



Eligibility Operations Memo 22-10
August 2022

TO: MassHealth Eligibility Operations Staff
FROM: Heather Rossi, Director of Eligibility Policy
RE: **Updated MassHealth Response to Coronavirus Disease (COVID-19)**

Introduction

As part of the ongoing response to the COVID-19 Federal Public Health Emergency (FPHE), MassHealth, with federal approval, authorized certain flexibilities to expedite access to MassHealth coverage for eligible individuals. This memo provides updates to these flexibilities and supersedes [Eligibility Operations Memo 21-17](#), published in November 2021.

This EOM is effective as of August 1, 2022.

Updates to Eligibility Flexibilities that Remain in Effect through the End of the FPHE

Maintaining MassHealth Coverage

MassHealth will continue to maintain coverage for most individuals who had health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the 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.

MassHealth is not required to maintain coverage during the FPHE for individuals with time limited HSN, HSN Dental only, or CMSP only, and CHIP children who turn 19. These members will have benefits reduced or closed based on regular program determination rules.

Adjustments to the FPHE Continuous Coverage Rules

In preparation for activities that must happen once the FPHE officially ends, MassHealth has implemented a new workaround to replace the existing COVID workaround that was put into effect in November 2021. Under the new workaround, **effective August 1, 2022**, members' coverage types (e.g. Standard, CommonHealth, Family Assistance, CarePlus) will change only if the program determination results in an upgrade. There will be no lateral or downgrade transitions between coverage types.

This new workaround complies with federal unwind guidance for the end of the FPHE that prohibits any adverse action, including a downgrade within the same tier of coverage, without first completing a full renewal of the member's eligibility status.

For example, despite a change in circumstances, members would not transition from comprehensive MassHealth (e.g. Standard) to a Medicare Savings Plan (MSP) only benefit.

Important Notes

- Individuals may still experience changes in aid categories when they are within the same coverage type.
- Premium bills will continue to be adjusted to ensure households do not experience premium increases.

Members who were protected from coverage loss or downgrade during the FPHE will not be subject to adverse action on their case after the FPHE ends until they go through a full MassHealth renewal after the FPHE ends.

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

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

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, including the following.

- Residency
- Disability
- Income
- Assets

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

Access to Hospital-Determined Presumptive Eligibility

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. Alternatively, 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 concerns related to member eligibility. When the FPHE ends, the standard time to request a fair hearing will be changed from 30 days to 60 days.

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.

Additional Information

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/,
- By phone at (800) 841-2900; TDD/TTY: 711, or
- By using a paper application, available on the [Applications to become a MassHealth member](#) page.

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 on the [Senior guide and application for health care coverage](#) page.

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.

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

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

- Visit the [COVID-19](#) page,
- Visit the CDC's [COVID-19 FAQ](#) page, or
- Text COVIDMA to 888-777 for the AlertsMA COVID-19 text notification system.

Questions

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