



Redeterminations:  
Supplemental Q&A Guide  
August 2023

Welcome to the *Redeterminations: Supplemental Q&A Guide*. This resource complements the [MassHealth Renewal Help Guide](#), which can be found on MassHealth's [redeterminations website](#).

This guide is for anyone who is helping members with their MassHealth renewal. This includes but is not necessarily limited to:

- Certified Application Counselors (CACs) and Navigators
- Providers, including primary care providers, hospitals, community health centers, long-term care providers, nursing homes, shelter providers, case managers, and other provider types
- Community based organizations (CBOs) who work with MassHealth members
- Other Massachusetts state agencies
- MassHealth members
- Other groups or individuals who work with MassHealth members and want to help members understand their MassHealth renewals

## How to Use this Guide

The guide is organized by subject matter with sections for specific stakeholders (e.g., providers). We recommend using the searchable Table of Contents to find answers to specific questions.

## Background

At the beginning of the Public Health Emergency (PHE), the federal government implemented continuous coverage requirements. In response to these requirements, MassHealth put protections in place that prevented MassHealth members' coverage from ending. These protections were in place from February 2020 until April 1, 2023. MassHealth began the redetermination process and returned to its standard eligibility redetermination process on April 1, 2023.

In MassHealth's standard eligibility redetermination process, members are renewed each year to determine whether they are still eligible for MassHealth.

All MassHealth members will be redetermined over 12 months to determine if they can still get MassHealth coverage.

**This guide answers general redeterminations questions asked of MassHealth and should not be used to answer specific member questions related to eligibility.** Most eligibility cases are complex and highly individualized, and the answers will depend on a member's unique eligibility factors, such as age, income, disability status, and citizenship status. To follow up on case-specific questions, we encourage members to contact MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

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# Renewal Process

## What is a renewal and why is this happening?

Federal law requires MassHealth to check a member’s eligibility every year. A renewal is MassHealth conducting that check.

In response to the COVID-19 pandemic, from February 2020 until April 1, 2023, rules were put in place to protect most members’ MassHealth benefits, regardless of whether they were eligible. With these rules expiring, MassHealth may end, downgrade, or upgrade a member’s coverage in response to its regular check of eligibility.

All members will be renewed, regardless of their current MassHealth status or whether they have additional services (Home and Community Based Services, Long-term Care, etc.)

## What will the renewal form look like?

The renewal form will come in a large blue envelope (full 8.5” X 11” paper size) and branded as from the Commonwealth of Massachusetts (see Figure 1).

During this redetermination period, members may receive other important mail from MassHealth—other than their blue envelope—that they must read and may need to respond to. This is important to maintain their coverage and understand what benefits they qualify for. Other mail will arrive in white envelopes. On these white envelopes, the return address may indicate “Commonwealth of Massachusetts” or a specific unit of the Commonwealth, such as the Health Insurance Processing Center or Electronic Data Management Center. Members should watch out for any mail that could be from MassHealth and open all envelopes addressed to them as it could affect their health insurance coverage. Members should always complete any forms with calls to action that they receive from MassHealth.

Other important mail may include:

- Request for additional Information (RFI)
- Request for Verification
- Premium bills
- Adult or child disability supplements

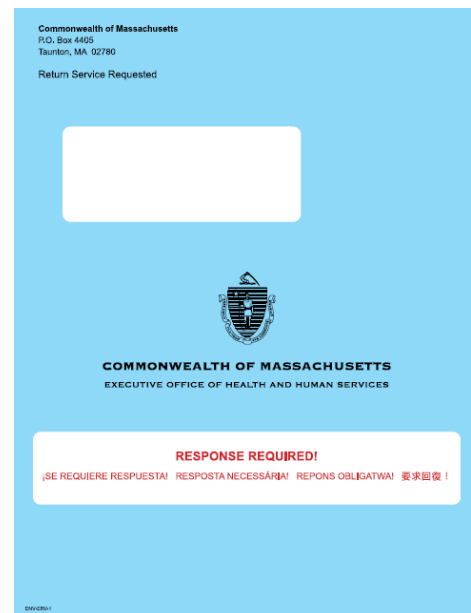


Figure 2: Blue Envelope that contains the Renewal Form

- Other documents not related to renewals, including Accountable Care Organizations enrollment information, prior authorization notices, etc.
- Automatic renewal notices (no action needed)

### **Are coverage rules changing for MassHealth services and plans?**

The upcoming cycle of renewals will not change coverage rules for MassHealth services.

MassHealth covers numerous services, including medical care, long term services and supports, behavioral health services, pharmacy, dental, home and community-based services. For details on what services are covered by MassHealth, members should contact their health plan or the MassHealth Customer Service center at (800) 841-2900 TDD/TTY: 711.

### **If a member does not complete a renewal or Request for Information (RFI), will they lose their benefits?**

MassHealth returned to normal operations on April 1, 2023. If individuals do not respond to a renewal or RFI, MassHealth will attempt to determine an individual's eligibility only with the information available, but the individual could experience a loss or reduction of benefits if they do not respond to the renewal or RFI.

### **What should members do if they receive more than one renewal form in less than 12 months?**

The member should complete any renewal forms they receive from MassHealth.

There are a few reasons why a member might receive multiple renewal applications in a short time period.

- The most likely reason is that they were protected as a part of the continuous coverage policy that was in place from February 2020 through April 2023 and received their annual renewal paperwork prior to April 1, 2023. Members were protected if they did not respond, or if they responded and were found eligible for a lesser benefit.
  1. Members who were protected under continuous coverage policies may be selected for their renewal at any point between April 2023 and April 2024.
  2. Members who were not protected under continuous coverage because they successfully completed a renewal in the previous 12 months typically have their renewal every 12 months.
  3. There are rare scenarios where members may receive a second application form due to special circumstances. This may occur before a member's application due date arrives and before they respond.
  4. Members may receive another renewal application after certain life events that impact eligibility – for example, if they just turned 65, they may have to submit another renewal.

## **Has MassHealth introduced any new solutions to prepare for the renewal cycle and account for the volume of renewals that are upcoming?**

MassHealth is increasing operational capacity of its contact center, enrollment centers, and related renewal and hearing processes by:

- Hiring more than 150 additional permanent and temporary staff to support the influx of redeterminations and increase capacity at the MassHealth Enrollment Centers (MECs).
- Increasing frontline customer service agents from 300 to more than 500 to support the forecasted increase in demand.
- Reinforcing training of staff at MECs and the MassHealth Customer Service Center to be prepared to answer questions and help members with redeterminations.
- Increasing the number of “assisters,” including Navigators and Certified Application Counselors (CACs) to support the redetermination process.
- MassHealth is implementing system and policy changes to adhere to federal requirements and enable a smoother renewal process for members by:
  - Aligning response timelines across Medicaid/CHIP (MAGI and non-MAGI) populations.
  - Implementing simple Senior Affordable Care Act (SACA) renewal form for most non-MAGI members.
  - Implementing self-service Interactive Voice Response (IVR) enabling members to understand what documents are outstanding without having to speak to an agent.
  - Developing e-submission application to enable an online option for renewals for 65+ population.
  - Validating and updating member contact information from trusted sources in alignment with federal best practices (e.g., data match with National Change of Address (NCOA)).
- MassHealth is focused on effective and comprehensive outreach to members to minimize administrative loss of coverage and to support members, including:
  - Media and outreach campaign in partnership with Health Care for All (HCFA)
  - Live outbound calling, capacity permitting
  - Text and email campaigns
  - Mail inserts
  - Educating community-based organizations
  - Building additional community-based capacity to assist with renewals

## **How does a member check who the current Head of Household (HOH) is for them, or check if they are the HOH?**

All renewal-specific correspondence would be addressed to the Head of Household. Members can call MassHealth at (800) 841-2900, TDD/TTY: 711 to find out who the Head of Household is. Members younger than age 65 with MA Login accounts can also find this information on their MA Login account.

## **The member received a welcome notice in the mail from their health plan. Does the member still need to wait for their renewal form in a blue envelope?**

Yes, the member still needs to look out for their renewal form that will arrive in a blue envelope and read any mail that may be from MassHealth. Health plans sent welcome materials to their members during the month of February 2023, but these should not be confused with renewal forms that come from MassHealth in a blue envelope.

## **Updating Contact Information**

### **How should members prepare for their renewal?**

The most important thing members can do to prepare for their renewal is to update their contact information, so MassHealth can reach the member when it is time for their renewal.

### **Why is it important for a member to update their contact information?**

Updating their contact information is critical to ensure that MassHealth can reach members when it is their time to renew. Generally, members can call MassHealth at (800) 841-2900, TDD/TTY: 711 to update their contact information without impacting their eligibility. In some instances, such as when a member has recently turned 19, eligibility may be impacted when contact information is updated. If members have any questions or would like more information, they can call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

### **How should a member update their contact information?**

MassHealth members should update their contact information by calling MassHealth at (800) 841-2900, TDD/TTY: 711.

