



**UMass Memorial** Health



- MassHealth Change-Redetermination of Need

UMASS MEMORIAL HEALTH

Community Healthlink | Harrington | HealthAlliance-Clinton Hospital | Marlborough Hospital  
UMass Memorial Medical Center | UMass Memorial Medical Group | UMass Memorial Accountable Care Organization

# MassHealth Redetermination

## Background

- As of March 1, 2020, Congress provided states with federal funding through the Medicaid program that protected those enrolled in the program
- One requirement mandated that states provide continuous eligibility during the Public Health Emergency
- MassHealth's cases increased from 1.79 million members to 2.34 million members – 30% increase

## What is the Redetermination Process?

- As of April 1, 2023, MassHealth will begin a major initiative to redetermine eligibility for covered members
- During the next 12 months, more than 1 million households will need to take action to renew their MassHealth coverage or find alternative insurance coverage
- MassHealth will prioritize certain populations to ensure they maintain coverage including members who are homeless, disabled, seniors, immigrants and families with children

## What is MassHealth Doing to Prepare?

- Increasing the capacity of its contact center, enrollment centers, and related renewal and hearing processes
- Comprehensive outreach to members, campaigns and working closely with health plans and community partners
- Partnering with providers and other stakeholders to provide key messages

# MassHealth Redetermination

## How will this impact our patients?

- MassHealth will automatically process a member's renewal by matching their information against the state and federal data sets
- 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

## What is UMMH doing to prepare?

- Staying current with all communications from MassHealth, Mass Hospital Association and Centers for Medicare & Medicaid Services
- Working to identify patients who will be part of the MassHealth redetermination process
- Working with Marketing on social media communication
- Sending a communication to all UMMH patients with a MassHealth plan
- Increasing the capacity of the Financial Counseling team (permanent and temporary caregivers)

## What if a patient needs help?

- If a patient needs assistance with applying or renewing their MassHealth, contact Financial Counseling at 508-334-9300 - Monday-Friday 8:00am-5:00pm
- If a patient requests to speak directly with MassHealth, contact MassHealth Customer Service at 800-841-2900 – Monday-Friday 8:00am-5:00pm

# Questions & Answers

## 1. What is MassHealth redeterminations about?

- a. During the Public Health Emergency (PHE), MassHealth received enhanced federal funding for adhering to the Maintenance of Effort (MOE) provision under the Families First Coronavirus Response Act (FFCRA). This provision meant that individuals receiving Medicaid would generally not lose coverage unless they voluntarily withdrew, moved out of state, or passed away.
- b. The continuous coverage requirements that were part of the PHE and MOE end on April 1, 2023, and members' coverage may begin to change.

## 2. Have any redeterminations been performed in the last 2 years?

- a. MassHealth has continued its renewal processes during the MOE period, meaning many members have been renewed as normal in the last 2 years

## 3. What is the redetermination timing as of April 1, 2023?

- a. Redetermination timing for a specific household depends on whether the member was renewed as normal or MOE-protected



**Member renewed as normal:** Member renewed at the same or greater level of coverage during the MOE period



**Member will be selected for renewal 12 months after last renewal\***



**Member eligibility was protected during MOE period:** Member did not respond, was found ineligible, or was found eligible for a lower benefit over the last two years



**Member will be selected for renewal in the first ~9 months of the redetermination process**

## 4. How will this renewal (redetermination) cycle remain the same as before?

- a. Renewals are a regular annual requirement: MassHealth processes renewals every year, including while members' coverage was protected as part of the continuous coverage requirements that started during the FPHE
- b. Use of standard tested processes: MassHealth will use its regular proven process for completing upcoming renewals (with additional new enhancements to streamline the processes further)

## 5. How will this renewal (redetermination) cycle differ from before?

- a. Increased volume of renewals to be processed: Due to the continuous coverage requirements, MassHealth enrollment is currently ~2.3M (up from 1.8M) and all 2.3M members will need to be redetermined
- b. Lack of member familiarity and awareness: While members have experienced the renewal process throughout the FPHE, they have generally not experienced any coverage repercussions if they did not reply to renewal requests for information. This creates the risk that members will not take the needed actions to ensure they will keep the level of MassHealth coverage that they are eligible for

## 6. How will redeterminations be communicated to members?

- a. Members will receive their redetermination from MassHealth in a blue envelope. This "blue letter" will indicate the renewal date and state they have 45 days from the renewal date to complete their renewal application in order to avoid any gap in coverage

# Questions & Answers

## 7. As providers/caregivers what can we do to prepare?

- a. Educate members about how to renew their coverage
- b. Timeline: Mid-March 2023 through June 2024
- c. Key messages:
  - Update your information with MassHealth
  - Check your mail for a blue envelope from MassHealth
  - Respond to MassHealth before the deadline

## 8. How does a member renew?

- a. Once a member receives their **blue envelope** with their redetermination date, there are multiple methods available for renewing:
  - Online via the MA Health Connector website: [mahealthconnector.org](http://mahealthconnector.org)
  - By Phone: 1-800-841-2900
  - By Mail: Health Insurance Processing Center – PO Box 4405 Taunton, MA 02780
  - By Fax: 1-857-323-8300
  - Contact UMMH Financial Counseling at 508-334-9300 Monday – Friday to schedule an appointment

## 9. What happens when a current member is deemed eligible for MassHealth coverage but is required to submit additional documentation?

- a. Eligible members will be given 90 days to submit required documentation. During this time they will retain their MassHealth coverage during this reconsideration period.
- b. Failure to comply within the 90-days may result in loss of coverage. At such time, the member will need to reapply for MassHealth.
- c. Reapplying after the 90-day will require that all documentation be provided. Retroactive eligibility will only span 10-days from the date of the new application.

## 10. What would MassHealth require as additional documentation?

- a. Proof of income
- b. Valid photo identification
- c. Immigration status (if any)
- d. Proof of residency
- e. Other documentation or forms (e.g. Noncustodial Parent Form – NCP-1(06/22))

## 11. What happens if a current member is found to be ineligible during the redetermination process?

- a. Loss of MassHealth coverage is considered as a Qualifying Event. Qualifying members will be eligible to purchase coverage through the HealthConnector which is Massachusetts' Healthcare Exchange. These individuals will have 90 days to enroll in a plan and must submit their premium payment by the 23rd of the month to become eligible on the 1st of the following month. There will be no retroactive coverage available.



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# Everyone, Everyday.

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