacies should continue dispensing medications to HDAP clients without an approval notice. If a client is no longer eligible for HDAP, the claim will reject in real time. Case managers can also use Provide Enterprise to look up the client's HDAP ID and eligibility period and provide it to the pharmacy, along with the HDAP BIN and PCN (see previous question) if needed.

House of Correction (HOC) Applications

Question: What does HOC mean?

Answer: House of Correction.

Question: Should an HOC or jail application always be marked urgent?

Answer: Yes. In the Addresses tab, please select Housing status as "Unstable" and Housing type as "Jail or local detention facility". Then enter the client's incarceration date. This will automatically flag the application as an urgent jail application in HDAP's system.

Question: Which subprogram should I choose for an HOC or jail application?

Answer: Select Rx Full Pay.

Question: Is income information required for an incarcerated client?

Answer: No. Please attach a standard document from your facility indicating the client is incarcerated and has no income in the required documentation field.

Question: What should I enter for insurance on an HOC application?

Answer: Select "No benefits" for the insurance questions, and select Rx Full Pay as the HDAP service subprogram.

Question: Should an HOC select SOPS or another pharmacy?

Answer: No. There is no longer an option to designate a pharmacy.

Question: I have a client currently housed in an HOC who received HDAP prior to being incarcerated and has a case manager outside of the HOC. Should I change any client information, such as address, insurance, etc.?

Answer: Yes. In the Addresses tab, select Housing status as “Unstable” and Housing type as “Jail or local detention facility”. For insurance, select “No benefits”, and select Rx Full Pay as the HDAP service subprogram. For income, indicate that the client has no income, and attach a standard document from your facility indicating the client is incarcerated.