

## **Wage Verification Request BHSF Employer - MPP**

### **Purpose:**

The BHSF Employer – MPP form is used to request current, past, or anticipated wages and health insurance coverage information of a Medicaid Purchase Plan applicant/eligible whenever the applicant/eligible cannot provide sufficient verification.

It is also used as notification to the applicant/eligible that an employer has not responded to an inquiry regarding his/her employment and asks for the assistance of the applicant/eligible in getting the needed information.

### **Preparation:**

This form is prepared as an original with a copy for filing in the financial eligibility case record. This form can be completed using the fillable version that is available on the BHSF intranet at <http://bhsfonlinemanuals/MFM.aspx>.

Complete the “To” section with the name and address of the employer or applicant/eligible and the “From” section with the name and address of the local Medicaid office. Enter the date completed, the name of the applicant/eligible, SSN, and Case ID number.

Obtain the signature of the applicant/eligible, when the form is addressed to an employer. Check (✓) the appropriate box () to indicate the information being requested and enter appropriate information in the blanks, where applicable.

Enter a date (five working days from the mailing date) by which the employer or applicant/eligible is to respond to the request.

The Agency Representative’s name and office number should appear on the document where indicated.

### **Disposition:**

The original form is mailed to the employer with a self-addressed, stamped envelope or is given or mailed to the applicant/eligible to take to the employer. The duplicate shall be filed in the case record. All activity shall be documented on the case activity log.