

**Division of Medical Assistance**  
**Commonwealth of Massachusetts**  
**Office of Medicaid**

**NOTICE OF PROPOSED AMENDMENT OF REGULATIONS**

Under the authority of M.G.L. c. 118E, ss. 7 and 12 and in accordance with M.G.L. c. 30A, the Division of Medical Assistance (the Division) proposes to amend the following regulations.

**130 CMR 501.000: Health Care Reform: MassHealth: General Policies**  
**130 CMR 502.000: Health Care Reform: MassHealth: Eligibility Process**  
**130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements**  
**130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types**

It is anticipated that these amendments will not go into effect before October 2025. There is no fiscal impact on cities and towns.

MassHealth proposes the following amendments.

**130 CMR 501**

- **Case File – Definitions:** Remove language indicating that member account documentation is "permanent" to account for federal rules on case file retention.
- **Continuous Eligibility – Definitions:** Conform with changes proposed to 130 CMR 505 to reflect new continuous eligibility benefits for certain populations.
- **Disabled – Definitions:** To reflect current practice, amend the definition of "disabled" to align with the federal definition in Title XVI of the Social Security Act.
- **FPL – Definitions:** MassHealth implements annual federal poverty level increases on March 1 each year to align with updates published in the Federal Register.
- **EAEDC:** MassHealth will provide all EAEDC referred eligible members with MassHealth Standard (the richest MassHealth benefit).
- **Recoupment of Overpayments:** Remove language reserving the right to recoup overpayment for medical services. This aligns with recent CMS guidance and does not preclude MassHealth from recovering within the limits set by federal law.

**130 CMR 502**

- **Retroactive eligibility/Start dates:** Starting July 2025, all members will receive retroactive coverage up to the first day of the third month before the month of application if (i) covered medical services were received during such period, and (ii) the applicant would have been eligible at the time services were provided

(currently only available to certain groups). Otherwise, the coverage start date will default to the first day of the month of application.

- **Family Assistance and Premium Assistance:** Remove obsolete language, as Family Assistance is no longer the only benefit that can potentially receive Premium Assistance.
- **Hospital Presumptive Eligibility Update:** Add CommonHealth to the coverage types available during a Hospital Presumptive Eligibility period.
- **Ex Parte Renewals:** Perform annual autorenewals at the individual member level instead of by household.
- **Utilization of potential other benefits:** Eliminate the requirement that individuals apply for other cash benefits for which they may be entitled as a condition of Medicaid eligibility (e.g., Social Security, retirement benefits, etc.).

### 130 CMR 503

- **Utilization of potential other benefits:** Eliminate the requirement that individuals apply for other cash benefits for which they may be entitled as a condition of Medicaid eligibility (e.g., Social Security, retirement benefits, etc.).

### 130 CMR 505

- **Continuous Eligibility:** Provide (i) 12-months continuous coverage regardless of change in circumstances for children younger than 19 and individuals released from a correctional institution; and (ii) 24-months continuous coverage regardless of change in circumstances for all homeless individuals.
- **TMA Start Date:** Members eligible for 12 months transitional medical assistance (TMA) must begin their 12-month TMA period the month after a state (i) determines that an individual has experienced a TMA-qualifying event; and (ii) has provided the individual with advance notice. Under current practice, we begin the TMA period when the TMA-qualifying event occurred.
- **EAEDC:** Provide all EAEDC referred eligible members with MassHealth Standard (the richest MassHealth benefit).
- **CommonHealth:** CommonHealth members younger than 65 are no longer required to work or meet a one-time deductible.

In addition, all five amended regulations include the following changes.

- Add a severability clause to align with other MassHealth regulations.
- Update chapter titles to distinguish between modified adjusted gross income (MAGI) and non-MAGI methodologies.
- Broaden the regulatory authority citation to M.G.L. c. 118E instead of citing specific sections within c. 118E to ensure that relevant sections not currently cited, such as Sec. 9 (Eligibility), are included.

To submit data, views, or arguments concerning these proposed amendments, please email them to [masshealthpublicnotice@mass.gov](mailto:masshealthpublicnotice@mass.gov) as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All submissions must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit comments by

email should mail comments to EOHHS, c/o D. Briggs, 100 Hancock Street, 6<sup>th</sup> Floor, Quincy, MA 02171. Comments will be accepted through 5:00 p.m. on Friday, July 25, 2025. The Division specifically invites comments as to how the amendments may affect beneficiary access to care.

All persons desiring to review the current draft of the proposed regulation may go to [www.mass.gov/info-details/masshealth-public-notices](http://www.mass.gov/info-details/masshealth-public-notices) or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6<sup>th</sup> Floor, Quincy, MA 02171.

The Division may adopt a revised version of the proposed regulation taking into account relevant comments and any other practical alternatives that come to its attention.

July 3, 2025