



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

Eligibility Operations Memo 23-11
April 2023

TO: MassHealth Eligibility Operations Staff
FROM: Heather Rossi, Director of Eligibility Policy
RE: **Ending Temporary Eligibility Policies Established during the Federal Public Health Emergency (COVID-19 Pandemic)**

A handwritten signature in black ink that reads "Heather Rossi".

Introduction

During the federal public health emergency (PHE), MassHealth authorized certain policies related to COVID-19 to expedite access to MassHealth coverage for eligible individuals. MassHealth is preparing to return to normal business practice and is discontinuing these temporary policies. This EOM provides guidance on eligibility policies that will be ending.

End of Eligibility Policies

The following policies are no longer available as of April 1, 2023.

Maintaining Continuous Coverage

Beginning April 1, 2023, MassHealth will no longer maintain continuous coverage for members if they have been successfully renewed in the last 12-months. See State Health Official (SHO) letters, [SHO #23-002](#), January 27, 2023, and [SHO #22-001](#), March 3, 2022, from the Centers for Medicare & Medicaid Services.

Self-attestation for Eligibility Factors

MassHealth will no longer accept self-attestation to verify eligibility factors except as described in MassHealth regulations. Exceptions include, but are not limited to, self-attestation for pregnancy and for breast and cervical cancer treatment. MassHealth will not accept self-attestation provided on or after April 1, 2023, but will ask for additional verifications.

One-time Deductible Hardship Waiver

Hardship waivers for the one-time deductible to establish eligibility for MassHealth CommonHealth will no longer be available.

Retroactive Eligibility for Members Younger than 65

Members younger than 65, except pregnant persons and children, will no longer receive retroactive coverage as early as the first day of the third calendar month before the month of application. Retroactive coverage will be provided up to 10 days before the date of application.

Hospital-determined Presumptive Eligibility (HPE) Periods

Members will be able to obtain only one HPE determination within a 12-month period.

Extended Timeframe to Request Fair Hearings

Members will have 60 days to request a fair hearing for concerns related to member eligibility.

Questions

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