### **How should a member update their contact information if they receive their MassHealth benefit through a different agency (e.g., the Social Security Administration)?**

Members who receive their eligibility for MassHealth through another agency such as the Social Security Administration need to contact that agency to update their contact information.

MassHealth cannot update the contact information for members who receive their eligibility through another agency.

## **What is MassHealth’s process for validating contact information sourced from third parties?**

MassHealth will permit the acceptance of updated enrollee contact information from managed care plans, the Massachusetts’ Department of Housing and Community Development, the National Change of Address (NCOA) database, and USPS. MassHealth’s validation processes assure that:

- The managed care plans only provide updated contact information received directly from or verified with the member, an adult who is in the member’s household or family, or the member’s authorized representative recognized by the health plan. The state will not accept contact information provided to the plan by a third party or other source if not independently verified by the plan with the member, an adult who is in member’s household or family, or the member’s authorized representative recognized by the health plan.
- Third party databases provide contact information that has been received directly from or verified by one of the following: the member, an adult who is in the member’s household or family, the member’s authorized representative recognized by the health plan or trusted public records.
- The member contact information provided by the managed care plan and third-party databases is more recent than the information on file with the state.

## **If a member updates their account after April 1, 2023, but before they received their blue envelope, will the benefit change or will they stay protected?**

After April 1, 2023, members’ benefit may change if they report new eligibility information on their account before their blue envelope arrives. Information that may affect a members’ eligibility includes things like income, disability status, and household composition.

More information about factors which may impact eligibility can be found at [www.mass.gov/service-details/eligibility-for-health-care-benefits-for-masshealth-the-health-safety-net-and-childrens-medical-security-plan](https://www.mass.gov/service-details/eligibility-for-health-care-benefits-for-masshealth-the-health-safety-net-and-childrens-medical-security-plan).

Generally, members can call MassHealth Customer Service at (800) 841-2900 (TDD/TTY: 711) to update their contact information without impacting their eligibility.

In some instances, such as when a member has recently turned 19, eligibility may be impacted when contact information is updated. If members have any questions or would like more information, they can call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

## **Renewal Submission Options**

### **How can members submit their renewal?**

Members younger than the age of 65 can submit their renewal in one of the following ways:

- **Online:** Go to [www.mahix.org/individual](http://www.mahix.org/individual) (or the individualized link provided on their renewal notice), login with their MA Login Account, and process their renewal online.
  - If the member doesn't have an account, they can use the web link provided in their renewal notice to create one, or call (844) 365-1841 (TDD/TTY: 711).
- **Mail, Fax, or Drop Box:** Complete the paper application and mail it back to Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780, fax it to (857) 323-8300, or drop it off at a secure MassHealth drop box outside one of the MassHealth Enrollment Centers (MECs) (addresses for enrollment centers can be found at [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs)).
- **Phone:** Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711. A MassHealth Customer Service Representative can help complete the member's application over the phone.
- **Assister:** Get help from a Certified Application Counselor (CAC) (go to <https://my.mahealthconnector.org/enrollment-assisters> to find a list of nearby CAC organizations). Assisters can help complete and submit the member's application.
- **MassHealth Enrollment Center:** Get help from a MassHealth Enrollment Center representative. We recommend that members schedule an appointment ahead of time at [www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment). Appointments can be virtual or by phone. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).

Members older than age 65 or members of any age receiving nursing facility care or members in a Home and Community Based Services (HCBS) waiver can submit their renewal in one of the following ways:

- **Online (for members who have previously completed the SACA):** If the member has completed the Senior Affordable Care Act (SACA) before and their renewal has an e-Submission Number, they can fill out the renewal online or upload it and submit it electronically using e-submission. Go to <https://mhesubmission.ehs.mass.gov/esb>.
- **Online (for members who are completing the SACA for the first time):** If the member is a new applicant or filling out a SACA for the first time (the member may be filling out the SACA for the first time if the member has recently turned 65 or are turning 65 soon), the member can fill out and submit the SACA online. Go to [www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services](http://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services), scroll down to "How to Apply" and click the "Online" option.
- **Mail, Fax, or Drop Box:** Members over age 65 can complete the paper application and mail it back to the Charlestown MassHealth Enrollment Center (address: MassHealth Enrollment Center, Central Processing Unit, P.O. Box 290794, Charlestown, MA 02129), fax it to (617)-887-8799 or drop it off at a secure MassHealth drop box outside one of the MassHealth Enrollment Centers.

(Addresses for enrollment centers can be found at [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs)).

- **Phone:** Call MassHealth at (800) 841-2900, TDD/TTY: 711. A MassHealth Customer Service Representative can help complete the member's application over the phone.
- **Assister:** Get help from a Certified Application Counselor (CAC) (go to <https://my.mahealthconnector.org/enrollment-assisters> to find a list of nearby CAC organizations). Assisters can help complete and submit the member's application.
- **MassHealth Enrollment Center:** Members can get phone, virtual, or in-person assistance from the MassHealth Enrollment Centers (MECs). We recommend that members schedule an appointment ahead of time at [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative). Appointments can virtual or by phone. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).

### **Do members need internet access to complete their renewal?**

No. Members without internet access can complete their renewal in the following ways:

- Complete the paper application and mail or fax it back to the address on the application or drop it off at a secure MassHealth drop box outside one of the MassHealth Enrollment Centers (MECs).
- Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- Get help from a Certified Application Counselor (CAC) or Navigator. Search for nearby CAC organizations at: <https://my.mahealthconnector.org/enrollment-assisters>
- Visit a MassHealth Enrollment Center in person. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).

### **Does a member have to create an account to use e-Submission?**

A user does not need to have an account to complete an e-Submission. They will need the seven-digit e-Submission Reference Number from their renewal notice, the date of birth of the Head of Household (HOH), and the MassHealth ID number for the HOH.

If a member is submitting a form using Adobe Reader, they are required to enter their email address, but are not required to create an account. Please note that this option is only available to members who are completing the SACA for the first time.

### **Can any member e-submit, or is it only for members 65 and older?**

E-submission is an option available for members who complete an Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA) renewal form, including some members who complete



the SACA and are under age 65. If a member has an e-submission number on the second page of their renewal, they will be able to use this option.

If members receive an e-submission link on the second page of their SACA renewal notice, members can e-submit.

Members who do not complete a SACA application also have options to complete their renewals online. More information about the many options to complete a MassHealth renewal can be found at [www.mass.gov/how-to/renew-your-masshealth-coverage](http://www.mass.gov/how-to/renew-your-masshealth-coverage).

### **Where can a member renew online?**

Most members younger than age 65 can:

- Go to [www.mahix.org/individual](http://www.mahix.org/individual) (or the individualized link provided in the notice in their renewal notice), login with their MA Login Account, and process their renewal online.
- If the member doesn't have an account, they can use the web link provided in their renewal notice to create one, or call (844) 365-1841 (TDD/TTY: 711).

Most members over the age of 65 or members of any age receiving nursing facility care or members in a Home and Community Based Services (HCBS) waiver can:

- If the member has completed the Senior Affordable Care Act (SACA) before and their renewal has an e-Submission Number, they can fill out the renewal online or upload it and submit it electronically at <https://mhesubmission.ehs.mass.gov/esb>
- If the member is a new applicant or filling out a SACA for the first time (the member may be filling out the SACA for the first time if the member has recently turned 65 or are turning 65 soon), the member can fill out and submit the SACA online. Go to [www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services](http://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services), scroll down to "How to Apply" and click the "Online" option.

### **When a member is using their MA Login Account to complete their renewal, can they start the process and come back later to finish?**

Yes. The member will have 48 hours to return to their started renewal form and finish the process. After 48 hours, the member will need to start the renewal over. Click the Complete Renewal Link on the My Eligibility page. The member will also see an Undo Changes Link. This link removes any changes the member has already made to the renewal and lets the member start the renewal over.

Important: The 48-hour time period that the member has where their progress will be saved does not apply when the member's due date passes. The member must complete and submit their renewal before the due

date in their renewal letter. The due date overrides the 48-hour period and deletes progress; progress is not saved once the due date passes, even if the member is still in the 48-hour period.

## The SACA Application

The SACA application is intended for seniors and people of any age needing long-term-care services. There are multiple kinds of SACA renewal forms, and MassHealth will send you the form that you need to fill out.

### Who can use the simple SACA?

In general, members should complete the forms they receive in their renewal packet.

The simple SACA form is intended for a subset of MassHealth members aged 65 or older living in the community who are not Home and Community-Based Services (HCBS) waiver participants (and their spouses, if they are married).

