



Important information for MassHealth Consumers

MassHealth’s Response to COVID-19

The COVID-19 federal public health emergency (PHE) declaration was extended, effective July 19, 2021. This extension is for 90 days.

- MassHealth will maintain coverage for individuals who have comprehensive coverage, as defined by federal guidance, since March 18, 2020, during the COVID19 federal public health emergency, and through the end of the month in which such federal public health emergency period ends

These individuals will not lose coverage except for limited circumstances. For example, coverage will end if an individual:

- request termination of eligibility
- is no longer a resident of Massachusetts
- is deceased

MassHealth Eligibility Flexibilities

Flexibilities that are Expiring

- Premium Hardship Waiver
 - Requests for waivers set in place for the PHE will no longer be accepted. Members requesting a premium hardship waiver should use the new Premium Hardship Waiver application
- Self-attestation for eligibility factors:
 - **Starting September 15, 2021, MassHealth will no longer accept self-attestation** for certain eligibility factors that were temporarily allowed during the public health emergency, such as:

• residency	• disability
• income	• assets

Note: Members or applicants can continue to use existing affidavit forms to verify information such as residency, zero income, or incarceration.



MassHealth Renewal

MassHealth began sending outstanding renewals beginning May 2021

MassHealth will attempt to auto renew first by matching with federal and state data sources. A pre-populated form will only be sent if MassHealth cannot verify information electronically.

Processes that have already restarted:

- automatic renewals for MassHealth only households
- Redeterminations for separate CHIP children turning 19 and pregnant women at end of postpartum period
 - Separate CHIP individuals are not subject to the federal continuous coverage requirements and are not being provided continuous coverage during the PHE. Therefore, they may be moved to a different coverage type (downgraded) or closed
 - Postpartum coverage is protected

Transitional renewals for MassHealth members turning age 65

- For individuals 65 and older who have enrolled in Medicare but remain in a MAGI benefit as a result of continuous coverage, MassHealth has established an internal process to pay Medicare cross-over claims which would otherwise be denied
- Health Connector/Mixed Household renewals
 - MassHealth will send renewals to members with a renewal date in the past who could not be auto renewed as well as members who have an upcoming renewal date. **All timeframes, noticing and business processes will follow typical renewal practices in place prior to the PHE**



Request for Information (RFI)

Who will get a Request for Information (RFI)

- Members with outstanding (more than 90-days old) RFIs that were sent during the PHE
- Members with outstanding (more than 90-days old) RFIs that may have been sent before the PHE, but that we have not yet expired due to PHE
 - These members will be sent a new RFI with an additional 30-days to respond 19
 - Members who have been issued an RFI and are still within the 90-days, will not be given an additional 30-days to respond
- Any application/determination going forward that requires additional proof to determine eligibility Any member or applicant with an expired, existing, or future RFI timeclock will be expected to respond before that timeframe ends
 - If the member or applicant respond, MassHealth will determine eligibility based on the new information received
 - If the member or applicant do not respond, MassHealth will determine eligibility based on the current information available
- To continue to receive the best coverage, members and applicants should provide their most current information and report any changes to MassHealth or call

Community Action Committee of Cape Cod & Islands a Certificate Massachusetts Health Connector Navigator is available by phone Monday-Friday 508-771-1727

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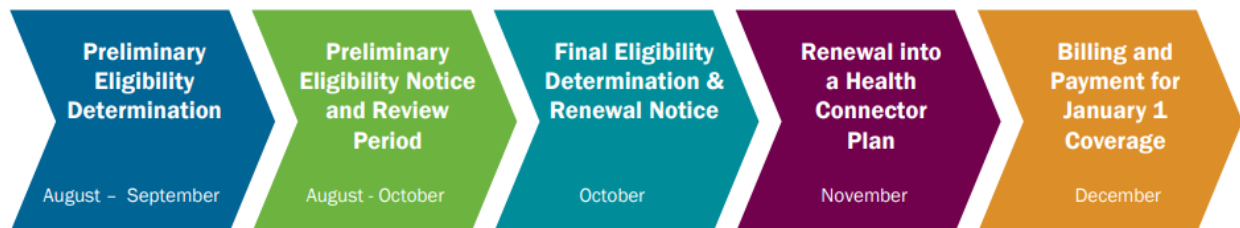


Preparing for Open Enrollment 2022

Redeterminations & Renewals Processes and Timelines for Open Enrollment 2022

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year
- **In August and September**, the Health Connector will start preliminary eligibility determinations for actively enrolled Health Connector members and Health Connector members who are part of mixed households



Watch your mail for these important notices!