

MassHealth Federal Public Health Emergency October 2021 Update

What is changing?

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

- Tier I* — Minimum Essential Coverage (MEC). Examples include:
 - Medicaid Standard, CommonHealth, CarePlus, and Family Assistance;
 - CHIP and State-funded CommonHealth;
 - CHIP and State-funded Family Assistance; and
 - Medicare Savings Programs (Medicare Buy-In).
- Tier II — Non-MEC (with COVID testing and treatment coverage). Examples include:
 - Any Limited coverage that includes COVID testing and treatment.
- Tier III — Non-MEC with benefits that do NOT include COVID testing and treatment.
**Note that MassHealth currently does not have any federally defined Tier III benefits because it currently covers COVID testing and treatment for all such coverage types.

** Members cannot move from a Tier I Medicaid benefit to a Tier I CHIP or state-funded benefit.*

What is staying the same?

Medicaid coverage will still be maintained for members even if they do not respond or would otherwise be found ineligible.

However, coverage may still be closed for the following valid reasons:

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

At the state's discretion, in most circumstances individuals with state-funded CMSP will have continuous coverage except as noted in previous guidance. Similarly, HSN will continue to reimburse providers despite changes except as noted in previous guidance.

Lastly, as previously advised, individuals who have reached the age limit for CHIP coverage are not eligible for continuous coverage through the public health emergency. They will continue to have their eligibility redetermined upon reaching the age limit and be notified of their new eligibility.

What can individuals expect to happen?

1. Change of eligibility within the same Tier

For the most part, members may move from one Tier I benefit to a new Tier I benefit, including to the Medicare Savings Program.

- *Exception: Members cannot move from a Tier I Medicaid benefit to a Tier I CHIP or state-funded benefit.*

Examples

- 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 parent/caretaker 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 CarePlus through the end of the PHE, unless they voluntarily withdraw from MassHealth and ask to enroll in ConnectorCare, or their circumstances change
- A single individual age 67 who is not working with income at 97% FPL assets at \$1500 has MassHealth Standard and MSP. However, they report their bank account balance has increased to \$3000 (increase not due to pandemic-related payments). This individual could move to MSP only having lost their eligibility due to assets over the limit and they do not qualify for CommonHealth.

2. Renewal Scenarios - What happens if a member returns a renewal and are now eligible for . . . ?

- A member in a Standard returns a renewal and are now only eligible for a Tier II benefit.
 - Outcome: Members cannot be moved from a higher to a lower tier (e.g., Tier I to Tier II), therefore MassHealth will keep them in their current benefit.
- A member in Standard returns a renewal and are now only eligible for a CarePlus.
 - Outcome: Members may move between Tier I benefits subject to conditions above. This means the member will receive CarePlus now.
- A member in a CHIP Family Assistance returns a renewal and are now only eligible for ConnectorCare.

- Outcome: The member will not lose their MassHealth benefit since MassHealth is also maintaining coverage for those benefits separate from the federal requirement.

3. Will members get standard eligibility notices?

- Yes, members and applicants will receive standard renewal, RFI, and eligibility notices.

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

- 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.