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

Eligibility Operations Memo 23-13
April 2023

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy

RE: **MassHealth Policy Updates to Support Return to Normal Business Operations (April 1, 2023 – March 31, 2024)**

Introduction

Federal law says MassHealth must review eligibility no more than once every 12 months. This "check" is called a Renewal or an Annual Review. Through this process, members' circumstances are reviewed to ensure they still qualify for MassHealth benefits. This is called "redetermination."

As of April 1, MassHealth is redetermining all members to ensure that they still qualify for their current benefits. Whenever possible, MassHealth will automatically process a member's renewal by matching their information against state and federal data. If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth.

Not responding to that renewal could result in a loss or change of coverage for the member.

MassHealth Redeterminations

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth has put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away. These continuous coverage requirements ended April 1, 2023.

Renewal paperwork will be sent to members in a blue envelope sometime between April 2023 and April 2024. It is crucial that members read all mail from MassHealth and respond to the renewal and any requests for information.

MassHealth is broadly referring to annual reviews conducted from April 2023 – March 2024 as Redeterminations.

MassHealth Redetermination Rules

- MassHealth will send renewal applications between April 1, 2023, and March 31, 2024.
- Members who need to complete a renewal will receive their renewal application in a blue envelope.
- Most members will be sent a renewal application based on their annual renewal date.

Federal guidelines determine when we can close or downgrade coverage (or take "adverse action"), and we must follow these guidelines during the redetermination period.

Members who had benefits protected before April 1, 2023

- Members who would have lost or had coverage downgraded during the PHE had their coverage protected so that they were not closed or downgraded.
- For these members, we cannot close or downgrade coverage until they complete an annual renewal or review.

Members who did not have benefits protected before April 1, 2023

- Members who did not have their benefit protected before April 1, 2023, and have successfully completed a renewal application in the last 12 months, may have their coverage downgraded or closed based on changes in circumstances before they complete another renewal.

Review of Time Standards for Members

- Most members have 45 days to submit a renewal.
- Members who reside in a nursing facility have 30 days to respond to a renewal.
- Members have 90 days to respond to requests for information that are sent after a renewal is processed.
- Renewal applications may be reconsidered up to 90 days if benefits were terminated because the renewal application was not received by the due date, the renewal will be reconsidered if it is received within 90 days of the termination. There will be no gap in coverage if the member is still eligible.

Temporary Eligibility Policies

These rules will be in effect from April 1, 2023 – March 31, 2024:

Hospital Determined Presumptive Eligibility (HPE) for people aged 65 and older and any age requiring nursing facility care

- We will continue to offer HPE to people who meet these conditions.

Disregard of resources for residents of a skilled nursing facility or participants in home-and-community-based services waiver programs

- Applies to income that would otherwise have been included in their PPA or member contribution and became a countable resource.

Important Reminders

Economic Impact Payments (EIPs) disbursed between March 2020 and March 2021 are not countable when determining if members qualify for MassHealth. **EIPs must never be counted.**

Retroactive eligibility for pregnant persons and children may be up to the first day of the third month before their application date.

- Example: If an applicant submits their application on May 15, requests retroactive coverage, and qualifies, the start date may be as early as February 1.

Reconsideration Period

- If a member submits their renewal application within 90 days of the termination date, and is determined eligible for a MassHealth benefit, the start date will be retroactive to the date of the termination.
- MassHealth will automatically provide this start date to all eligible members that complete their renewal application within 90 days of their benefit termination.

Questions

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