The simple SACA form is NOT intended for members in the categories listed below:

- Members younger than 65
- Members with a disability younger than age 65
- Members who are 65 or older and a parent or caretaker relative of children under age 19
- Members who will turn 65 this year
- Members who have turned 65 and have not previously completed a Senior Application (Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA) or Renewal Application for Health Coverage for Seniors and People Needing Long-Term Care Services (SACA-2SACA)
- Members currently receiving MassHealth benefits as a resident of a nursing facility
- Members currently receiving MassHealth benefits through a HCBS waiver program
- Members currently receiving MassHealth benefits through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program
- Individuals currently receiving coverage only from the MA Health Connector

Often referred to as the SACA application, the full name for this application is [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services.](#)

**For SACA e-Submission, will MassHealth add the option to attach multiple documents?**

MassHealth is working on updating e-Submission to allow members to upload multiple files, instead of one large file. At this time, members are not able to attach documents to an Adobe Sign submission and will have to mail or fax the supporting documents.

**When a first-time SACA is submitted online via Adobe Sign (not e-Submission), will supporting documentation for the application be able to be attached and submitted as well?**

When first-time SACAs are submitted online via Adobe Sign, the members are not able to attach documents at this time. The member will have to mail or fax the supporting documents.

**Does a member need an email address to do e-Submission of the SACA?**

No, you do not need an email address to do e-submission of the SACA.

**Will an email confirmation be sent that the SACA application has been received?**

Yes, the Adobe Sign application will send an email with a copy of the completed SACA application to the email address provided.

**Can members use the version of the pre-March 2023 version of the SACA form?**

MassHealth encourages members to use the [March 2023 version of the SACA](#). However, MassHealth will accept the older version of the SACA through 3/31/2024.

If a member already has a Medicare Savings Program (MSP) or a Health Safety Net (HSN) benefit, MassHealth recommends the member wait for the blue envelope with their renewal packet or the auto-renewal letter stating that they have been automatically approved. For these members, completing the old SACA may not have the desired effect and could result in a change in eligibility earlier.

**Will there be a training or job aid circulated for the e-Submission?**

As part of the Phase 2 toolkit, MassHealth has released a Renewal Help Guide that includes information about e-Submission. You can access it here: [www.mass.gov/lists/masshealth-redetermination-resources](http://www.mass.gov/lists/masshealth-redetermination-resources).

**What if a SACA application was sent to the wrong MassHealth Enrollment Center (i.e., instead of the Charlestown MEC)?**

Members should send their SACAs to the following address:

MassHealth Enrollment Center  
PO Box 290794  
Charlestown, MA 02129

If a member sends their SACA to the wrong MEC, it's okay; MassHealth will make sure that it gets set to the correct address.

## Where Members Can Get Help

### Where can members go to get assistance with their renewal?

There are multiple places that a member can go to get help with their MassHealth renewal:

- Call MassHealth at (800) 841-2900, TDD/TTY: 711.
  - Members can get phone, virtual, or in-person assistance from the MassHealth Enrollment Centers (MECs). We recommend that members schedule an appointment ahead of time at [www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment). Appointments can be virtual or by phone. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-meecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-meecs).
- Get assistance from a Certified Application Counselor (CAC) or Navigator. The member can go online to find their nearest organization at <https://my.mahealthconnector.org/enrollment-assisters>.

### Can members call customer service to schedule an appointment at a MassHealth Enrollment Center (MEC) instead of using the online scheduling tool?

Yes. However, MassHealth encourages members to make an [appointment online](#), if possible.

### Will MassHealth be hosting in-person events to assist members with the renewal process?

#### Will these events have translators?

MassHealth will hold in-person events to assist members in the community with renewals, including those who are immigrants, refugees, or non-English speaking. Through its partnership with Health Care For All, MassHealth is partnering with several community based organizations (CBOs) that support these populations. These CBOs will provide enrollment assistance via office hours and live events. Additionally, MassHealth is partnering with the Health Connector to build a team of Mobile Community Specialists who will travel to different community locations to help members with their renewals. MassHealth has also partnered with many Certified Assistance Counselor organizations in the community, many of which support immigrants and non-English speakers.

MassHealth will offer in-person appointments at MassHealth Enrollment Centers beginning in July 2023, where interpreters can join via a language line.

## **Who does a member call to have a document translated?**

MassHealth recommends that members call MassHealth Customer Service at (800) 841-2900 (TDD/TTY: 711) when they need live translation services to understand their documents. MassHealth's Customer Service Center has representatives who can help members understand their documents and speak the following languages: English, Spanish, Portuguese, Mandarin, Vietnamese, Arabic, and Haitian Creole.

The Customer Service Center can also connect callers on a third-party language line in virtually any language so that Customer Service Representatives can help members understand their documents in real time.

If members would like to have a written document fully translated into a language other than English or Spanish, they can call MassHealth Customer Service and request that their full written document be translated into the language of their choice. Depending on the length and complexity of the document, this process may take 2-6 weeks.

## **How does it work if a person calls MassHealth Customer Service with their own interpreter that is a Certified Application Counselor (CAC) or a Navigator?**

When calling MassHealth Customer Service, members that prefer to use their own interpreter will need to self-attest that they approve a third party (i.e., their interpreter) to interpret the conversation on their behalf.

If a member's interpreter who they're calling in with is someone who has Permission to Share Information (PSI) or an Authorized Representative Designation (ARD) at the time they call, then the PSI or ARD can translate on behalf of the member via the customer service line.

If a member's interpreter is not a PSI or ARD at the time they call, then the member must go through the following process:

- The Customer Service Representative (CSR) will direct the member to the third party language line.
- The member will be asked to self-attest to providing permission to use their own interpreter.
- Once permission is provided, the member will be disconnected from the language line and be directed back to the customer service line to continue the conversation with their own interpreter's assistance.

## **Can MassHealth provide the Interactive Voice Response (IVR) prompts to get to the renewal line?**

The below is the structure of the MassHealth Customer Service IVR as of June 29, 2023. MassHealth is constantly working to improve the member experience, which could include making changes and updates to the IVR at any point.

To connect with the renewal line, MassHealth members should do the following:

1. Call MassHealth Customer Service (800) 841-2900, TDD/TTY: 711.

2. Indicate your preferred language.
3. Confirm you are a MassHealth member.
4. Confirm whether you are over or under 65 years old.
  - a. If you are over 65 years old, select Option 5 for “all other calls.” Then, select the prompt to indicate that you received a renewal notice or termination letter in the mail.
  - b. If you are younger than 65 years old, select the prompt to indicate that you received a renewal notice or termination letter in the mail.
5. Indicate whether you received a renewal **or** a termination in the mail.
6. Members should then be connected to a Customer Service Representative who can assist them with their renewal or termination letter.

## Automatic Renewals

### What is the difference between renewals where the member must take action and automatic renewals?

There are two types of MassHealth renewals:

1. **Renewals in which MassHealth needs additional information:** MassHealth needs more information from the member to complete the renewal. Members will receive a blue envelope containing renewal instructions. In this case, members must take action to complete their renewal.
2. **Automatic renewals:** MassHealth is able to automatically renew a member based on their existing data. Members may receive a white automatic renewal envelope in the mail if they are automatically renewed.

### How does a member get auto-renewed?

Whenever possible, MassHealth will first attempt to automatically process a member’s renewal through multiple avenues.

Some members may be automatically renewed because MassHealth can match their information against state and federal datasets. These members will not know if they are automatically renewed in advance. A member can increase their chances of automatic renewal by providing updated information to MassHealth.

In addition, certain members who belong to the following categories may be automatically renewed:

- Members receiving SSI through the U.S. Social Security Administration because they are 65 and older and have limited income/resources
- Members receiving SSI through the U.S. Social Security Administration because they are disabled and have limited income/resources

- Members receiving Temporary Assistance of Needy Families (TANF) benefits through the Department of Transitional Assistance (DTA)
- Members who are currently or formerly in the custody of the Department of Children & Families (DCF) who are:
  - Ages 0-18
  - Ages 18-22 and adopted (previously in DCF custody)
  - Ages 18-26 and not adopted (former foster youth)
- Children and youth in custody of the Department of Youth Services (DYS)

Members who fall into the categories above may be automatically renewed and may not need to take any action. However, they should still make sure to respond if they do receive a blue envelope, or any other mail from MassHealth.

## Checking Application Status

### Should a member be worried if they have not gotten their blue envelope renewal yet?

There are many reasons why a member may not have received a blue envelope yet. First, MassHealth renewals are taking place over the course of 12 months and renewals will be distributed across that entire time period. Additionally, members who are auto-renewed will not get a blue envelope in the mail. Instead, they may receive an auto-renewal notice from MassHealth in a white envelope telling them that their coverage has been renewed with no further action needed.

