



Eligibility Operations Memo 18-02
July 1, 2018

TO: MassHealth Eligibility Operations Staff

FROM: Amy Dybas, Deputy Chief Operating Officer for Member Policy Implementation,
Training, and Communications 

RE: **Changes to Provisional Eligibility and Clarification of Coverage
Start Date Rules**

Summary

MassHealth has revised the regulations at 130 CMR 502.000 and 505.000 to change the requirements for provisional eligibility. **Effective, July 1, 2018, certain applicants and members aged 21 and older with unverified MassHealth MAGI household income will no longer be eligible for provisional benefits. This change only applies to income verifications.**

MassHealth and the Health Connector require verification of the following eligibility factors to make a final eligibility determination.

- income
- social security number
- residency
- citizenship
- immigration status
- incarceration
- noncustodial parent information (*MassHealth only*)
- American Indian/Alaska Native status (*Health Connector only*)

We will attempt to verify these factors using electronic data sources.

- If data is reasonably compatible with attested information, the eligibility factor is considered verified.
- If data is not reasonably compatible or not available, the individual will be required to send proof within 90 days and a Request for Information (RFI) notice will be sent.

For an income to be considered reasonably compatible for a MassHealth eligibility determination:

- both the attested income and the income from the data sources must be above the applicable income standard for the individual; or
- both the attested income and the income from the data sources must be at or below the applicable income standard for the individual; or
- the attested income is at or below the applicable income standard and the income from the data sources is above the applicable income standard but their difference is 10% or less; or
- the attested income is above the applicable income standard and the income from the data sources is at or below the applicable income standard.

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Summary (cont.)

MassHealth may give provisional benefits to an applicant or member during the RFI period while the applicant or member is pending corroborative information necessary to make a final eligibility determination, in accordance with the new rules described below.

Impact to New Applicants

MassHealth may continue to provide provisional benefits during the 90-day RFI period to an eligible applicant who is

- under age 21;
- pregnant with self-attested MassHealth MAGI household income less than or equal to 200% of the federal poverty level (FPL);
- an individual with HIV-positive status with self-attested MassHealth MAGI household income less than or equal to 200% of the FPL;
- an individual in active treatment for breast or cervical cancer with self-attested MassHealth MAGI household income less than 250% of the FPL; or
- an adult aged 21 through 64 whose MassHealth MAGI household income is verified, but who has other outstanding verifications.

However, effective July 1, 2018, individuals aged 21 and older with unverified MassHealth MAGI household income will no longer be eligible for provisional benefits during the 90-day RFI period unless they meet one of the conditions listed above. They will not receive a MassHealth or Health Safety Net benefit during the verification time period.

If all household income is verified and there are other outstanding verifications, the individual will receive provisional eligibility and an RFI will be sent for outstanding verifications.

MassHealth applicants and members are allowed one provisional eligibility period per year, except when a woman attests to pregnancy and her MassHealth MAGI household income is less than or equal to 200% of the FPL.

Impact to Existing Members

Existing members who are currently in provisional benefits when the new policy is implemented will continue to receive provisional benefits for the duration of their provisional eligibility period.

When an existing member aged 21 and older (except the exclusions in the “Impact to New Applicants” section) has unverified income as a result of reported changes or completion of the annual renewal, based on self-attested income, the member will

- stay in the existing benefit if the self-attested income results in a program determination for the same benefit;
- stay in the existing benefit until income verification is submitted if the self-attested income results in a program determination for a more comprehensive benefit (cannot be upgraded until the income is verified);
- be downgraded to a new benefit if the self-attested income results in a program determination for a less comprehensive benefit; or
- have coverage terminated if the self-attested income results in a program determination so that the member no longer meets the program requirements.

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Impact to Health Safety Net (HSN) Members

Adults aged 21 and older who have unverified MassHealth MAGI household income will not be eligible for provisional Health Safety Net (HSN) benefits unless they meet one of the conditions listed above in the “Impact to New Applicants” section.

If an individual self-attests to MassHealth MAGI household income above MassHealth financial thresholds, he or she may be determined eligible for Health Connector benefits. HSN wrap coverage will not be provided until the household income is verified. If income is verified within the 90-day RFI period, HSN will be approved retroactively to 10 days prior to the date of the application.

