



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Eligibility Operations Memo 21-17
November 2021

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Policy Director for Eligibility 

RE: **Updated MassHealth Response to Coronavirus Disease (COVID-19)**

Introduction

As part of the ongoing response to the COVID-19 pandemic, MassHealth authorized certain COVID-19-related flexibilities to expedite access to MassHealth coverage for eligible individuals. This memo provides updates to these flexibilities and supersedes Eligibility Operations Memo 21-14, published in September 2021.

Temporary Extension of Self-Attestation for Eligibility Factors

Self-attestation for Eligibility Factors

If verification of eligibility factors is not available through an electronic data match or if an individual cannot produce documentation due to the COVID-19 emergency, MassHealth will continue to accept self-attestation for certain eligibility factors, such as the following.

- Residency
- Disability
- Income
- Assets

MassHealth will issue further guidance on an end-date for this flexibility.

Flexibilities That Will Remain in Effect through the End of the COVID-19 Federal Public Health Emergency

Maintaining MassHealth Coverage

MassHealth will maintain coverage for most individuals who have health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the COVID-19 Federal Public Health Emergency (FPHE), through the end of the month in which the FPHE ends. **These individuals will not lose coverage, except for limited circumstances:**

- For example, coverage will end if an individual:
 - requests termination of eligibility;
 - is no longer a resident of Massachusetts; or
 - is deceased.
- Members with time-limited HSN, HSN Dental only, or CMSP only, and CHIP aged-out individuals will no longer be eligible for continuous coverage through the FPHE. These members will downgrade or terminate based on regular program determination rules.
- Under the revised guidelines, benefits will be grouped in tiers. Members will be allowed to move between coverage types if they are in the same federally defined tier.
 - Tier I* – Minimum Essential Coverage (MEC). Examples include:
 - Medicaid Standard, CommonHealth, CarePlus, and Family Assistance;
 - CHIP and state-funded CommonHealth;
 - CHIP and state-funded Family Assistance; and
 - Medicare Savings Programs (Medicare Buy-In).

** Members can't move from a Tier I Medicaid benefit to a Tier I CHIP or state-funded benefit.*

- Tier II – Non-MEC (with COVID testing and treatment coverage). Examples include:
 - Any Limited benefit, including Limited paired with CMSP or HSN-provider reimbursement.
- Tier III** – Non-MEC with limited benefits.

***Note that MassHealth does not have any federally defined Tier III benefits because it currently covers COVID testing and treatment for all such coverage types.*

- **To continue to receive the best coverage**, applicants and members should provide their most current information and report any changes to MassHealth.

Access to Hospital-Determined Presumptive Eligibility (HPE)

The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for immediate, time-limited Medicaid coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage, but are unable to complete a full Medicaid application at that time. In addition to individuals 65 years of age or younger, Hospital-Determined Presumptive Eligibility (HPE) will be available to individuals age 65 and older during the FPHE.

Generally, HPE coverage starts on the day that the qualified hospital makes the presumptive eligibility determination, and ends on the last day of the month following the month that HPE was approved if a full application has not been submitted by that date; or, if a full application has been

submitted by that date, the HPE coverage ends on the date a determination is made based on the full application.

Fair Hearings

Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

One-time Deductible Hardship Waiver

Individuals who have been assessed a one-time deductible to establish eligibility for MassHealth CommonHealth may request a temporary waiver of the deductible due to financial hardship during the FPHE.

Retroactive Eligibility for Individuals Younger Than Age 65

Upon request, any individuals younger than age 65 who applied for MassHealth on or after March 1, 2020, will receive retroactive coverage if they would have been eligible. Coverage will begin as early as the first day of the third calendar month before the month of application, but no earlier than March 1, 2020.

Premium Hardship Waiver

Effective July 1, 2021, the Premium Hardship Waiver has been enhanced to include longer timeframes, consideration of previous and prospective bills, and expansion of the waiver to CommonHealth members. All details related to the Premium Hardship Waiver can be viewed at MassHealth regulation 130 CMR 506.011.

For MassHealth Applicants

If applicants live in the community and are younger than 65 years old, or are the caretaker for a child younger than 19 years old, they can apply in the following ways:

- Online at www.mahix.org/individual/;
- Over the telephone at (800) 841-2900; TTY: (800) 497-4648; or
- By using a paper application, available at www.mass.gov/doc/massachusetts-application-for-health-and-dental-coverage-and-help-paying-costs-o/download.

If applicants live in the community and are 65 years of age or older, or are in need of long-term-care services, they can apply by using a paper application, available at www.mass.gov/doc/application-for-health-coverage-for-seniors-and-people-needing-long-term-care-services-o/download.

For Existing MassHealth Members

At the start of the FPHE, MassHealth temporarily suspended most ongoing maintenance processes. MassHealth has restarted many of these processes (e.g., renewals, Requests for

Information). Medicaid coverage will still be maintained for members, consistent with federal guidelines, even if they do not respond or would otherwise be found ineligible for the duration of the FPHE and through the month in which it ends.

- If additional information is required, a Request for Information notice will be sent.

To continue to receive the best coverage, applicants and members are encouraged to return all requested documentation, provide their most current information, and report any changes to MassHealth in the appropriate timeframes.

Additional Information

For up-to-date information on COVID-19:

- Visit www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19;
- Visit www.cdc.gov/coronavirus/2019-ncov/faq.html; or
- Text COVIDMA to 888-777 for the AlertsMA COVID-19 text notification system.

Questions

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