Regardless of the status of a member's blue envelope, members should always read and, if needed, respond to all mail from Commonwealth of Massachusetts to make sure that they do not miss any important information about their health coverage.

### If a member wants to check the status of their renewal, what are their options to do so?

Members younger than 65 years old can generally check the status of their application using the following methods:

- **Mail from MassHealth**: Members should look out for any mail that could be from MassHealth, including notices that a member's eligibility was verified, that MassHealth needs additional information in order to determine a member's eligibility, that the member's coverage has changed, or other important information about the member's coverage.
- **Online**: Members can log in to their MA Login account ([www.mahix.org/individual](http://www.mahix.org/individual)) which will display a banner that notifies them if they have a renewal in progress or if they have an expired renewal.

- If a member doesn't yet have an account, they can create one using the individualized link on the back of their most recent MassHealth notice or by calling 844-365-1841, TDD/TTY: 711.
- **Phone:** Members can use the self-service menu when they call MassHealth Customer Service at (800)-841-2900, TDD/TTY: 711 to hear the system read out any documents the member owes to MassHealth, including renewal forms. A customer service representative can also provide this information.
- **In-person or virtual assistance:**
  - Members can get phone, virtual, or in-person assistance from the MassHealth Enrollment Centers (MECs). We recommend that members schedule an appointment ahead of time at [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative). Appointments can be virtual or by phone. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).
  - Members can get help from a Certified Application Counselor or Navigator to find out if they have a renewal in progress. Go online to find the nearest organization at <https://my.mahealthconnector.org/enrollment-assisters>

Members over 65 years old or of any age receiving nursing facility care or in Home and Community-Based Services (HCBS) waivers can generally check the status of their renewal using the following methods:

- **Mail from MassHealth:** Members should look out for any mail that could be from MassHealth, including notices that a member's eligibility was verified, that MassHealth needs additional information in order to determine a member's eligibility, that the member's coverage has changed, or other important information about the member's coverage.
- **Phone:** Members can call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 and ask an agent if they have a renewal in progress. Agents may not be able to inform members when their next renewal is scheduled if their coverage was protected while the continuous coverage requirements were in effect.
- **In-person or virtual assistance:**
  - Members can get phone, virtual, or in-person assistance from the MassHealth Enrollment Centers (MECs) to learn if they have a renewal in progress. We recommend that members schedule an appointment ahead of time at [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative). Appointments can be online or by phone. To see a list of MECs and their addresses, visit [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).



- Members can get help from a Certified Application Counselor or Navigator to find out if they have a renewal in progress. Go online to find the nearest organization at <https://my.mahealthconnector.org/enrollment-assisters>

## Initiating a Redetermination

### Can members choose to be redetermined before they receive their blue envelope?

Members can choose to be redetermined at any time (e.g., before they receive their blue envelope) by providing MassHealth with updated eligibility information (such as income). Choosing to be redetermined before they receive a blue envelope may reset a member's renewal 'clock', meaning that their next renewal will be due 12 months from the date they are redetermined.

Members have several options to initiate their MassHealth renewal before they receive a blue envelope:

- (Members under age 65 only) - Update their income or other eligibility information in their [MA Login Account](#) by completing a full review of their application.
- Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- Make an appointment at a MassHealth Enrollment Center (MEC). We recommend that members schedule an appointment ahead of time [at www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment). Appointments can be online or by phone. There are 7 MECs across the State – find the nearest one online at [www.mass.gov/service-details/masshealth-enrollment-centers-mecs](http://www.mass.gov/service-details/masshealth-enrollment-centers-mecs).
- Get help from a Certified Application Counselor (CAC) (go to the [“Information for Certified Application Counselors”](#) section to find a link to a list of CAC organizations).

## Income and Assets

### How are income limits determined?

There is no single income limit for MassHealth. Income limits depend on the type of MassHealth coverage, and a person's other eligibility factors (e.g., age, disability status, and citizenship status). Income eligibility limits are defined as percentages of the [Federal Poverty Level \(FPL\)](#). Income limits apply regardless of whether a person works part time or full time.

Retirement, survivors, and disability insurance benefits are considered income for the purposes of MassHealth eligibility.

For individuals younger than 65, general information on income eligibility limits can be found at [www.mass.gov/service-details/eligibility-for-health-care-benefits-for-masshealth-the-health-safety-net-and-childrens-medical-security-plan](http://www.mass.gov/service-details/eligibility-for-health-care-benefits-for-masshealth-the-health-safety-net-and-childrens-medical-security-plan).

For individuals older than 65, individuals of any age in long term care, and persons in HCBS waivers, general information on income eligibility limits can be found at [www.mass.gov/service-details/eligibility-for-people-age-65-and-older-and-people-who-need-long-term-care-services](http://www.mass.gov/service-details/eligibility-for-people-age-65-and-older-and-people-who-need-long-term-care-services).

### **Has MassHealth adjusted its income eligibility limits for inflation?**

MassHealth income eligibility limits are based on [Federal Poverty Level \(FPL\)](#). The federal government sets FPL and the 2023 FPL has been adjusted to reflect recent inflation.

### **Who do asset limits apply to?**

Asset limits may apply for MassHealth members who fall into one of the following categories:

- Individuals older than 65 and living in the community
- Individuals of any age in long term care
- Individuals in Home and Community-Based Services (HCBS) waivers
- Individuals of any age applying for the Medicare Savings Program (MSP)

Asset limits vary and depend on coverage type and whether a member is an individual or part of a couple. The asset limit for most individuals is \$2,000. Some assets accumulated during the pandemic may not count towards this asset limit, depending on a member's situation. More information on asset limits can be found here: [www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members](http://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members).

### **Will members be able to self-attest to income now that continuous coverage protections have been lifted?**

After April 1, 2023, members are no longer able to self-attest to income.

However, MassHealth will continue to accept self-attestation for the exceptions defined in the MassHealth regulations. Examples of accepted self-attestation after April 1, 2023, include pregnancy, breast and cervical cancer treatment, medical frailty, and HIV+. Please also note there are affidavits available online that may be used as acceptable proofs for verification of eligibility.

### **Are pandemic payments, i.e., stimulus checks, counted as income or assets in the eligibility determination process?**

Pandemic payments received during the federal public health emergency are **not** counted as income or assets for purposes of eligibility.

## Renewal Timeline

### What are the steps in the full renewal timeline?

The steps in the renewal timeline are as follows:

1. Selected for renewal and auto-renewal attempted
  - Whenever possible, MassHealth will **automatically process a member's renewal** by matching their information against state and federal data sets
2. Renewal notices in blue envelope (45 days to respond)
  - 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
  - Typically, members have **45 days to respond to renewal notices**
3. Request for Information (RFI) (90 days to respond)
  - If members respond to renewal notices but MassHealth still needs more information from the member, members have an additional 90 days to respond to that RFI
  - RFIs are **not sent to all members** and are only sent if MassHealth needs more information
4. Termination Notice
  - Typically, members have at least **14 days advance notice before their benefits stop**
5. Renewal Reconsideration Period (90 days)
  - During the reconsideration period **a member who has been closed for failure to respond to their renewal notice** can contact MassHealth to complete their renewal and will be **reinstated to the day that they were closed**, as long as they **call MassHealth within 90 days of their MassHealth coverage terminating**.
  - The 90-day renewal reconsideration period only applies for failure to respond to renewal notice but does not apply for failure to respond to RFIs, verifications, or other types of notices.

### How long does it take for MassHealth to process a renewal form?

MassHealth will process renewal paperwork as quickly as possible for all members.

MassHealth's time standards for making an eligibility determination are generally as follows:

- MassHealth processes renewals for most members within 45 days of the return of the renewal.
- For members who apply on the basis of disability, MassHealth will make an eligibility determination within 90 days from when the complete application is received.

- Please note that these timelines may be extended under certain circumstances, such as if MassHealth needs to send a Request for Information (RFI) in order to complete the renewal. If they lose or have a downgrade of coverage, members will be provided 14 days advance notice and benefits will not close before the 14 days are up.

Please note: If a member has returned their renewal by their deadline, MassHealth will not terminate or downgrade that member's coverage until their renewal has been processed.

### **What are the response timelines for responding to a renewal notice? Are there any exceptions?**

Most members have 45 calendar days to respond to a renewal notice.

Members living in a long-term care facility must complete the MassHealth Long-term Care (LTC) Eligibility Review Form and submit it to MassHealth within 45 days.

If members respond to renewal notices but MassHealth still needs more information from the member, members have an additional 90 days to respond to a Request for Information (RFI).

### **If a MassHealth member doesn't respond to a renewal letter by their due date and loses coverage, what should they do next?**

There are three key messages for members who have lost coverage because they did not respond by their due date:

- Call MassHealth at (800) 841-2900, (TDD/TTY: 711) as soon as possible to complete your renewal.
- If you complete your renewal by phone and are found eligible within 90 days of your closing date, you will have your MassHealth coverage restored to the date of your closing with no gap in coverage.
- Even if you think that you are likely no longer eligible for MassHealth, you should still call MassHealth to complete your renewal—it will help MassHealth determine and connect you with other affordable coverage options.

