MassHealth Eligibility Flexibilities for COVID-19
(All flexibilities are for the duration of the public health national emergency and through the month in which it ends)
Updated August 2020

In response to the current Coronavirus Disease 2019 (COVID-19) public health national emergency, MassHealth has implemented the following temporary changes in eligibility-related policies and processes to support the public health efforts to expedite access to necessary health care and maintain health care coverage for both new MassHealth applicants and existing members.

Summary of Eligibility Flexibilities

- **Maintaining MassHealth Coverage:** MassHealth will maintain coverage for all individuals who have Medicaid coverage, Children’s Medical Security Plan (CMSP), or Health Safety Net (HSN) as of March 18, 2020, and for all individuals newly approved during the COVID-19 public health national emergency, and through the end of the month in which such national emergency period ends. **These individuals will not lose coverage or have a decrease in benefits during this time period except for limited circumstances discussed below.**

- **Premium Hardship Waiver:** MassHealth will approve all requests for financial hardship waiver of monthly premiums or an outstanding premium balance that resulted in the closure of MassHealth benefits. The waiver shall remain in effect for 12-months.

- **Self-attestation for Eligibility Factors:** MassHealth will accept self-attestation for all eligibility factors, except citizenship and immigration, from all individuals if we are unable to match electronically and documentation is not readily accessible to the individual.

- **Hospital-Determined Presumptive Eligibility (HPE) for individuals age 65 and older and Children:** In addition to individuals under the age of 65, Hospital-Determined Presumptive Eligibility (HPE) will be available to elders (ages 65 and over). Eligibility for HPE is based on the applicant’s self-attested responses to a limited set of questions set forth in the HPE Application. In addition, HPE will be made permanently available to CHIP children, even after the end of COVID-19 public health emergency.

- **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 emergency period.

- **Retroactive Eligibility for Individuals Under the Age of 65:** Upon request, any individuals under the age of 65 who applied on or after March 1, 2020, will have their coverage be retroactive as early as the first day of the third calendar month before the month of application, but no earlier than March 1, 2020.
• **Extension of time to request a Fair Hearing:** Individuals have up to 120 calendar days to submit a request for a Fair Hearing.

• **Public Charge and Covid-19:** The federal government has stated that it will not consider testing, treatment, or preventive care related to COVID-19 as part of their public charge determination, even if it is provided or paid for by public benefits like Medicaid.

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**Maintaining MassHealth Coverage**

MassHealth will maintain coverage for individuals who have Medicaid coverage, Children’s Medical Security Plan (CMSP), or Health Safety Net (HSN) as of March 18, 2020, and for individuals newly approved during the COVID-19 public health national emergency, and through the end of the month in which such national emergency period ends. **These individuals will not lose coverage or have a decrease in benefits during this time period.** Coverage will end only if an individual:

- requests termination of eligibility;
- is no longer a resident of Massachusetts; or
- is deceased.

For individuals who have received notices that their coverage is ending on or after March 18, 2020, no change in coverage will occur. These individuals do not have to send in paperwork to keep their coverage at this time. MassHealth will ensure their coverage does not terminate during this period.

Individuals receiving separate CHIP benefits or Hospital-Determined Presumptive Eligibility are not included in this protection of health coverage benefits during the public health national emergency. Individuals who gain coverage through Hospital-Determined Presumptive Eligibility will need to complete a full MassHealth application to maintain their coverage after the HPE period ends.

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**Premium Hardship Waiver**

MassHealth will approve all requests for financial hardship waiver of monthly premiums or an outstanding premium balance that resulted in the closure of MassHealth benefits. The waiver shall remain in effect for 12-months.

Individuals can request the hardship waiver either by:

- Contacting MassHealth Customer Service at (800) 841-2900
- Submitting the “Application for Waiver or Reduction of MassHealth Premium” to MassHealth
  - Fax: (857) 323-8300
MassHealth will accept self-attestation for all eligibility factors, except citizenship and immigration, from all individuals if we are unable to match electronically and documentation is not readily accessible to the individual.

Standard application processes will be maintained meaning:

- MassHealth will still use electronic data matching to verify eligibility factors at time of application.
- Requests for Information (RFI/VC-1) will be generated when eligibility factors cannot be verified at time of application.

Long-term-care services – Nursing-facility, Home-and Community-Based Services (HCBS) Waivers, and Program for All-inclusive Care for Elderly (PACE):

- Self-attestation for clinical assessments will not be accepted at this time, except in the case an individual no longer requires acute hospital care, but requires an intermediate level of care before returning to the community.

Individuals can self-attest to Massachusetts Residency, Income, Assets, Access to Health Insurance, Breast and Cervical Cancer/Treatment, HIV status, or Relationship with the exception of the Noncustodial Parent Form by:

- Contacting MassHealth Customer Service at (800) 841-2900. Verbal self-attestation is acceptable by the member or their Authorized Representative Designee (ARD). Verbal self-attestation does not need to be on a recorded line.
- Submitting the “Self-Attestation Form” to MassHealth or submit an alternate document if it includes a member’s name, date, signature, social security number or MassHealth ID number, and the information that they are self-attesting to.
  - Fax: (857) 323-8300
  - Mail: Commonwealth of Massachusetts
    Health Insurance Processing Center
    P.O. BOX 4405 Taunton, MA 02780
- Document Upload (HIX only): Members with a HIX account, or Assisters on behalf of members, may upload written self-attestations by using the document upload feature. Documents should be uploaded under the MassHealth - Self-Attestation Form (SAF-CVD) and Retro Eligibility Request dropdown.
Individuals who wish to self-attest to injury, illness, or disability must contact Disability Evaluation Services (DES) at: (833) 517-0250, TTY: (866) 693-1390.

