

## MassHealth Renewals/RFIs and Continuous Coverage During the Federal Public Health Emergency May 2021 Update

At the start of the federal public health emergency beginning March 18, 2020, MassHealth temporarily suspended most ongoing maintenance processes (e.g., renewals, RFIs). This was done to comply with the Maintenance of Effort (MOE) and continuous coverage requirements of the Families First Coronavirus Response Act (FFCRA) necessary to claim the enhanced 6.2% FMAP. More recent CMS guidance, including an Interim Final Rule effective November 2, 2020 and an Informational Bulletin issued in December 2020, set the expectation that states run renewals, perform periodic data matching and process reported changes consistent with federal rules. In accordance, MassHealth will restart these processes previously suspended. Medicaid coverage will still be maintained for members, consistent with federal guidelines, even if they do not respond or would otherwise be found ineligible.

### **A. MassHealth renewals and RFIs during the federal public health emergency (PHE)**

MassHealth plans to begin sending outstanding renewals beginning May 2021 and then regularly going forward. We will attempt to auto renew first by matching with federal and state data sources. A pre-populated form will only be sent if we cannot verify information electronically.

Processes that have already restarted:

- **Ex-parte (automatic) renewals for MassHealth only households (HIX and MA21)** began November 2020. Through this process, an individual's eligibility information is verified using electronic data sources. The household will be renewed for 12-months, and a notice is sent to the household notifying them of this. Households that cannot be auto renewed follow the standard renewal process. However, the latter step has been on hold.
- **Redeterminations for separate CHIP children turning 19 and pregnant women at end of postpartum period** began August 2020. This process uses data we have on file to redetermine the individual's eligibility for ongoing MassHealth. A notice is sent to the individual informing them of the results.
  - Separate CHIP individuals are not subject to the FFCRA requirements and are not being provided continuous coverage during the PHE. Therefore, they may be downgraded or closed. Postpartum coverage is protected.
- **Transitional renewals for MassHealth members turning age 65** began August 2020. When individuals turn 65, they are no longer eligible for MAGI benefits and must be redetermined using traditional non-MAGI rules. They are sent a SACA renewal that collects the necessary information to perform this determination.
  - These members will maintain coverage in their MassHealth benefit if the determination results in adverse action.
  - Additionally, for individuals 65 and older who have enrolled in Medicare but remain in a MAGI benefit as a result of continuous coverage, MassHealth has established an internal process to pay Medicare cross-over claims which would otherwise be denied.
- **Health Connector/Mixed Household renewals (HIX)** began in August 2020 and was completed by November 2020. Through this process, an individual's eligibility information is verified using

electronic data sources. If member was getting downgraded, they received a pre-populated form.

- Mixed households maintain coverage in their MassHealth benefit if the determination results in adverse action.
- The only exception is in the case the individual was determined Connector eligible before the PHE and was placed in temporary 90-day full or partial HSN, we will begin to expire those after an additional temporary 90-day enrollment period ends.

## **B. Continuous coverage during the federal public health emergency (PHE)**

MassHealth is also updating the continuous coverage workaround to align with the guidelines of the Interim Final Rule (CMS-9912-IFC) issued by CMS effective November 2, 2020.

Coverage may still be closed for the following valid reasons:

- Voluntary withdrawal;
- moved out-of-state; or
- deceased.

Under the revised guidelines, members will be allowed to move between coverage types grouped in the same tier.

- **Tier I\* – Minimum Essential Coverage (MEC):**
  - Medicaid and Medicaid Expansion only: Standard, CarePlus, CommonHealth and Family Assistance
  - Separate CHIP: Family Assistance and CommonHealth
  - State-funded: Family Assistance and CommonHealth
- **Tier II – Non-MEC (with COVID testing and treatment coverage):** Limited with or without HSN and/or HSN only\*\*, CMSP with Limited or HSN
- **Tier III – Non-MEC with limited benefits:** HSN with ConnectorCare & CMSP-only

*\*The groupings above are for illustrative purposes and do not represent how the rules were established within the eligibility systems. The following caveats are being applied:*

- *Medicaid and Medicaid Expansion individuals can move between Medicaid coverage types but will not be moved to state-funded or separate CHIP groups as this would be a loss of valid Medicaid benefit which is not permitted.*
- *Additionally, individuals in a Medicaid Tier I benefit will not lose Medicaid Tier I coverage during the PHE. This also applies to the state-funded benefits which MassHealth is currently maintaining.*

*\*\* MA has also decided to maintain the CMSP and HSN coverage included with other benefits through the end of the emergency period, but they are not subject to MOE continuous coverage requirements and are not included above.*

*Please note in the case of temporary 90-day HSN while individual enrolls in ConnectorCare or individual has CMSP only, we are closing.*

## FAQs

### 1. Who will get a MassHealth Renewal?

A: We will send renewals to those with a renewal date in the past who could not be auto renewed as well as members who have an upcoming renewal date. All timeframes, noticing and business processes will follow typical renewal practices in place prior to the PHE.

#### Applicable timeframes for members to respond:

- MAGI Renewal = 45-days
- Non-MAGI Renewal = 30-days

### 2. How many renewals per week does MassHealth intend to send?

A: MassHealth will begin with small, controlled batches of approximately 10,000 MAGI renewals (HIX) and 5,000 non-MAGI (MA21) every week depending on operational capacity. We will continue to monitor progress and increase volume accordingly.

### 3. Who will get a Request for Information (RFI)?

A: (1) Individuals with outstanding (more than 90-days old) RFIs that were sent during the PHE. (2) Individuals with outstanding (more than 90-days old) RFIs that may have been sent before the PHE, but that we have not yet expired due to PHE. These individuals will be sent a new RFI with an additional 30-days to respond. Individuals who have been issued an RFI and are still within the 90-days, will not be given an additional 30-days to respond. (3) Any application/determination going forward that requires additional proof of eligibility.

#### Applicable timeframes for members to respond:

- MAGI RFI = Typically 90-days, except in case we are reissuing an overdue RFI (90-day period has already expired), members will get an additional 30-days to respond.
- Non-MAGI RFI = 30-days

### 4. What is the impact of restarting RFIs?

A: Any member/applicant with an expired, existing, or future RFI timeclock will be expected to respond before that timeframe ends. If they do respond, we will determine eligibility based on the new information we receive. If they do not respond, we determine eligibility based on the current information available to us.

### 5. What if the member/applicant did not respond to a renewal or RFI from before or during the PHE? What happens if they do respond?

**Member/Applicant Does Not Respond:** MassHealth will redetermine their ongoing eligibility using the data available to us.

- The redetermination may result in individuals moving between Tier I coverage types or an upgrade of benefits. Members will not be closed for non-response. New applicants will continue to be denied if found ineligible as they always have.
- If the individual does not respond, and the determination using our information results in a closing, coverage in a lower Tier, or loss of permanent HSN (HSN coverage that does not accompany ConnectorCare), we will maintain the member in their current benefit

through the end of the public health emergency period or until another redetermination occurs that results in an upgrade or change in the same tier.

**Member/Applicant Does Respond:** If the member responds to the renewal/RFI within the applicable timeframe, changes may occur if member is determined eligible for another coverage type within the same Tier. Individuals are not at risk of losing comprehensive coverage identified in Tier I.

#### Examples

- An individual had CarePlus but has been determined disabled since the start of the PHE. This individual could move to Standard or CommonHealth depending on their circumstances.
- Adult with income less than 133% FPL was receiving Standard as a parent/caretaker but the youngest child in the household has turned 19. This individual could move to CarePlus or CommonHealth depending on their circumstances.
- An individual has CarePlus and reports an increase in income during the PHE. Based on the new information, the individual would now be eligible for ConnectorCare. This individual will NOT lose their MassHealth benefit. They will remain in CarePlus through the end of the PHE unless they voluntarily withdraw from MassHealth and ask to enroll in ConnectorCare.
- A single adult with MAGI FPL of 103% (2020 FPLs) on CarePlus reported pregnancy in 2020 and was moved to Standard under pregnant woman rules
  - The reported delivery date was January 11, 2021 which started the 60-day postpartum period.
  - Postpartum period has an end date of March 31, 2021.
  - On April 1, 2021, individual is redetermined by the system using the data we have on file and verified to have MAGI FPL of 75% (2021 FPLs) for household of 2.
  - The determination results in Standard for mother as a parent/caretaker with income less than 133% FPL and a child under age 19.
- A single adult on CarePlus reports to be medically frail and is moved to Standard. Once MassHealth has applied the medically frail indicator, the individual will remain in Standard and will not be placed back in CarePlus because of renewals or RFIs.

#### 6. Will members get standard eligibility notices?

A: Yes, members and applicants will receive standard renewal, RFI, and decision notices.

#### 7. Will members get an advance notice? Will it have appeal rights?

A: Yes, members will get 10-days advance notice with appeal rights if adversely impacted.

*In the case the determination results in an upgrade, the richer benefit is provided 10 days retroactive and we close the lesser one immediately.*

#### 8. Will members experience any increases in premium amounts charged during the PHE?

A: No, MassHealth has implemented measures to ensure a member's premium amount is not increased during the public health emergency. While, the eligibility systems still recalculate and eligibility notices continue to display any changes in premium amount, members will not be

billed for increases that resulted. We will continue to decrease premium amounts when they result and maintain that lower amount.

**9. What if the member has a benefit covered under separate CHIP?**

A: CMS has provided guidance that individuals covered by a separate CHIP benefit are not subject to the maintenance of effort (MOE)/continuous coverage requirements under the FFCRA. In accordance, MassHealth began redetermining children turning age 19 and pregnant women with certain immigration status in the fall 2020. The process is a systematic redetermination based only on data we have on file. The member receives notification of the decision.

**10. What happens if a member in a Tier I benefit returns the renewal/RFI and are now eligible for a Tier Two or Non-Tier coverage?**

A: Members cannot be moved from a higher to a lower tier, therefore MassHealth will keep them in the richer benefit.

**11. Will Transitional Medical Assistance (TMA) still be provided to individuals who qualify?**

A: Yes, individuals will continue to receive TMA consistent with our standard policies and procedures.