Outside the reconsideration period, a member's coverage start date is situation and population dependent.

- Generally, those younger than 65 get 10 day retroactive coverage prior to their application date. However, certain populations, such as children younger than 19 and members who are pregnant, can request three months of retroactive coverage.
- Generally, those older than 65 have retroactive coverage back to the beginning of the month their application was received by MassHealth. However, members older than 65 can also request three months of retroactive coverage. Please note that these timelines do not apply to every member.

## **If a MassHealth member loses coverage, is that coverage loss effective retroactively back to their renewal selection date?**

No, coverage loss and/or downgrade of benefits are always implemented prospectively. Please also note that downgrade or loss in coverage will come with at least 14 days advance notice before MassHealth takes final action. Additionally, the member will be provided with the right to appeal the decision.

## **What is MassHealth's outreach strategy for those who failed to respond (if any)?**

MassHealth's outreach strategy includes running text, email, and robocall campaigns that target members who have not responded by their action date.

The key messages for members who failed to respond are:

- Call MassHealth at (800) 841-2900, TDD/TTY: 711 as soon as possible to complete your renewal.
- If you complete your renewal and are found eligible within 90 days of your closing date, you will have your MassHealth coverage restored to the date of your closing with no gap in coverage.
- Even if you think that you are likely no longer eligible for MassHealth, you should still call MassHealth to complete your renewal—it will help MassHealth determine and connect you with other affordable coverage options.

MassHealth is also encouraging health plans to outreach members who appear on the non-response files that they receive from MassHealth.

## **What is the timeline to appeal a coverage decision made by MassHealth?**

If the member disagrees with action taken by MassHealth, the member has the right to appeal and ask for a hearing before an impartial hearing officer.

The Board of Hearings must receive the completed, signed request within 60 calendar days from the date the member received the notice of MassHealth action. If the member did not receive a written notice of the action to be taken, or MassHealth did not take an action on the application, the member must file their request no later than 120 calendar days from the date the action took place or the date of the application.

For more information, members can visit: [www.mass.gov/how-to/how-to-appeal-a-masshealth-decision](http://www.mass.gov/how-to/how-to-appeal-a-masshealth-decision).

## **How will members know if they lose coverage?**

If an individual loses MassHealth, they will be mailed a notice of this decision that notifies them of the loss of coverage. Members have at least 14 days advance notice before their benefits stop. The coverage will not be re-established until the individual contacts MassHealth to complete the renewal, application, provide requested verification, and/or update their information, and is then determined eligible.

## **What should members know who are selected for renewal while they are inpatient?**

The most important proactive step that can be taken for members who are likely to need assistance with their renewals is to have an Authorized Representative Designation (ARD) or Permission to Share (PSI) form on file so that a family member, caretaker, or other representative is able to assist them or provide information on their behalf when it is time for their renewal.

The MassHealth renewal process allows for flexibility. Members generally have 45 days to return their renewal paperwork. If members miss that deadline and are terminated for lack of response, they have a subsequent 90-day “reconsideration period” during which they can submit their renewal and have their case re-opened with eligibility applied retroactively to the date that their case was closed.

If a case does arise where adverse action is taken on a member’s case because the member was unable to respond due to being inpatient, members or their representatives should contact MassHealth. MassHealth’s eligibility team will ensure the member receives the best benefit they are eligible for given their individual circumstances.

## **Transition to Other Coverage**

### **What is a downgrade in coverage?**

A downgrade in coverage means that a member's level of coverage would change, and their insurance might cover fewer services. An example of this is a member transitioning from MassHealth Standard to MassHealth Limited.

### **Is losing MassHealth a Qualifying Life Event for Connector and other private (non-Connector) coverage?**

Yes, losing MassHealth is a Qualifying Life Event for other health coverage options.

- For the Health Connector, losing MassHealth coverage is a Qualifying Life Event, which allows members to enroll in a plan through the Health Connector outside of the regular Open Enrollment Period.
- For employer-sponsored insurance, being found ineligible for MassHealth, such as having too much income, is a Qualifying Life Event with a 60-day enrollment period.
- For Medicare, losing Medicaid coverage represents a 'special circumstance'/'special enrollment period'. This allows the member to enroll in Medicare outside of standard enrollment periods. Learn more here: [www.medicare.gov/sign-up-change-plans/joining-a-health-or-drug-plan/special-circumstances-special-enrollment-periods](https://www.medicare.gov/sign-up-change-plans/joining-a-health-or-drug-plan/special-circumstances-special-enrollment-periods).

## What coverage options are there for an under-65 member who is no longer eligible for MassHealth?

If a member is under the age of 65 and is no longer eligible for their previous MassHealth benefit, they may qualify for another program to help them receive affordable healthcare or access to other services.

1. **Connector coverage:** Individuals may be eligible for Connector coverage. Connector coverage may be subsidized or unsubsidized depending on the individual; visit the Connector's website for more information here: [www.mahealthconnector.org/](http://www.mahealthconnector.org/).
2. **Employer Insurance:** For employer-sponsored insurance, being found ineligible for MassHealth, such as having too much income, is a Qualifying Life Event with a 60-day enrollment period.
3. **Home and Community Based Services (HCBS) Waiver:** MassHealth members who otherwise need facility-based care may be eligible for a HCBS waiver. For more information, visit the following link [www.mass.gov/service-details/home-and-community-based-waivers](http://www.mass.gov/service-details/home-and-community-based-waivers).
4. **Medicare Savings Program:** The Medicare Savings Program (MSP) is a federally funded program that pays for some or all a low-income Medicare recipient's premiums, deductibles, copayments, and co-insurance.
  - For more information, a member can visit [www.mass.gov/service-details/help-paying-medicare-costs](http://www.mass.gov/service-details/help-paying-medicare-costs).
5. **Program of All-inclusive Care for the Elderly (PACE):** PACE is administered by MassHealth and Medicare to provide medical, social, recreational, and wellness services for people **55 and older** who are certified by the state as eligible for nursing home care but can live safely in the community. The eligibility rules for PACE are different than MassHealth, and the member do not need to be on MassHealth to be eligible for PACE.
  - For more information, a member can visit [www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace](http://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace).

## What coverage options are there for a member who is older than age 65 and who is no longer eligible for MassHealth?

If a member is 65 or older is no longer eligible for their previous MassHealth benefit, they may qualify for another program to help them receive affordable healthcare or access to other services.

1. **Connector coverage:** Individuals who do not qualify for Medicare may be eligible for Connector coverage. For those eligible for Medicare, loss of MassHealth is a Special Enrollment Period (SEP) that allows individuals to enroll in Medicare outside of standard enrollment periods.
2. **Medicare Savings Program (MSP):** The Medicare Savings Program is a federally funded program that pays for some or all a low-income Medicare recipient's premiums, deductibles, copayments, and co-insurance.

- For more information, a member can visit [www.mass.gov/service-details/help-paying-medicare-costs](http://www.mass.gov/service-details/help-paying-medicare-costs).
3. **Home and Community Based Services (HCBS) Waivers:** MassHealth members who otherwise need facility-based care may be eligible for a HCBS waiver. For more information, visit the following link [www.mass.gov/service-details/home-and-community-based-waivers](http://www.mass.gov/service-details/home-and-community-based-waivers).
    - Certain individuals may be eligible for waivers including the Frail Elder Waiver (FEW): The FEW is a MassHealth program with expanded income eligibility, administered by the Executive Office of Elder Affairs which provides community supports to Massachusetts residents aged 60 and older who would otherwise require facility care. The FEW supports individuals with a variety of needs that can be met through a range of home-based supports. For more information, a member can visit [www.mass.gov/frail-elder-waiver-few](http://www.mass.gov/frail-elder-waiver-few).
  4. **Program of All-inclusive Care for the Elderly (PACE):** PACE is administered by MassHealth and Medicare to provide medical, social, recreational, and wellness services for people **55 and older** who are certified by the state as eligible for nursing home care but can live safely in the community. The eligibility rules for PACE are different than MassHealth, and the member do not need to be on MassHealth to be eligible for PACE.
    - For more information, a member can visit [www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace](http://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace).
  5. **Prescription Advantage:** Prescription Advantage is a state-sponsored prescription drug program for older people and people with disabilities that provides financial assistance to lower prescription drug costs.
    - A member can reach Prescription Advantage at (800) 243-4636, TDD/ TTY (877) 610-0241 or learn more at [www.mass.gov/prescription-drug-assistance](http://www.mass.gov/prescription-drug-assistance).
  6. **Other Aging Services Access Points (ASAP) Programs and Services:** The regional ASAPs have state-funded programs, such as home care, that may be able to provide support to a member to meet their care needs.
    - A member can contact their local ASAP at [www.mass.gov/agingservicescontacts](http://www.mass.gov/agingservicescontacts).

**If a member is no longer eligible for MassHealth, how would they know they are eligible for the Health Connector?**

- If an individual loses MassHealth, most will be mailed a notice of this decision that will contain information about eligibility for subsidized and unsubsidized coverage through the Health Connector.
- For information on Health Connector eligibility, members can visit [www.mahealthconnector.org](http://www.mahealthconnector.org).



## Qualified Health Plans (QHPs)

### **Will the members be auto-enrolled in the same Qualified Health Plans (QHP) as their MassHealth plan?**

At the end of the online joint MassHealth and Connector application/renewal form, there is a check-box option where applicants can opt into being auto-enrolled if they qualify for a subsidized zero premium Qualified Health Plan (QHP). If an applicant checks this box, does not actively enroll in any plan, and qualifies, they will be auto-enrolled into the lowest-cost plan.

MassHealth believes that this outreach should take place only after MassHealth has determined that a member's coverage will be terminated. Reaching out to the member beforehand would conflict with other messages (e.g., to respond to MassHealth) and would be confusing to members. Members have 14 days advance notice before their benefits stop, which should minimize gaps in coverage.

## Employer Insurance and Premium Assistance

### **Are MassHealth members with access to employer-sponsored Insurance required to enroll and maintain coverage if it's available to them?**

Generally, MassHealth members with access to employer-sponsored Insurance are required to enroll and maintain coverage if it is available to them through an employer or family member.

MassHealth may offer help to members in paying the health insurance premium and other costs associated with employer sponsored insurance if the insurance offered meets certain criteria. This is known as the Premium Assistance program, and more information can be found at [www.mass.gov/info-details/masshealth-premium-assistance-pa](http://www.mass.gov/info-details/masshealth-premium-assistance-pa).

## Loss of Coverage

### **What happens if the 45-day period has passed, and the family has not completed the redetermination process?**

Members who do not respond to a renewal within 45 days may be downgraded or lose coverage. However, MassHealth has a 90-day reconsideration period for non-response. During the reconsideration period, a member who has been closed for failure to respond can call MassHealth to complete their renewal and will be reinstated to the day that they were closed, as long as they contact MassHealth within 90 days of their MassHealth coverage terminating and are found to be eligible.

**If the member loses coverage and then gets reinstated within the same batch process period, does the health plan change or does it get reinstated automatically?**

As long as the member remains eligible for managed care after being “reinstated,” the member will auto-reenroll into the same health plan.

**What happens if a member loses their MassHealth coverage?**

If an individual loses MassHealth, they will be mailed a notice of this decision. The coverage will not be re-established until the individual completes the application, contacts MassHealth to complete the renewal, provides requested verification, and/or updates their information, and is then determined eligible.

## **Special Populations**

**When will Mixed Households (households containing individuals receiving both MassHealth and Health Connector coverage) be renewed?**

Health Connector and MassHealth Mixed Households will be renewed during the annual Open Enrollment period (August – December) as is done each year.

## **Children and Families**

**Is the redetermination process different for members on Family Assistance?**

No, the redetermination process and timeline are the same for members on Family Assistance.

**Does each child receive their own renewal packet? Or is there one packet per household?**

MassHealth generally sends renewal packets to the Head of Household for an entire household.

**How is MassHealth eligibility determined for newborns?**

MassHealth has a process where providers (e.g., hospitals) submit a Notice of Birth to the agency and an internal team establishes MassHealth coverage for the newborn (regardless of whether the mother of the newborn currently has MassHealth). Members do not need to take action to establish coverage for the newborn.

**What communications are going out specifically to the pediatric community?**

MassHealth is communicating with the pediatric community through the following channels:

- MassHealth is partnering closely with sister agencies who work with child populations (e.g., Department of Children and Families, Department of Elementary & Secondary Education) to support renewals for vulnerable child populations.

- MassHealth is distributing information to community-based organizations where children and families visit in order to reach them where they are (e.g., schools, WIC offices).

Providers can support by ensuring that pediatricians are aware of the upcoming redetermination period and asking pediatricians to remind members to update their address and contact information by calling MassHealth at upcoming visits.

### **What happens when a child becomes an adult?**

When a child becomes an adult, their MassHealth eligibility changes. They will receive mail from MassHealth indicating what next steps they should take. The mail will arrive to the address that was formerly listed on their Household's application.

In general, children are considered to be adults by MassHealth when they turn 19. Being considered an adult by MassHealth means that children may need to apply as an individual as their own Head of Household.

Children who are 19 or 20 years old may need to apply or renew as individuals or may still be considered part of a family Household, depending on whether they are included as a dependent in their family's IRS tax filing. If they are not considered to be a dependent on the family's tax filing, then they must apply or renew as individuals. If they are considered to be a dependent on the family's tax filing (e.g., because they are attending college), they will still be included in the Household's MassHealth application or renewal.

Children 18 years or younger are considered to be part of a family Household. A parent or guardian is automatically considered the Head of Household and must apply or renew on the child's behalf.

These rules differ for children currently or recently in the care of the Department of Children and Families.

### **What are the eligibility rules for children currently or previously in the care of Department of Children and Families (DCF)?**

Most children who are in the care of DCF are typically automatically eligible for MassHealth until the age of 18.

Former foster youth (children who were previously in DCF care and were not adopted) continue to be automatically eligible until they turn 26, or age 21 if they are not citizens or qualified non-citizens.

Children who were previously in DCF custody but were adopted are automatically eligible until they turn 22.

If a child is automatically eligible for MassHealth as described by the rules above, they will be automatically renewed.

If a child ages out of automatic eligibility according to the rules described above, they will receive mail from MassHealth indicating what next steps they should take.

Note: Generally, if members receive a blue envelope with a renewal notice, or any other mail with a call to action from MassHealth, they must respond. For instance, the individual may be included in a MassHealth household that must get renewed.

### **What are the renewal guidelines for children receiving Supplemental Security Insurance (SSI)?**

Children who are receiving SSI may be automatically renewed if they continue to receive SSI benefits.

MassHealth will make every attempt to renew a child's eligibility automatically so that no further action is needed. If MassHealth is unable to, the member will receive information about what to do next. If these members receive a blue envelope with a renewal notice, or any other mail with a call to action from MassHealth, they must respond.

### **Will a new disability determination for children be included in the renewal process? Will those members be required to submit a new Disability Supplement and releases?**

If a child had a disability determination completed by the Social Security Administration (SSA) or the Massachusetts Commission for the Blind (MCB), they may or may not need to submit additional information on their disability this year.

- This depends on the nature of their medical condition and the timing of their last review. If their disability needs to be reviewed, the review will be done by SSA or MCB, separate from their MassHealth renewal.

If a child had a disability determination completed by the Disability Evaluation Services (DES) at UMass Medical school (i.e., they submitted a disability supplement), in most cases, the child will not need to submit additional documentation regarding their disability until they turn 18.

- This does not apply to members eligible through the Kaleigh Mulligan program, which renews disability determinations annually.
- This also does not apply if the child's disability determination was completed during the Public Health Emergency and involved either (a) self-attestation to their disability, or (b) administrative approval. Children in this category should expect to have a disability review sooner.

If a parent needs to submit more information for their review, they will receive a request in the mail separate from the child's MassHealth renewal. This information will indicate the steps they need to take and what documentation is needed.

## **What happens if a Head of Household (HOH) is 65 years old or older and a member of the household is younger than 19?**

The HOH will receive a blue envelope for the entire household and should follow instructions included in the notice. The HOH will have to complete an ACA-3 application if they are the parent/caretaker of a child younger than age 19.

## **Members with Disabilities**

### **Do members need to re-verify their disability status?**

Please note that **the redetermination process is separate from the disability determination process.**

All MassHealth members will need to have their MassHealth coverage renewed between April 2023 and April 2024 as part of redeterminations. Certain members who have disability determinations may have their MassHealth coverage auto-renewed.

Some members may need to re-verify their disability status this year. If a re-verification is required, MassHealth will reach out to the member via mail separate from their renewal. More information on verification requirements can be found below, based on the entity that completed the initial disability determination.

### **What should members know who have their disability status determined by the Social Security Administration (SSA) or the Massachusetts Commission for the Blind (MCB)?**

If their disability status is determined by the Social Security Administration (SSA), they must re-verify their disability in compliance with SSA rules. In Massachusetts, MRC Disability Determination Services (DDS) performs CDRs on behalf of SSA.

Members who had a disability determination completed by the Social Security Administration (SSA) or the Massachusetts Commission for the Blind (MCB) may or may not need to submit additional information on their disability this year.

- This depends on the nature of their medical condition and the timing of their last review. If their disability needs to be reviewed, the review will be done by SSA or MCB, separate from their MassHealth renewal.
- The frequency of their reviews will depend on the nature and severity of their medical condition and whether it's expected to improve.
- Whether or not they receive a CDR this year (as every year) depends on the timelines and process determined by the SSA, not MassHealth.

To get help, contact:

- MRC DDS at 617-727-1600 (Boston) or 508-752-5001 (Worcester)

- MRC at 617-727-5550 (MCB ombudsman reachable at 617-626-7586)

## **What should members know who have their disability status determined Disability Evaluation Services (DES) at UMass Medical School?**

If their disability status is determined by the Disability Evaluation Services (DES), the timing of their re-verification will depend on several factors.

MassHealth is working with Disability Evaluation Services (DES) to establish a plan, including timing, in which they would complete the full disability determinations for these individuals.

Please note, the disability determination is independent of their MassHealth financial eligibility review members with disabilities still need to look out for the blue envelope and complete a MassHealth renewal should they receive one.

If the child's disability has been determined through the state Disability Evaluation Services (DES), the disability evaluation may need to be updated. This is dependent on the member's individual case and renewal timing. If the disability evaluation must be updated, the member will receive a notification in the mail.

To get help, contact the DES Helpline (888) 497-9890.

## **If the member has a child who is younger than 18, has a disability and is on MassHealth, will they need to submit proof of the disability to complete their renewal?**

If a member's child previously had a disability determination completed by UMass Disability Evaluation Services (DES) or the Social Services Administration (SSA), the member may not need to submit additional proof. Some children, however, will need to complete a disability review to continue their current category of eligibility. MassHealth will let the member know of the steps the member needs to take and what kind of documentation is needed.

If the member's child has not previously been determined disabled by the SSA or DES, and has an injury, illness, or disability that is expected to last more than 12 months, please report this on the child's MassHealth renewal. MassHealth will send the member more information is what is needed after this when we get the child's completed renewal form.

## **Are there accommodations available to help members who need additional support?**

MassHealth has accommodations for older adults and people with disabilities. Find more information about these accommodations at [www.mass.gov/service-details/accessibility-resources-and-help-for-applicants-members-with-disabilities](http://www.mass.gov/service-details/accessibility-resources-and-help-for-applicants-members-with-disabilities). These accommodations include:

- A Disability Ombudsman that can provide personal assistance by explaining MassHealth processes and requirements and helping applicants or members filling out forms over the telephone. The

Ombudsman can also arrange meetings with MassHealth staff, sign language interpretation, or CART services.

- The Ombudsman can be reached at [ADAaccommodations@state.ma.us](mailto:ADAaccommodations@state.ma.us); Voice: 617-847-3468, TTY: 617-847-3788 A TTY/TTD phone number for members who are deaf or hard of hearing.
- The option to request large print or braille renewal forms is available by calling MassHealth Customer Service at (800) 841-2900.
- On demand Video Remote Interpreting (VRI) and Assistive Listening Devices (ALDs) are available at all [MassHealth Enrollment Centers \(MECs\)](#).

### **What is the renewal process for members who have CommonHealth?**

The renewal process for CommonHealth is the same as the standard MassHealth renewal process. If MassHealth needs information from the member in order to check their eligibility and complete a renewal, the member will receive a blue envelope containing their renewal notice in the mail and must respond to keep receiving the best benefit that they are eligible for.

### **What is the renewal process for someone receiving Social Security Disability Insurance (SSDI)?**

The MassHealth renewal process for a member receiving SSDI is the same as the standard renewal process. If MassHealth needs information from the member to check their eligibility and complete a renewal, the member will receive a blue envelope in the mail containing their renewal notice and must respond to keep receiving the best benefit that they are eligible for.

SSDI disability determinations are reviewed by the Social Security Administration (SSA), completely separately from MassHealth. The frequency of these reviews will depend on the nature and severity of a member's medical condition and whether it is expected to improve. Members must follow the process dictated by SSA to complete their disability review if needed.

## **Older Adult Population**

### **What is the redetermination process for Nursing Facility and Chronic Disease and Rehabilitation Hospitals (long-term stay residents)?**

Consistent with usual practice, MassHealth will attempt to automatically renew individuals who are in a long-term facility care first. An individual may be administratively renewed if they meet the following criteria:

- Single with no dependents
- Assets less than \$2,000
- Social Security is the only source of income

- Medicare is the only form of insurance

If MassHealth cannot administratively renew the individual, they will be sent a MassHealth Long-term Care Eligibility Review (LTC-ER). Individuals will have 45 days to respond to the renewal.

### **Is there a specific timeline for senior renewals?**

Renewals are spread out across MassHealth's populations – there will not be a bulk renewal of all seniors at once.

### **What is the timetable for renewal of nursing home residents, and people in Home and Community-Based Services (HCBS) waivers?**

Renewals for nursing home residents are currently underway. MassHealth is currently targeting November 2023 to begin sending renewals to people in HCBS waivers.

## **Members who are Immigrants, Refugees, or Non-English Speakers**

### **Are individuals still eligible for MassHealth if they are not a U.S. Citizen?**

Yes, members may be eligible for MassHealth coverage if they are not a U.S. citizen. Applicants who are otherwise eligible for MassHealth and meet certain financial criteria can receive MassHealth benefits. Coverage options available to noncitizens include Standard, CommonHealth, CarePlus, Family Assistance, and Limited.

### **What identification documentation does the member need for their renewal if the member is not a U.S. citizen?**

Please note that the following only applies to individuals who have *not* already applied and provided proof of their identity or immigration status. If a member has already provided proof of their identity or immigration status but that status has since changed (and the member has not shared those changes with MassHealth) the below also applies.

The member must provide a copy of one of the following forms of ID:

- Driver's license
- School ID
- Voter card
- Military draft card or record
- Military dependent ID card
- US passport or passport card
- ID card from federal/state/local government



- Foreign passport or ID with photo
- Permanent Resident Card
- Alien Registration Card (I-551)
- Certificate of naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- Employment authorization document with photo (I-766)
- Native American tribal document

If the member does not have a copy of the accepted documents, the member can send a copy of two of the following:

- Birth certificate
- Marriage certificate
- Employer ID card
- High school or college diploma (includes high school equivalency diploma)
- Social security card
- Divorce decree
- Property deed or title

**Will the application cover letter include information on how to renew if a member's immigration status has changed since their last renewal?**

Yes, the application cover letter has information that alerts members to provide documents that show immigration status.

**How does MassHealth support noncitizens in disclosing their immigrant status?**

MassHealth will never report a member or their family to Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS), or Immigration and Customs Enforcement (ICE). Sending all documents will help MassHealth decide on a person's eligibility.

**What languages will the renewal notices be sent in?**

Renewal notices will be sent via mail in English/Spanish and are available in large print or braille.

Renewal packages will include Babel notices (a notice that the document contains key information, which has been translated into multiple languages).

Members can receive free translation services by calling MassHealth at (800) 841-2900, TDD/TTY: 711.

The contact center has representatives who speak English, Spanish, and Haitian Creole, and access to a language line where an interpreter will join the call. Interpreter services are available in Portuguese, Mandarin, Vietnamese, Arabic, and other languages.

For individuals who speak American Sign Language (ASL), MassHealth offers on-demand VRI for MEC appointments.

### **Where can members go to get more information regarding renewals for non-citizens?**

Members can get more information regarding a non-citizen renewal online at: [www.mass.gov/info-details/masshealth-information-for-noncitizens](http://www.mass.gov/info-details/masshealth-information-for-noncitizens).

## **Members who are Experiencing Homelessness**

### **What is the best way to ensure a member experiencing homelessness receives their blue envelop if they are living at a shelter, with friends, or don't have a permanent address?**

Members can call MassHealth at (800) 841-2900, TDD/TTY: 711 to confirm or change their address. Members can also let us know that they are currently experiencing homelessness – often a shelter can serve as a mailing address.

If the member would like someone in their life to receive notifications that their blue envelope has been sent, please have them fill out a Permission to Share Information (PSI) form or the Authorized Representative Designation (ARD) form. Find these forms at [www.mass.gov/doc/masshealth-permission-to-share-information-psi-form-english-0/download](http://www.mass.gov/doc/masshealth-permission-to-share-information-psi-form-english-0/download) and [www.mass.gov/doc/authorized-representative-designation-form-english-0/download](http://www.mass.gov/doc/authorized-representative-designation-form-english-0/download). Note that PSIs expire after 12 months unless otherwise noted.

### **A member believes that their blue envelope was sent to an old address, what should the member do?**

The member can call MassHealth at (800) 841-2900, TDD/TTY: 711 to confirm the address their envelope was sent to and change it for the future. The member can also let us know that they are currently experiencing homelessness – often a shelter can serve as a mailing address. The member can then request a renewal package be sent to that new address.

If the member is younger than 65, they can complete the renewal by logging into their [MA Login account](#). If the member does not have an account, they can create one. In their account, the member will be able to see if their renewal is due and complete it online.

If the member is older than 65, they should call MassHealth at (800) 841-2900, TDD/TTY: 711 to confirm if the renewal was sent and to which address. If the renewal is in progress or overdue, ask the call center staff about

making an appointment at the nearest MassHealth Enrollment Center or go to [www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment) to make an appointment.

### **What should a shelter do if they receive a blue envelope for an individual who they are no longer in contact with?**

If the shelter thinks that there is a chance that the individual might return to the shelter within the next 10 days, the shelter can keep the unopened envelope in a secure place for up to 10 days.

If the member returns while the shelter still has the envelope, the shelter should give the envelope to the member and offer to connect them with resources to help complete their renewal.

If the shelter does come into contact with that member after returning the blue envelope, the shelter should help them to contact MassHealth right away because they may have lost or may be at risk of losing their coverage.

The shelter should write “return to sender” on the envelope and place it in a mailbox or take it to the post office. When MassHealth receives the returned mail, it will trigger additional outreach efforts to the member.

## **Information on Authorized Representative Designation forms (ARDs) and Permission to Share Information forms (PSIs)**

### **If a member has an Authorized Representative Designation (ARD) on file, will a copy of the blue envelope be sent to the member’s Authorized Representative?**

Yes, the blue envelope will be sent to anyone that is on the member’s file as an ARD.

### **Can someone who has completed the Authorized Representative Designation (ARD) form update multiple members’ addresses?**

Yes; please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 to update addresses for multiple members.

### **How long is a Permission to Share Information (PSI) form effective for?**

PSIs are good for either 12 months or the until the date written on the form. The date written on the form can either be longer or shorter than 12 months. If no date is written, the PSI will expire after 12 months.

### **Can a member request for a PSI to last more than 12 months?**

Yes, the member can write an expiration date that is longer than 12 months on the PSI form and that date will be honored. If no date is written, the PSI will expire after 12 months.

## **Can a member give verbal permission for information to be shared with an assister that they are working with in-person, or does the member need to complete a (PSI) form?**

A member can give verbal permission for information to be shared if they are working in-person with an assister and they are calling on a recorded line. They will not need a PSI form on file in this scenario. Verbal permission to share information must be given for every new phone call and can be revoked by the member at any time.

## **Information for Certified Application Counselors (CACs)**

### **How does an organization become Certified Application Counselor (CAC) certified?**

In Massachusetts, the CAC Program is jointly administered by MassHealth and supported by the Health Connector. The CAC Program is a voluntary program. Individuals alone cannot become a CAC. Organizations interested in becoming designated CAC organizations will need to complete a tri-party agreement between MassHealth and the Health Connector. Those interested can contact MassHealth at [MAhealthconnectortraining@state.ma.us](mailto:MAhealthconnectortraining@state.ma.us).

### **Who cannot be a Certified Application Counselor (CAC)?**

In Massachusetts, the CAC Program is jointly administered by MassHealth and the Health Connector. The CAC Program is a voluntary program. Individuals alone cannot become CAC. Organizations interested in becoming designated CAC organizations will need to complete a tri-party agreement between MassHealth and the Health Connector. Those interested can contact MassHealth at [MAhealthconnectortraining@state.ma.us](mailto:MAhealthconnectortraining@state.ma.us).

### **How does an existing Certified Application Counselor (CAC) organization add additional CACs?**

The Designated CAC organizations' Lead CAC can submit a request to MassHealth providing the needed information for all new CACs. For questions and to submit a request, please contact us at [MAhealthconnectortraining@state.ma.us](mailto:MAhealthconnectortraining@state.ma.us).

### **Is there a list of Certified Application Counselor (CAC) organizations available?**

Applicants and members can search for a certified Assister nearest them at <https://my.mahealthconnector.org/enrollment-assisters>. Applicants and members should call to make an appointment with an Assister.

## **Who can the member contact to begin the Certified Application Counselor (CAC) certification process?**

The member can contact [MAhealthconnectorTraining@MassMail.State.MA.US](mailto:MAhealthconnectorTraining@MassMail.State.MA.US) to begin the CAC certification process. The timeline depends on how quickly MassHealth gets all signatures, but typically takes about three weeks. The execution of the agreement should take from one day to one week, as the designated organization will need to provide information about their CAC team.

## **Is there a limit to how many Certified Application Counselors (CACs) an organization can have?**

No, there is no limit to how many CACs an organization can have.

## **How can Certified Application Counselors (CACs) learn about redeterminations?**

The required Certified Application Counselor (CAC) training provides a lesson on redetermination. There are webinars through the MTF platform related to renewals periodically.

MTF events are open to everyone, and individuals can join the email list here:

[www.surveymonkey.com/r/MTFListservNEW2021](http://www.surveymonkey.com/r/MTFListservNEW2021).

## **Information for Providers and Physicians**

### **How can providers and physicians assist in the redetermination effort?**

Providers and physicians can assist in the redeterminations effort by ensuring that their MassHealth patients are aware of the upcoming redetermination period. During office visits, physicians are encouraged to remind members to update their address and contact information by calling MassHealth. They can find the toolkit of information that MassHealth encourages them to share here: [www.mass.gov/info-details/redeterminations-outreach-toolkit-phase-2](http://www.mass.gov/info-details/redeterminations-outreach-toolkit-phase-2)

Providers and physicians should also be aware that there is a 90-day reconsideration period during which a member who has been closed for failure to respond to a renewal notice can call MassHealth to complete their renewal and will be reinstated to the day that they were closed, as long as they contact MassHealth within this 90-day period.

Providers and physicians should advise members to call MassHealth Customer Service at (800) 841-2900, (TDD/TTY: 711) right away if the member lost coverage because they did not respond to their renewal by their due date or if they have questions relating to their loss of coverage.

## Communication with Members

### **What languages are the robocalls, texts, and emails that are sent by MassHealth to members who have been mailed their renewals going out in?**

Robocalls, texts, and emails are sent to members who have been mailed their renewals. These are sent in English, Spanish, Portuguese, Vietnamese, Simplified Chinese, and Haitian Creole.

### **How is MassHealth communicating to members once they are selected for renewal and are sent a renewal notice in the mail?**

After the renewal notice is sent, MassHealth will attempt to contact members via at least two non-address modalities, including email, text, or call, given the information MassHealth has on file. MassHealth members enrolled in a managed care plan will also receive at least two non-address-based outreach attempts by their health plan.

### **Is MassHealth using texting to reach members?**

MassHealth is using text (SMS) messaging to reach members. For example, if MassHealth has a valid phone number on file for a member's household, MassHealth will text that number when the household's renewal is sent to notify them. Members may also receive text outreach from their health plan about their renewal.

## Third-Party Liability and MassHealth Premiums

### **How will redeterminations affect a MassHealth member who has private health insurance or Medicare?**

MassHealth members who have other private health insurance (such as employer sponsored insurance) or Medicare are considered to have Third-Party Liability (TPL). MassHealth considers TPL to be the primary insurance while MassHealth is considered secondary. The renewal process is the same for all members, regardless of whether they have TPL. If MassHealth has TPL on file, that information will remain active during the renewal process.

It is important for all members, including those with TPL to make sure that MassHealth has their updated contact information, to open and respond to all mail from MassHealth, and to look out for their renewal notice in a blue envelope.

### **When would a MassHealth member pay a premium for their MassHealth coverage?**

MassHealth members may be required to pay a premium for their MassHealth coverage if their income is above 150% of the [Federal Poverty Level](#). Disability status does not exempt members/households from premium requirements.

Typically, premiums are reduced if a member/household reports a decrease in household income. Premiums may increase if a member / household reports an increase in income.

### **How are premiums changing?**

During the Public Health Emergency (PHE) from January 2020 to May 2023, MassHealth did not raise premiums on any members. MassHealth also did not close any cases due to failure to pay premiums. Starting on May 1, 2023, MassHealth will resume its normal premium processes.

### **When will MassHealth resume charging for premiums?**

Starting on May 1, 2023, MassHealth will resume its normal premium processes.

### **What will happen with members who normally pay CommonHealth premiums?**

During the Public Health Emergency (PHE) from January 2020 – May 2023, MassHealth did not raise premiums on any members. MassHealth also did not close any cases due to failure to pay premiums. MassHealth will not recoup any outstanding premiums incurred during the Public Health Emergency (PHE).

Starting in May, MassHealth will resume its normal premium processes. For the member who has not been paying, they will not be required to pay the outstanding amounts (but they will be required to start paying premiums again beginning May).