Note: Upon verification of income, if the member is approved for HSN (Aid Category 1X or 1Y) as a wrap for Health Connector benefits, the 90-day HSN time clock will **prospectively** start from the date the HSN benefit is approved, even if the start date of HSN benefits is retroactively approved to 10 days prior to the date of the application.

Impact to Health Connector Eligibility

For new applicants or previously ineligible individuals, if the self-attested income is above MassHealth financial thresholds, they may be determined for a Health Connector benefit. Individuals will not be eligible for HSN benefits until all household income is verified.

If the self-attested income is within MassHealth financial thresholds, the applicant cannot be determined eligible for a Health Connector benefit while pending the MassHealth decision.

For existing Health Connector members, when an income RFI is generated, the Health Connector Advance Premium Tax Credit (APTC) and Connector Care eligibility will be recalculated based on attested information at the time of the eligibility determination. The MassHealth/HSN decision will pend until household income is verified.

Note: If the self-attested income is less than 100% of the FPL, Health Connector subsidies will end on the last day of the month following the determination (exception: qualified noncitizens barred and immigrants lawfully present will remain in Health Connector benefits and will have APTC recalculated based on self-attested information).

System Changes

Effective July 1, 2018, the Health Insurance Exchange (HIX) system will be updated to support the changes to provisional eligibility rules. The updates include changes to the determination logic and screen language.

Program determination logic has been updated to no longer provide MassHealth or HSN benefits to individuals with unverified MassHealth MAGI household income, unless they meet any of the following exclusions:

- the individual is a child under age 19 or a young adult under age 21;
- the individual is a pregnant woman and has attested MassHealth MAGI household income less than or equal to 200% of the FPL;
- the individual is a pregnant woman and is eligible for MassHealth Standard and the MassHealth Standard benefit is protected;

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System Changes (cont.)

- the individual is HIV-positive with attested MassHealth MAGI household income less than or equal to 200% of the FPL;
- the individual is in active treatment for breast or cervical cancer and has attested MassHealth MAGI household income less than 250% of the FPL;
- the individual is eligible for MassHealth as a former foster care youth (Aid Category B1 or B4);
- the individual is currently eligible for MassHealth Standard as a result of Transitional Medical Assistance (TMA) protection (Aid Category 18, 46, or A9)
- the individual currently has override or protection of eligibility; or
- the individual is currently in post-partum protection period.

Language has been added to the Eligibility Results screen to inform a user when the MassHealth or HSN determination is pending due to verifications. In the “Program Eligibility” section, “MassHealth Decision Pending” will display when the member is pending income verification and does not qualify for provisional benefits. Alert messages will display at the top and bottom of the screen when at least one individual in the household has a MassHealth determination pending, advising that the individuals listed may not be able to get or keep coverage unless they send in requested proofs.

Individuals who are in a MassHealth pending status will only receive the RFI notice.

Provisional approval notices will continue to be generated for members who are approved for a provisional benefit. A provisional approval notice will be sent to those individuals who were initially in a MassHealth pending status, are within the RFI period, have submitted proof of income, and have other verifications outstanding.

Operational Process Updates

MassHealth will institute new operational procedures to expedite processing of income verifications.

Clarification of Coverage Start Date Rules

Coverage start date rules for individuals who are eligible for provisional benefits are described at 130 CMR 502.003(E).

If an applicant does not qualify for provisional eligibility due to unverified income and he or she submits all required verifications within the 90-day RFI period, the start date of coverage begins ten days prior to the date of application.

For individuals who fail to provide requested verifications within 90 days of MassHealth’s request, MassHealth will redetermine eligibility upon expiration of the 90-day RFI period. If information is available from electronic data sources, the determination will be based on the electronic data sources and the coverage start date will begin ten days prior to the date of application. If required verifications are not received and there is not sufficient information from electronic data sources to make an eligibility determination, the applicant will be denied. If the individual later submits required verifications outside of the 90-day period, the coverage start date is 10 days prior to the date of receipt of verifications.

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Exceptions to Policy Change

Applicants for coverage under Buy-in, Senior Buy-In, and Premium Assistance are not affected by this policy change.

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.