Hospital-Determined Presumptive Eligibility (HPE) for individuals aged 65 and over

Qualified hospitals are permitted to make presumptive eligibility determinations for immediate, time-limited Medicaid/CHIP coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage, and are under the age of 65, but are unable to complete a full Medicaid application at that time. Qualified hospitals may include both acute hospitals and psychiatric hospitals.

For the duration of the emergency period, MassHealth will also make Hospital-Determined Presumptive Eligibility (HPE) available to individuals aged 65 and older. Eligibility for HPE is based on the applicant’s self-attested responses to a limited set of questions set forth in the HPE Application. These include questions about:

- Household countable income is equal to or less than 100% FPL;
- Household countable assets are equal to or less than $2000 for an individual/$3000 for a married couple;
- Immigration status; and
- Massachusetts residency status.

HPE is not available for individuals applying for Home-and Community-Based Services (HCBS) Waivers or Program for All-inclusive Care for Elderly (PACE). Those needing such services or nursing facility services and do not meet the eligibility criteria above must apply using the ‘Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)’.

Individuals pending a complete application review for HCBS Waivers or PACE may qualify for HSN Presumptive Determination through a qualified hospital or Community Health Center for the interim period.

One-time deductible hardship waiver for MassHealth CommonHealth

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

Upon request, MassHealth will temporarily waive the individual’s deductible -- this is the portion of health expenses that an individual is responsible for before Medicaid coverage begins -- and provide MassHealth CommonHealth coverage as appropriate. These benefits will be provided for the duration of the COVID-19 outbreak national emergency and through the month the national emergency period ends.
After emergency period ends, cases will be redetermined and a new deductible will be calculated, if appropriate.

Individuals can request the hardship waiver by:

- Contacting MassHealth Customer Service at (800) 841-2900 TTY: (800) 497-4648
  - Members can self-attest to the representative/eligibility worker that they would like to request a waiver of the deductible. For the duration of the national emergency through the end of the month in which such national emergency period ends, MassHealth will accept self-attestation of hardship
- Submitting the “Application for Temporary Hardship Waiver of MassHealth Income Deductible” to MassHealth
  - Document Upload (HIX only): Members or Assisters on behalf of members (under the age of 65 and have an existing HIX account) may upload hardship waivers by using the document upload feature. Documents should be uploaded under the MassHealth - Temporary Hardship Waiver Application (THWA) dropdown.
  - Fax: (857) 323-8300
  - Mail: Commonwealth of Massachusetts Health Insurance Processing Center P.O. BOX 4405 Taunton, MA 02780

Retroactive Eligibility for Individuals Under the Age of 65

Upon request initial applicants under the age of 65 who applied on or after March 1, 2020, will have their coverage be retroactive to as early as the first day of the third calendar month before the month of application, but no earlier than March 1, 2020. If a member’s eligibility has been closed for more than 90 days and a new application was submitted to MassHealth, retroactive eligibility can be requested. If a member’s eligibility has been closed for less than 90 days at the time that MassHealth receives their new application, this is not considered an initial application and the request for retroactive eligibility cannot be honored.

Individuals over the age of 65 can continue to request retroactive coverage as they do today.

Individuals may request retroactive eligibility by:

- Contacting MassHealth Customer Service at (800) 841-2900 TTY: (800) 497-4648
- Submitting a written request to MassHealth. Written requests should include a member’s name, date, signature, and social security number or MassHealth ID number and indicate this is a MAGI Retroactive Eligibility request with the requested retroactive start date, or the number of retroactive eligibility days they are requesting.
  - Document Upload (HIX only): Assisters on behalf of members (under the age of 65 and have an existing HIX account) may upload retroactive eligibility requests by using the document upload feature. Documents should be uploaded under the
MassHealth - Self-Attestation Form (SAF-CVD) and Retro Eligibility Request dropdown.

- **Mail:** Commonwealth of Massachusetts
  Health Insurance Processing Center
  P.O. BOX 4405 Taunton, MA 02780
- **Fax:** (857) 323-8300

MassHealth will not apply retroactive coverage to a member’s MassHealth ACO/MCO Health Plan.

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**Public Charge and Covid-19**

U.S. Citizenship and Immigration Services (USCIS) has issued guidance that it will not consider testing, treatment, or preventive care related to COVID-19 as part of a public charge inadmissibility determination, even if Medicaid or another public benefits program pays for it.

If individuals think they may have COVID-19, do not forgo medical care. Individuals should contact their health care provider, use a free online tool to check their symptoms through the Mass.gov website, or call 2-1-1 for guidance. If an individual is experiencing a medical emergency, call 9-1-1.

For other questions about the public charge rule and MassHealth, please visit: