



Commonwealth of Massachusetts | Executive Office of Health and Human Services

MassHealth

MEMBER BOOKLET

This is your application package for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, and the Health Safety Net.

See inside front cover for more important information.

This package is for people who live in Massachusetts, are not living in or about to go into a nursing home, and are under age 65. This package may also be used by people of any age who are parents of children under age 19, or who are adult relatives living with and taking care of children under age 19 when neither parent is living in the home, or who are disabled and work 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the MassHealth application. If this package is not for you, call 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

This package contains:

- a booklet that explains who is eligible, what the income rules are, and what medical services you can get
- one application (Medical Benefit Request) used for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, and the Health Safety Net
- a MassHealth Eligibility Representative Designation Form (If you want someone to act on your behalf, you can use this form to tell us who this person is.)
- information about voter registration (You do not need to register to vote to get MassHealth.)
- Women, Infants, and Children (WIC) flyer

! Attention non-U.S. citizens !

Important information you need to know about applying for MassHealth, CMSP, Healthy Start, Commonwealth Care, and the Health Safety Net can be found on page 6.

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INTRODUCTION

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

This booklet makes it easier for you to understand MassHealth. Please keep your booklet. It contains important information you may want to look up about health benefits.

This booklet answers important questions that you may have about how to get health-care benefits under MassHealth. If you have any questions after reading this booklet, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

MassHealth provides health-care benefits to certain low- and medium-income people living in Massachusetts. MassHealth offers these benefits to you directly or by paying part or all of your other health-insurance premiums. In addition to MassHealth and related MassHealth Programs, health-care benefits are also provided through Commonwealth Care, as described on pages 3 and 21 in this booklet.

This booklet describes benefits for persons who are under age 65 and who generally are not living in nursing homes or other long-term-care facilities.

There are some basic rules for getting MassHealth. Even if you or your family already have other health insurance (See “MassHealth and other health insurance” on page 23 of this booklet.), you may be eligible if your family’s income is low or medium (See page 25 of this booklet for a chart that shows the income limits.), and you meet one of the following descriptions:

- you are a parent living with your children under age 19, or
- you are an adult caretaker relative living with children under age 19 to whom you are related by blood, adoption, or marriage, or are a spouse or former spouse of one of those relatives, and you are the primary caretaker of these children when neither parent is living in the home, or
- you are under age 19, whether or not you live with your family, or
- you are pregnant, with or without children, or
- you have been out of work for a long time, or
- you are disabled, or
- you are an adult who works for a qualified employer, or
- you are HIV positive.

This booklet also describes benefits for certain persons aged 65 or older if they are parents or caretaker relatives of children under age 19, or are disabled and working 40 or more hours a month or is currently working and has worked at least 240 hours in the six months immediately before the month of the MassHealth application, or are certain disabled immigrant children under age 19 who live in nursing homes or other long-term-care facilities.*

* If you are aged 65 or older and are not described above, or if you are any age and applying for benefits that cover nursing home or similar care and are not described above, you should call us at one of the telephone numbers on page 30 to find out about other MassHealth benefits that you may be able to get.

To get MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, or the Health Safety Net, you must fill out a form called a Medical Benefit Request. If you have an application package, the Medical Benefit Request is included with your MassHealth Member Booklet. If you do not have an application package and would like to get a Medical Benefit Request, call one of the telephone numbers listed on page 30.

We have tried to make the Medical Benefit Request easy for you to fill out. Be sure to read all instructions before you begin. You must fill out the first five pages and sign the form. If any of the attached Medical Benefit Request supplements apply to you or any of your family members, you must also fill out and send them back with your Medical Benefit Request.

Your family includes you, your spouse, and your children under age 19, if you are all living together. If neither parent is living in the home, your family group may include children under age 19 and an adult caretaker relative who are all living together. We explain how we count family size on page 24 of this booklet. If more than one family lives in your home and wants to apply for MassHealth, they will need to fill out a separate form.

Effective for applications and eligibility review forms received on or after October 31, 2008, any individuals married under the laws of the Commonwealth of Massachusetts, regardless of gender, will be considered married for purposes of MassHealth eligibility and should represent their marital status to the MassHealth agency as married.

MassHealth uses state and federal rules when it decides if you or your family members are eligible for MassHealth. These rules are explained in this booklet. If you are eligible, you will get the most complete coverage that you qualify for.

MassHealth provides health-care benefits to its members through the following coverage types and programs.

MassHealth Coverage Types

MassHealth Standard

MassHealth CommonHealth

MassHealth Family Assistance

MassHealth Basic

MassHealth Essential

MassHealth Limited

MassHealth Prenatal

MassHealth Programs

Children's Medical Security Plan (CMSP)

Healthy Start Program (HSP)

The rules for each coverage type and program are described in this booklet. The type of MassHealth coverage you may get may depend on your immigration status. (See "U.S. citizenship and immigration rules" on pages 25-27.)

Commonwealth Care

The Medical Benefit Request is also used to determine eligibility for Commonwealth Care, a program of health-care coverage administered by the Commonwealth Health Insurance Connector Authority ("the Health Connector") for certain adults who are not eligible for MassHealth. For residents of the Commonwealth who are not eligible for MassHealth or Medicare, are uninsured, and have incomes at or below 300% of the federal poverty level, the Health Connector offers a choice of Commonwealth Care health plans. For those members whose incomes are:

- at or below 100% of the federal poverty level, there are no premiums and only minimal copayments;
- between 100% and 150% of the federal poverty level, there may be monthly premiums and there are copayments for certain services; or
- above 150% of the federal poverty level, there are monthly premiums and copayments for certain services.

Children living with a parent or guardian who is enrolled in and paying a premium for Commonwealth Care will not have to pay any premium for any MassHealth coverage type or program. See page 21 in this booklet for more information about Commonwealth Care.

SECTION I

How to get MassHealth, Commonwealth Care, or the Health Safety Net

How to apply for MassHealth, Commonwealth Care, or the Health Safety Net

1. You need to fill out a form called the Medical Benefit Request and send the form and proof of your income to:
**MassHealth Enrollment Center
 Central Processing Unit
 P.O. Box 290794
 Charlestown, MA 02129-0214.**
2. You must give us proof of your monthly income before taxes and deductions for every person in your family. Proof may be two recent pay stubs, a U.S. tax return (if you are self-employed or have rental income), or copies of other check stubs you get, like from unemployment that shows the gross amount (before deductions). You do not need to send us proof of your social security or SSI income. If self-employed, and no U.S. tax return has been filed, you may submit an Accounting of Business Income and Expenses sheet for the last 12 months signed by an accountant (or you, if no accountant was used). Current business records showing other relevant documents may be submitted as acceptable proof of self-employment. We count self-employment and rental income after allowable deductions.
3. You must give us a social security number (SSN) or proof that you have applied for an SSN for every family member who is applying for MassHealth or Commonwealth Care. However, you do not need to give us an SSN or proof you applied for an SSN to get MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net.
4. You must give us proof of your U.S. citizenship/national status and identity or proof of immigration status, except for the Health Safety Net. (See pages 28-29 for complete information about acceptable proofs.) See page 6 for information about immigration status and eligibility for benefits.
5. As soon as we get the information we need, we will decide if you can get MassHealth. We base our decision on state and federal law.
6. If you are eligible, we will give you the most complete coverage that you qualify for.

You must be a resident of Massachusetts to get any kind of MassHealth coverage. This means you actually live in Massachusetts and are not temporarily visiting here.

You may get a Medical Benefit Request form by calling a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss), or MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss). You can also get help filling out the form by calling these telephone numbers.

The Medical Benefit Request (in English and Spanish) is also available online at www.mass.gov/masshealth.

To get interpreter services or a MassHealth Member Booklet in another language, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

The MassHealth card

Each eligible family member will get a MassHealth card and/or a CMSP or Healthy Start card. You must show your card or cards to your doctor or other health-care provider whenever you get medical care. If you have a MassHealth card and have other health insurance, be sure to show all cards. If you are eligible only for payment of health-insurance premiums (for example, some MassHealth Family Assistance, Basic, and Essential members who only get premium assistance), you will not get a MassHealth card. Commonwealth Care-only members will get a health-insurance card from the health plan they choose. Those determined to be low-income for the purposes of the Health Safety Net (HSN) will not get a card. If you are eligible for HSN services, hospitals and community health centers will check to determine if they can get reimbursement for services provided to you and your family.

Our decision and your right to appeal

We will send you a notice to let you know if you can or cannot get one of the MassHealth coverage types and programs described in Section II of this booklet, or Commonwealth Care, or the Health Safety Net. If you think that our decision is wrong, you have the right to ask for a fair hearing to appeal our decision.

MassHealth notices have information on the back that explains how to ask for a fair hearing and how much time you have to ask for one. See page 30 to find out where to send your fair hearing request.

If you have questions about a MassHealth notice or how to ask for an appeal, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss). If you have questions about a Commonwealth Care appeal that is about services or premiums, call the Commonwealth Care Appeals Unit at 617-933-3096. If you have questions about a Health Safety Net grievance, call the Health Safety Net Customer Service Center at 1-877-910-2100.

More specific information about MassHealth can be found in the MassHealth regulations at 130 CMR 450.000, 501.000 through 508.000, 522.000, and 610.000.

This booklet reflects the rules and income standards in effect on March 1, 2012.

What U.S. citizens/nationals need to know about applying for MassHealth and Commonwealth Care

Federal law now requires that all U.S. citizens/nationals prove their citizenship and their identity when applying for MassHealth and Commonwealth Care. The most common forms of proofs for both U.S. citizenship and identity are a U.S. passport, a Certificate of Citizenship, a Certificate of Naturalization, or a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe. U.S. citizenship/national status may also be proved with a U.S. public record of birth (birth certificate) or a Report of Birth Abroad of a U.S. Citizen. Identity may also be proved with a state driver's license containing the individual's photo, a government-issued identity card containing the individual's photo, or a U.S. military ID card. We may be able to prove your identity through the Massachusetts Registry of Motor Vehicles records if you have a Massachusetts driver's license or a Massachusetts ID card. Once you give MassHealth proof of your U.S. citizenship/national status and identity, you will not have to give us this proof again. You must give us proof of identity for all family members who are applying. **Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI) do not have to give proof of their U.S. citizenship/national status and identity.** A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of U.S. citizenship/national status and identity. (See pages 28-29 for complete information about acceptable proofs.) In some cases, MassHealth tries to match information with other federal and state agencies to help prove citizenship and identity.

For help getting proofs, like a Massachusetts birth record or information about how to get a birth record from another state, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

MassHealth
Commonwealth of Massachusetts - EBHS
www.mass.gov/masshealth

Medical Benefit Request

HealthConnect
Commonwealth of Massachusetts

For office use only
Screener ID: _____
Date received: _____
Interpreter code: _____
Referred by: _____
Entry date: _____

This is an application for **MassHealth**, the **Children's Medical Security Plan (CMSP)**, **Healthy Start**, **Commonwealth Care**, and the **Health Safety Net**. You do not have to be a U.S. citizen/national to get these benefits. **Please print clearly.** Please answer **all** questions and fill out all sections and any supplements that apply to you and your family. If you need more space to finish any section on this form, please use a separate sheet of paper (include your name and social security number), and attach it to this form.

Head of Household

1. Last name First name MI Street address City State Zip
Mailing address (if different from street address or if living in a shelter) ☐ homeless City State Zip
Is this person applying? ☐ yes ☐ no If yes, is this person a U.S. citizen/national? ☐ yes ☐ no Social security number* Date of birth / / Gender ☐ M ☐ F Race (optional) ☐ C ☐ I ☐ O
Spoken language choice Written language choice Ethnicity (optional) Telephone numbers (List work number only if we can call you at work.) Home/Cell: () Work: ()

Other Family Members

List all other members of your family group. Do not repeat head of household information in this section. See instruction page for description of a family group.

2. Last name First name MI Is this person applying? ☐ yes ☐ no If yes, is this person a U.S. citizen/national? ☐ yes ☐ no Social security number* Date of birth / / Gender ☐ M ☐ F Race (optional) Spoken language choice Written language choice Ethnicity (optional) Relationship to head of household ☐ C ☐ I ☐ O

3. Last name First name MI Is this person applying? ☐ yes ☐ no If yes, is this person a U.S. citizen/national? ☐ yes ☐ no Social security number* Date of birth / / Gender ☐ M ☐ F Race (optional) Spoken language choice Written language choice Ethnicity (optional) Relationship to head of household ☐ C ☐ I ☐ O

4. Last name First name MI Is this person applying? ☐ yes ☐ no If yes, is this person a U.S. citizen/national? ☐ yes ☐ no Social security number* Date of birth / / Gender ☐ M ☐ F Race (optional) Spoken language choice Written language choice Ethnicity (optional) Relationship to head of household ☐ C ☐ I ☐ O

Pregnancy

Are you or any family member pregnant? ☐ yes ☐ no
Name Are you or this person pregnant with ☐ 1 baby? ☐ twins? ☐ triplets? If more, how many? Due date / /

American Indian/Alaska Native

Certain American Indians and Alaska Natives may not have to pay MassHealth premiums and copays.
Are you or any member of your family who is applying a federally recognized American Indian or Alaska Native who is eligible to receive or has received services from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider?
☐ yes ☐ no
If yes, name of person(s):

*Required, if one has been issued and this person is applying for MassHealth or Commonwealth Care, except for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net.
MHR-1 (Rev. 03/12) 1 Please go to the next page ►

What qualified aliens and aliens with special status need to know about applying for MassHealth or Commonwealth Care

To get the type of MassHealth that covers the most benefits, or to get Commonwealth Care, a qualified alien or alien with special status must submit immigration documents or other proof showing that immigration officials know you are living in the U.S. To find out who is eligible for full MassHealth, see pages 25-27 in this booklet, or go to the MassHealth Web site at www.mass.gov/masshealth.

What non-U.S. citizens need to know about applying for MassHealth Limited, CMSP, Healthy Start, and the Health Safety Net

A non-U.S. citizen does not have to submit any immigration documents with the MassHealth application if:

- you are applying only for your U.S.-citizen/national children, but are not applying for any benefits for yourself; or
- you are applying only for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net. These MassHealth coverage types and programs have fewer benefits, but you do not need to give us any information about your immigration status.

To apply for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net (or if you are applying only for your U.S. citizen/national children), you

- do not need to give us any immigration documents; and
- do not need to have a social security number; but
- do need to give us proof of your income.

If you do not have pay stubs or tax records, you can prove what your income is in other ways, like giving us a signed statement from the employer containing the gross (before taxes and deductions) pay and hours worked.

Your application and the information on it will be kept confidential. This means that:

- your name and address will not be sent to immigration officials; and
- if you do not have a social security number, MassHealth will not match your information with other agencies.

Getting health care under MassHealth will not make it harder for you to get a green card.

What visitors need to know about applying

Individuals who are not Massachusetts residents are not eligible for MassHealth or other health-care benefits that are funded by the Commonwealth of Massachusetts.

Note: For more information about the immigration laws and public benefits, see the list of immigrant advocacy organizations at the end of this booklet. They can give confidential answers to your questions about the immigration laws. **Your call and what you say will not be shared with anyone.**

SECTION II

Details about MassHealth coverage types and programs

This section of the booklet will help you learn about the MassHealth coverage types and programs and if you might be eligible for any. For each of the coverage types and programs, this section tells you:

Who can get benefits

What the income standards are

What health services are covered

When coverage begins

If you apply, you will get a notice from us. The notice will tell you if you can get benefits and when they will begin. We will give you the most complete coverage that you qualify for.

MassHealth Standard

This coverage type offers a full range of health-care benefits.

Who can get benefits

You may be able to get MassHealth Standard if you are a resident of Massachusetts and are:

- pregnant,
- under age 19,
- a parent living with your children under age 19*,
- an adult caretaker relative living with children under age 19 to whom you are related and for whom you are the primary caretaker when neither parent is living in the home*,
- a woman under age 65 with breast or cervical cancer,
- disabled according to the standards set by federal law. This means you have a mental or physical condition that limits or keeps you from working for at least 12 months. MassHealth decides if you meet the disability standards, or
- eligible based on special rules, which let you keep these benefits for up to 12 months after you have gone back to work or gotten a raise, no matter how much your new earnings are*.

* These benefits are also available for parents and caretaker relatives who are aged 65 or older.

Premiums

Certain women with breast or cervical cancer who are eligible for MassHealth Standard may be charged a premium for their coverage. If you must pay a premium, we will tell you the amount and send you a bill every month.

All other persons who are eligible for MassHealth Standard will not be charged a premium for their coverage.

For more information about MassHealth/CMSRP premiums, see page 21.

If you have health insurance, see the section on MassHealth and other health insurance on page 23.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family. See the chart on page 25 for the federal poverty levels.

For pregnant women and children under age one

Your family's monthly income before taxes and deductions can be no more than 200% of the federal poverty level. If you are pregnant, your unborn child (or children) is counted in your family size, which means there are at least two people in your family.

For children aged one through 18

Your family's monthly income before taxes and deductions can be no more than 150% of the federal poverty level.

For parents or caretaker relatives of children under age 19

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level. A caretaker relative may choose to be part of the family or not.

For disabled adults

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

Immigrants: Certain immigrants cannot get MassHealth Standard. This includes some immigrants who entered the United States on or after August 22, 1996, or who have lived in the United States under color of law. But they may be able to get health-care benefits under other MassHealth coverage types and programs. (See "U.S. citizenship and immigration rules" on pages 25-27.)

Covered services

For MassHealth Standard, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care (For more information about choosing and enrolling in a Medicare prescription drug plan, see page 21.)
- Behavioral health (mental health and substance abuse) services
- Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- Long-term-care services at home or in a long-term-care facility, including home-health services
- Transportation services**
- Quit-smoking services

* Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.

** Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.

Note: For disabled adults who also get Medicare Part B, MassHealth will pay the Medicare premium, and if applicable, the coinsurance and deductibles.

Important information for children and youth with significant mental-health needs or serious emotional disturbance (SED)

MassHealth offers certain behavioral-health services for eligible children and youth under the age of 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard and a behavioral-health assessment or other evaluation shows that your child has significant mental-health needs or a serious emotional disturbance (SED), he or she may be disabled and eligible for MassHealth CommonHealth.

Additional services for children under the age of 21

Children, teens, and young adults under the age of 21 who are determined eligible for MassHealth Standard are also eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, which include all medically necessary services covered by Medicaid law. See 42 U.S.C. §§1396a(a)(10), 1396d(a), and 1396d(r). This means that MassHealth pays for any medically necessary treatment that is covered by Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service. If the service is not already covered by the child's MassHealth coverage type, the prescribing clinician can ask MassHealth for prior approval (PA) to determine if the service is medically necessary. MassHealth pays for the service if prior approval is given.

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105. You may have copayments for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000. Members who do not have other health insurance must choose a MassHealth Standard health plan. For more information, see “Choosing a health plan and a doctor” on page 21.

Immediate coverage for your children

MassHealth Standard offers health-care benefits right away for a limited period of time to children under age 19. To get immediate coverage for your children under age 19, these rules apply.

- You must give us proof of your income and proof of your child’s U.S. citizenship/national status and identity, or qualified alien status within 60 days. If you do not, your child’s health-care benefits will end in 60 days. You must give us this proof so we can make a final decision about your child’s MassHealth coverage.
- Your child’s health-care coverage will begin 10 calendar days before the date MassHealth gets your Medical Benefit Request.
- You may have to pay a premium for the immediate coverage.

Extended eligibility through Transitional Medical Assistance

Certain MassHealth Standard members may be eligible for up to 12 months of benefits after their income has gone above 133% of the federal poverty level. MassHealth will give Transitional Medical Assistance (TMA) to parents and caretaker relatives (of children under age 19) and their children if the family’s income has gone up because a family member has gone back to work or gotten a raise. To get TMA, the family must give us proof of the new income and tell us when the increase began. Parents and caretaker relatives of children under age 19 who are aged 65 or older may also get TMA.

MassHealth CommonHealth

MassHealth CommonHealth offers health-care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CommonHealth if you are a resident of Massachusetts and are:

- a disabled child under age 18, or
- a disabled person aged 18 or older who:
 - works 40 hours or more a month or is currently working and has worked at least 240 hours in the six months immediately before the month of the MassHealth application, or
 - is under age 65 and is not working, or if working meets certain state and federal rules.

MassHealth decides if you are disabled under state and federal law. For an adult, this generally means you have a physical or mental condition that severely limits your ability to work or to do certain activities for at least 12 months.

If you have health insurance, see the section on MassHealth and other health insurance on page 23.

Income standards

There is no income limit for MassHealth CommonHealth. If your monthly income before taxes and deductions is above 133% of the federal poverty level, you may have to pay a premium or meet a one-time-only deductible. (This is explained on page 11.)

See the chart on page 25 for the federal poverty levels.

Covered services

For MassHealth CommonHealth, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care (For more information about choosing and enrolling in a Medicare prescription drug plan, see page 21.)
- Behavioral health (mental health and substance abuse) services
- Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots

- Long-term-care services at home or in a long-term-care facility, including home-health services
- Transportation services**
- Quit-smoking services

** Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

*** Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*

Important information for children and youth with significant mental-health needs or serious emotional disturbance (SED)

MassHealth offers certain behavioral-health services for eligible children and youth under the age of 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard and a behavioral-health assessment or other evaluation shows that your child has significant mental-health needs or a serious emotional disturbance (SED), he or she may be disabled and eligible for MassHealth CommonHealth.

Additional services for children under the age of 21

Children, teens, and young adults under the age of 21 who are determined eligible for MassHealth CommonHealth are also eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, which include all medically necessary services covered by Medicaid law. See 42 U.S.C. §§1396a(a)(10), 1396d(a), and 1396d(r). This means that MassHealth pays for any medically necessary treatment that is covered by Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service. If the service is not already covered by the child's MassHealth coverage type, the prescribing clinician can ask MassHealth for prior approval (PA) to determine if the service is medically necessary. MassHealth pays for the service if prior approval is given.

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105. You may have copayments for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days, or if you meet your deductible as described on page 11.

Premiums

Disabled children under age 19

| Percentage of federal poverty level | Monthly premium per child | Maximum monthly premium per family |
|-------------------------------------|---------------------------|------------------------------------|
| 150.1%-200.0% | \$12 | \$36 |
| 200.1%-250.0% | \$20 | \$60 |
| 250.1%-300.0% | \$28 | \$84 |

For income above 300% of the federal poverty level, the monthly premiums will be the same as for adults. Children living with their parent or guardian who is enrolled in and paying a premium for Commonwealth Care will not have to pay any premium for any MassHealth coverage type or program.

The monthly federal poverty levels (FPLs) can be found on page 25 of this booklet.

Disabled adults aged 19 or older

If your income is above 150% of the federal poverty level, you will have to pay monthly premiums. The amount of the premium is based on:

- your monthly income before taxes and deductions, as it compares to the federal poverty level,
- your family size, and
- if you have other health insurance.

If you must pay a premium, we will tell you the amount and send you a bill every month.

For more information about MassHealth/CMSAP premiums, see page 21.

The one-time-only deductible

Certain disabled adults whose income is too high to get MassHealth Standard and who are not working at least 40 hours a month or who have not worked at least 240 hours in the six months immediately before the month of the MassHealth application must meet a one-time-only deductible before getting MassHealth CommonHealth. The deductible is the amount that a family's income before taxes and deductions is higher than MassHealth's deductible income standard for a six-month period.

MassHealth will tell you if you must meet a deductible to get MassHealth CommonHealth. You will be told the amount of the deductible. To meet the deductible, you must have medical bills that equal or are more than the deductible amount. You may use the bills of any member of your family including yourself, your spouse, and your children under age 19 to meet your deductible. You are responsible for paying these bills.

You cannot use bills or portions of bills that are covered by other health insurance.

Medical bills that may be used to meet a deductible include:

- the cost of health-insurance premiums for your family over the six-month period,
- unpaid bills you got before or during the deductible period, and
- bills that were paid during the deductible period.

The deductible period begins 10 calendar days before the date that MassHealth gets your Medical Benefit Request and ends six months after that date. If you submit bills to meet a deductible, the medical coverage date also begins 10 calendar days before the date MassHealth gets your Medical Benefit Request.

A more detailed description of the MassHealth eligibility requirements, including premium schedules, can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000. More details about the one-time-only deductible can be found at 130 CMR 506.009.

The deductible income standard

| Family Size | Standard |
|-------------|----------|
| 1 | \$542 |
| 2 | \$670 |
| 3 | \$795 |

Example

| | |
|---------------|--|
| \$1,700 | monthly income before taxes and deductions for a family of two |
| - 670 | income standard for a family of two |
| <hr/> \$1,030 | excess income |
| × 6 | six-month period |
| <hr/> \$6,180 | deductible amount |

In this example, a deductible is met when the family has medical bills that are not covered by any other health insurance and the bills total \$6,180. Remember, your family includes you, your spouse, and your children under age 19.

MassHealth Family Assistance

MassHealth Family Assistance offers coverage to children, some working adults, and people who are HIV positive who cannot get MassHealth Standard or MassHealth CommonHealth.

About this coverage type

If you have children under age 19 who live with you, MassHealth Family Assistance:

- pays part of your family's health-insurance premiums if you can get qualified health insurance from your employer, or
- allows you to enroll your children in a health plan through MassHealth if you do not have and cannot get other health insurance.

If you do not have children under age 19 living with you, MassHealth Family Assistance offers health-insurance coverage by paying part of your employer-sponsored health-insurance premiums if:

- you work for a qualified employer who participates in the Insurance Partnership, as described on page 14, or
- you are self-employed and meet MassHealth's rules to be a qualified employer; and
- you or your spouse have not, in the last six months, worked for an employer who offered health insurance that would cover you.

MassHealth may also give the qualified employer an Insurance Partnership payment to help pay for the insurance.

If you are HIV positive and under age 65, MassHealth Family Assistance may pay part or all of your health-insurance premiums if you have or can get group health insurance from your employer or other source (you may have to pay a member share), and may:

- provide certain medical services not covered by your health insurance, or
- allow you to enroll in MassHealth's Primary Care Clinician (PCC) Plan if you do not have other health insurance.

Who can get benefits

You may be able to get MassHealth Family Assistance if you are a resident of Massachusetts and are:

- aged one through 18, or
- under age 65 and working, and you
 - are not eligible for MassHealth Standard or MassHealth CommonHealth,
 - work for a qualified employer who participates in the Insurance Partnership, as described on page 14,
 - have employer-sponsored health insurance that meets MassHealth standards as explained on page 23, and

- pay part of the cost of that health insurance, or
- under age 65 and HIV positive and are not eligible for MassHealth Standard or MassHealth CommonHealth.

MassHealth may limit the number of adults who are enrolled in the Family Assistance HIV program and childless adults in the Insurance Partnership.

When enrollment limits are reached, new adult applicants will be placed on a waiting list. As space becomes available, these adults will be enrolled in order of their application date.

Income standards

Your family's income before taxes and deductions can be no more than 300% of the federal poverty level for children under age 19 who are U.S. citizens/nationals, qualified aliens*, or aliens with special status*, or for adults who are participating in the Insurance Partnership. Your family's income before taxes and deductions can be no more than 200% of the federal poverty level for individuals whose Family Assistance eligibility is based only on their HIV-positive status.

* Qualified aliens and aliens with special status are described on pages 25-27 in this booklet.

See the chart on page 25 for the federal poverty levels.

Immediate coverage for your children

MassHealth Family Assistance offers health-care benefits right away for a limited period of time to uninsured children under age 19. To get immediate coverage for your children under age 19, these rules apply.

- You must give us proof of your income and proof of your child's U.S. citizenship/national status and identity, or qualified alien status or aliens with special status within 60 days. If you do not, your child's health-care benefits will end in 60 days. You must give us this proof so we can make a final decision about your child's MassHealth coverage.
- Once we get this proof, we will collect information about any other health insurance that may be available to you. We will review the information and make a final decision about your child's MassHealth coverage. Your child's immediate coverage will not end until we do this.
- Your child's health-care coverage begins as soon as MassHealth gets your Medical Benefit Request.
- You may have to pay a premium for the immediate coverage.

Immediate coverage for people who are HIV positive

MassHealth Family Assistance offers health-care benefits right away for a limited period of time to people who are HIV positive if they give us:

- proof that their income before taxes and deductions is also no more than 200% of the federal poverty level. (See the chart on page 25 for the federal poverty levels.); and
- proof of their U.S. citizenship/national status and identity, or qualified alien status.

If you get immediate coverage, these rules apply:

- You must give us proof within 60 days that you are HIV positive. This proof may be a letter from a doctor, clinic, lab, or AIDS service provider or organization that shows the name of the person who is HIV positive and his or her positive test result. You may have to pay a premium for the immediate coverage.
- If we do not get this proof within 60 days, we will determine your eligibility for MassHealth as if you are not HIV positive.

Rules about other health insurance for families with children under age 19

- If you or a family member can get health insurance from work that meets MassHealth standards (as explained on page 23), and you enroll in that health insurance, we may be able to pay part of your health-insurance premiums.
- If your family does not have or cannot get other health insurance, you may be able to enroll your children under age 19 in one of our health plans.

Rules about other health insurance for people who are HIV positive

- If you are HIV positive and have health insurance from your employer or another source, we may pay part or all of your health-insurance premium and/or pay for certain services, such as vision, dental, and quit smoking services that are not covered by your health insurance.
- If you do not have other health insurance, we may enroll you in MassHealth's Primary Care Clinician (PCC) Plan.

Collecting information about your health insurance

If you already have health insurance, you cannot get immediate MassHealth coverage for your children (unless they are HIV positive). We will collect information about your health insurance before we decide if you can get MassHealth. We need to know:

- the benefits covered by your health insurance to see if your health insurance meets MassHealth standards as explained on page 23,
- if the policyholder is a member of your family,

- the amount your employer pays toward your health-insurance premium, and
- if you do not have children under age 19, if you work for a qualified employer, as described on page 14.

Premium Payments

If MassHealth decides you can get MassHealth Family Assistance, you can get coverage in one of two ways.

- Under premium assistance, we may pay part of your family's health-insurance premiums.
- If you do not have other health insurance, you may enroll your children in a health plan through MassHealth.

For families with children under age 19, you may have to pay the amount in the chart below. The amount you have to pay is based on your family's total monthly income.

MassHealth will let you know which premium amount, if any, applies to your family. Children living with their parent or guardian who is enrolled in and paying a premium for Commonwealth Care will not have to pay any premium for any MassHealth coverage type or program.

| Percentage of federal poverty level | Monthly premium per child | Maximum monthly premium per family |
|-------------------------------------|---------------------------|------------------------------------|
| 150.1%-200.0% | \$12 | \$36 |
| 200.1%-250.0% | \$20 | \$60 |
| 250.1%-300.0% | \$28 | \$84 |

The monthly federal poverty levels (FPLs) can be found on page 25 of this booklet.

For more information about MassHealth/CMSP premiums, see page 21.

The formulas MassHealth uses to make these calculations can be found in the MassHealth regulations at 130 CMR 506.012.

Important! In MassHealth regulations 130 CMR 505.005 and 506.012, payment of part of your family's health-insurance premiums is called premium assistance.

Covered services

Persons enrolled in a health plan through MassHealth get the applicable services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, and medical equipment and supplies
- Home-health services
- Behavioral health (mental health and substance abuse) services

- Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- Ambulance services (emergency only)
- Quit-smoking services

** Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

Some of the services not covered

The following services are not covered when you are enrolled in a health plan through MassHealth.

- Day habilitation services
- Personal care services
- Private duty nursing services
- Nursing facility services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

Coverage begins

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance or in the month your health-insurance deductions begin, whichever is later.

If you do not have other health insurance and do not get immediate coverage as described on pages 12-13 of this booklet, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

How you get your benefits

If you are enrolled with your employer's health insurance, MassHealth may be able to help you pay for this insurance in one of two ways:

- your employer will reduce the amount withheld from your paycheck for health insurance by the amount of your premium-assistance benefit, or
- you will get a monthly check for the amount of your premium-assistance benefit.

What is a qualified employer?

An employer is qualified if he or she:

- has no more than 50 full-time employees,
- purchases health insurance that meets MassHealth's approved basic benefit level,
- contributes at least half of the cost of the health-insurance premium, and
- participates in the Insurance Partnership.

What is an Insurance Partnership payment?

To encourage small employers to offer health insurance to their employees, MassHealth gives your employer an Insurance Partnership payment if he or she participates in the Insurance Partnership. If your employer currently does not participate, encourage him or her to call 1-800-399-8285 to learn more about the Insurance Partnership.

MassHealth Basic

This coverage type offers coverage to certain unemployed adults by:

- paying for all or part of the cost of your other health-insurance premium; or
- allowing you to enroll in a health plan through MassHealth if you do not have other health insurance.

If you are found eligible for Basic, and think you have a serious disability, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss). You may be able to get more health-care benefits.

Who can get benefits

You may be eligible for MassHealth Basic if you are a resident of Massachusetts and are under the age of 65 and you are getting services or are on a waiting list to get services from the Department of Mental Health and:

- you are currently not working,
- you have not worked in more than one year; or, if you have worked, you have not earned enough to collect unemployment, and
- you are not eligible to collect unemployment benefits.

You may also be eligible for MassHealth Basic if you are an individual or a member of a couple who is getting Emergency Aid to the Elderly, Disabled and Children (EAEDC) cash assistance.

Note: The following people are not eligible for MassHealth Basic:

- a college student who can get health insurance from his or her college or university, unless the college or university health plan does not cover the student's chronic medical condition or is of significant cost to the student, and
- a person whose spouse works more than 100 hours a month.

Income standards

You must give us proof of your monthly income before taxes and deductions for both you and your spouse. Your family's monthly income before taxes and deductions can be no more than 100% of the federal poverty level.

See the chart on page 25 for the federal poverty levels.

Covered services

If MassHealth decides you can get MassHealth Basic, you can get coverage in one of two ways.

- Under premium assistance, MassHealth will pay part or all of your other health-insurance premium. Your benefits will include all those services covered by your

other health insurance.

- If you do not have other health insurance, you may enroll in a health plan through MassHealth.

If you are enrolled in a health plan, you may get the services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, vision care, and family planning
- Medical services: lab tests, X rays, therapies, pharmacy services, eyeglasses, hearing aids, and medical equipment and supplies (For more information about choosing and enrolling in a Medicare prescription drug plan, see page 21.)
- Home-health services
- Behavioral health (mental health and substance abuse) services
- Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- Ambulance services (emergency only)
- Quit-smoking services

* Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.

Some of the services not covered

- Adult day health and adult foster care
- Hospice
- Nursing facility services

A more detailed description of the services covered and any limitations on this coverage can be found in the MassHealth regulations at 130 CMR 450.105. You may have a copayment for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible for premium assistance, your premiums will begin to get paid in the month after you give us information about your health insurance, and MassHealth has been able to determine this information is correct. If you do not have other health insurance, your coverage begins once you are enrolled in a health plan through MassHealth. For more information, see "Choosing a health plan and a doctor" on page 21.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

MassHealth Essential

This coverage type offers coverage to certain unemployed adults who are not eligible for MassHealth Basic by:

- paying for all or part of the cost of your other health-insurance premium; or
- allowing you to choose a MassHealth doctor if you do not have other health insurance.

If you are found eligible for Essential and think you have a serious disability, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss). You may be able to get more health-care benefits.

Who can get benefits

You may be eligible for MassHealth Essential if you are a resident of Massachusetts and are under the age of 65 and:

- you are currently not working,
- you have not worked in more than one year; or, if you have worked, you have not earned enough to collect unemployment,
- you are not eligible to collect unemployment benefits,
- you are not eligible for MassHealth Basic, and
- you are a U.S. citizen/national or you are an alien with special status* and determined disabled by MassHealth standards.

* See “U.S. citizenship and immigration rules” on pages 25-27 in this booklet for more information.

Note: The following people are not eligible for MassHealth Essential:

- a college student who can get health insurance from his or her college or university, unless the college or university health plan does not cover the student’s chronic medical condition or is of significant cost to the student, and
- a person whose spouse works more than 100 hours a month.

Income standards

You must give us proof of your monthly income before taxes and deductions for both you and your spouse. Your family’s monthly income before taxes and deductions can be no more than 100% of the federal poverty level.

See the chart on page 25 for the federal poverty levels.

Covered services

If MassHealth decides you can get MassHealth Essential, you can get coverage in one of two ways.

- Under premium assistance, MassHealth will pay part or all of your other health-insurance premium. Your benefits will include all those services covered by your

other health insurance.

- If you do not have other health insurance, you must choose a MassHealth doctor to manage your health-care needs.

After you have chosen a doctor, you may get the services listed below. There may be some limits. Your health-care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, and family planning
- Medical services: lab tests, X rays, therapies, pharmacy services, and medical equipment and supplies (For more information about choosing and enrolling in a Medicare prescription drug plan, see page 21.)
- Behavioral health (mental health and substance abuse) services
- Well-child screenings (for children under the age of 21): including medical, vision, dental, hearing, behavioral health (mental health and substance abuse), and developmental screens, as well as shots
- Ambulance services (emergency only)
- Quit-smoking services

** Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

Some of the services not covered

- Eyeglasses and hearing aids
- Home health care
- Adult day health and adult foster care
- Hospice services
- Nursing facility services

A more detailed description of the services covered and any limitations on this coverage can be found in the MassHealth regulations at 130 CMR 450.105. You may have a copayment for some services. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.

Coverage begins

If you are eligible for premium assistance, your premiums will begin to get paid in the month after you give us information about your health insurance, and MassHealth has been able to determine this information is correct.

If you do not have other health insurance, your coverage begins once you have chosen a MassHealth doctor to manage your health-care needs. For more information, see “Choosing a health plan and a doctor” on page 21.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

MassHealth Limited

This coverage type provides emergency health services to people who, under federal law, have an immigration status that keeps them from getting more services. (See pages 25-27 for the U.S. citizenship and immigration rules.)

Who can get benefits

You may be able to get MassHealth Limited if you:

- are pregnant,
- are under age 19, or
- are a parent living with his or her children under age 19, or
- are disabled according to the standards set by federal law.

This means you have a mental or physical condition that limits or keeps you from working for at least 12 months. MassHealth decides if you meet the disability standards.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family.

See the chart on page 25 for the federal poverty levels.

For pregnant women and children under age one

Your family's monthly income before taxes and deductions can be no more than 200% of the federal poverty level. If you are pregnant, your unborn child (or children) is counted in your family size, so there are at least two people in your family.

If you are pregnant and meet these standards, you may also get services through the Healthy Start Program. (See page 19.) Children under age one who meet these standards may also get services through the Children's Medical Security Plan. (See page 18.)

For children aged one through 18

Your family's monthly income before taxes and deductions can be no more than 150% of the federal poverty level. These children may also get services through the Children's Medical Security Plan. (See page 18.)

For parents with children under age 19

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

For disabled adults

Your family's monthly income before taxes and deductions can be no more than 133% of the federal poverty level.

Note: Non-U.S. citizens who apply only for MassHealth Limited, CMSP, or HSP do not have to give us a social security number. This means MassHealth will not try to match their names with any other agency including the Department of Homeland Security (DHS). (See "How we will use your social security number" on page 22.)

Covered services

For MassHealth Limited, covered services include the ones listed below. You can get care only for medical emergencies (conditions that could cause serious harm if not treated). There may be some limits. Your health-care provider can explain them.

- Inpatient hospital emergency services including labor and delivery
- Outpatient hospital emergency services, and emergency visits to emergency rooms
- Certain services provided by doctors and clinics outside of a hospital
- Medical services: pharmacy services used to treat an emergency medical condition
- Ambulance transportation for an emergency medical condition

Some of the services not covered

- Care and services related to an organ transplant procedure

Coverage begins

If you are eligible, your health-care coverage may begin 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

Pregnant MassHealth Limited/HSP members are eligible for the HSP through the end of their pregnancy and for 60 days postpartum. Pregnant MassHealth Limited women will get a Healthy Start notice and card separate from their MassHealth notice and card.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000 and 522.000.

A more detailed description of the services or benefits included for each MassHealth coverage type can be found in the MassHealth regulations at 130 CMR 450.105.

Children's Medical Security Plan

The Children's Medical Security Plan (CMSP) provides health insurance for primary and preventive care for children and teenagers who do not have health-care coverage. Eligibility for this program is determined by MassHealth. If you are eligible, you will get a separate CMSP card.

Who can get benefits

You may be able to get coverage through the Children's Medical Security Plan if you are a resident of Massachusetts and are:

- under age 19,
- uninsured, and
- not eligible for enrollment in any MassHealth coverage type. However, you may be enrolled in both MassHealth Limited and CMSP.

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family. There is no income limit for CMSP. If your monthly income before taxes and deductions is above 200% of the federal poverty level, you may have to pay a premium. For more information about MassHealth/CMSP premiums, see page 21.

See the chart on page 25 for the federal poverty levels.

Information about premiums can be found in the MassHealth regulations at 130 CMR 506.000.

Covered services

For the Children's Medical Security Plan, covered services include the ones listed below. There may be some limits and copays. Your health-care provider can explain them.

- Outpatient services including preventive and sick visits
- Outpatient mental-health services and substance-abuse treatment services up to 20 visits per fiscal year
- Outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes
- Prescription drugs up to \$200 per state fiscal year
- Eye exams and hearing tests
- Durable medical equipment up to \$200 per fiscal year. Asthma-, diabetes-, and epilepsy-related durable medical equipment may be available up to an additional \$300 per state fiscal year
- Dental services – maximum \$750 per fiscal year (This includes exams, X rays, cleanings, fluoride treatment, sealants, fillings, extractions, full or partial root canals, crowns, and space maintainers.) (Frequency limits apply to certain dental services.)

Coverage begins

If you are eligible, your health-care coverage begins on the date MassHealth makes your final eligibility determination.

Enrollment cap

MassHealth may limit the number of children who can be enrolled in CMSP. When MassHealth sets such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When MassHealth is able to open enrollment for CMSP, MassHealth will process the applications in the order they were placed on the waiting list.

Note: Children enrolled in CMSP with incomes up to and including 400% of the federal poverty level may be eligible for payment of medically necessary services that are not covered by CMSP from participating Massachusetts acute hospitals and community health centers. If the child's family income is above 200% of the federal poverty level and at or below 400% of the federal poverty level, an annual deductible based on income will apply. (See the Health Safety Net section on page 22.)

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 522.000.

Healthy Start Program

The Healthy Start Program (HSP) offers comprehensive prenatal and postpartum care for low-income pregnant women. Persons eligible for HSP must not be eligible for any other MassHealth coverage type, except MassHealth Limited, and must not have other health insurance that pays for all medically necessary pregnancy-related care as offered by HSP. If you have MassHealth Limited coverage and you become pregnant, you must call MassHealth at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) right away to get HSP benefits too. If you are eligible for MassHealth Limited/HSP, you will get a Healthy Start notice and card separate from the MassHealth notice and card.

Who can get benefits

- pregnant women who are residents of Massachusetts

Income standards

You must give us proof of your monthly income before taxes and deductions for every person in your family. Family group gross income must be at or below 200% of the federal poverty level.

See the chart on page 25 for the federal poverty levels.

Covered services

For the Healthy Start Program, covered services include the ones listed below as well as all medical care necessary to maintain health during the course of the pregnancy and delivery, including newborn and hospital care. There may be some limits. Your health-care provider can explain them.

- Pregnancy-related primary and specialty visits
- Outpatient behavioral-health visits
- Pregnancy-related radiology and laboratory visits
- Amniocentesis
- Prescribed durable medical equipment and supplies, up to \$300 per pregnancy
- Home-nursing visits (two visits for pregnancies without complications and five visits for pregnancies with complications or C-sections)
- Office visits (including family planning)
- Inpatient delivery and services (covered by MassHealth Limited)
- Postpartum obstetric and gynecologic care for 60 days following the termination of pregnancy, plus an additional period extending to the end of the month in which the 60-day period ends
- Newborn hospital and outpatient care, including one postpartum pediatric ambulatory visit
- Pregnancy-related prescription drugs
- Emergency services (covered by MassHealth Limited)

Coverage begins

If you are eligible, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request, if we get all needed information within 60 days.

A more detailed description of the MassHealth eligibility requirements and covered services can be found in the MassHealth regulations at 130 CMR 522.000.

MassHealth Prenatal

MassHealth Prenatal offers health-care benefits right away to pregnant women for up to 60 days. During the 60 days, MassHealth will decide if the pregnant woman can get another MassHealth coverage type.

Who can get benefits

You may be able to get MassHealth Prenatal if you are a resident of Massachusetts and you are:

- pregnant

Income standards

Your monthly income before taxes and deductions can be no more than 200% of the federal poverty level. Your unborn child (or children) is counted in your family size, so there are at least two people in your family.

Pregnant women do not need to give us proof of income to get MassHealth Prenatal. But you must give proof of income (like two recent pay stubs) and proof of U.S. citizenship/national status and identity, or qualified alien status for MassHealth to make a final decision about your MassHealth coverage. (See pages 28-29 for complete information about acceptable proofs.) If we do not get proof of your income and U.S. citizenship/national status and identity, or qualified alien status, your benefits will end after 60 days.

See the chart on page 25 for the federal poverty levels.

Covered services

For MassHealth Prenatal, covered services include the ones listed below. There may be some limits. Your health-care provider can explain them. Pregnant women may visit any MassHealth health-care provider.

- Routine prenatal office visits and tests

Some of the services not covered

- Labor and delivery services

Coverage begins

If you are eligible, your health-care coverage begins 10 calendar days before the date MassHealth gets your Medical Benefit Request.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000.

SECTION III

Other things you need to know

Choosing a health plan and a doctor

If you are approved for MassHealth Standard, Family Assistance, or Basic and do not have other health insurance, you must choose a doctor and a health plan through MassHealth. If you are approved for MassHealth Essential and do not have other health insurance, you must choose a MassHealth doctor. Basic members cannot get benefits until they are enrolled in a health plan through MassHealth. Essential members cannot get benefits until they choose a MassHealth doctor. For Standard and Family Assistance members without health insurance, you get coverage before you enroll in a health plan, but you are still required to enroll.

Soon after we tell you that you can get MassHealth, we will send you information in an enrollment package that explains the MassHealth health plan choices you have and tells you how to enroll. If you are eligible for MassHealth CommonHealth, you may, but do not have to, enroll in a health plan through MassHealth. If you want to enroll in a health plan through MassHealth, call MassHealth Customer Service. If you are eligible for MassHealth Limited or Prenatal, or eligible for another MassHealth coverage type and have other health insurance, you do not have to enroll in a health plan through MassHealth.

Choosing a health plan and doctor for yourself and your family is an important decision. If you need help making this decision, you can call the toll-free telephone number that is in the enrollment package and talk to a Customer Service Representative. The Customer Service Representative is trained to help you make the choice that is best for you and your family.

More information about choosing a health plan through MassHealth can be found in the MassHealth regulations at 130 CMR 508.000.

Choosing and enrolling in a Medicare prescription drug plan

If you are eligible for both Medicare and MassHealth, Medicare provides most of your prescription drug coverage through a Medicare prescription drug plan. This means you must choose and enroll in a Medicare prescription drug plan. If you do not choose a drug plan, Medicare will choose one for you. You may change plans at any time. Visit www.medicare.gov or call 1-800-MEDICARE for information about how to choose and enroll in a Medicare prescription drug plan that is best for you. If you are enrolled in a PACE or SCO plan, a Medicare Advantage plan, a Medicare supplement (Medigap) plan, or have drug coverage through a current or former employer, be sure to contact your plan to find out more information about whether or not to enroll in a Medicare prescription drug plan.

Copay and premium information for American Indians/Alaska Natives

American Indians and Alaska Natives who have received or are eligible to receive a service from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider are exempt from paying copays and premiums as MassHealth members.

A more detailed definition of who is considered to be an American Indian or Alaska Native can be found in the MassHealth regulations at 130 CMR 501.001.

MassHealth/CMSP premiums

Some MassHealth and CMSP members will need to pay a monthly premium. Monthly premium amounts are based on your family's gross (before taxes and deductions) monthly income and family size. If you have to pay a monthly premium, MassHealth will send you a notice with the premium amount. You will also get a bill every month. If you do not pay your premium payments, your benefits may end.

If MassHealth decides you must pay a premium for benefits, you are responsible for paying these premiums unless you tell MassHealth to close your case within 60 days from the date your eligibility was determined or a premium hardship waiver was approved.

MassHealth may refer past due premium balances (delinquent accounts) to the State Intercept Program (SIP) for recovery.

State Intercept Program regulations can be found at 815 CMR 9.00.

Commonwealth Care

Commonwealth Care is a program administered by the Commonwealth Health Insurance Connector Authority ("the Health Connector") for certain adults who are not eligible for MassHealth. Commonwealth Care helps pay for health-insurance premiums for health plans that are approved by the Health Connector. You may be eligible if:

- your family's monthly income before taxes and deductions is at or below 300% of the federal poverty level;
- you are uninsured; and
- you are a U.S. citizen/national, qualified alien, or alien with special status. (Qualified aliens and aliens with special status are described on pages 25-27 in this booklet.)

Once MassHealth determines that you are eligible for Commonwealth Care, the Health Connector will help you enroll in a Commonwealth Care health plan.

For those members whose incomes are:

- at or below 100% of the federal poverty level, there are

- no premiums and only minimal copayments;
- between 100% and 150% of the federal poverty level, there may be monthly premiums and there are copayments for certain services; or
- above 150% of the federal poverty level, there are monthly premiums and copayments for certain services.

The amount of the premium is based on your choice of plan and on your family's monthly income before taxes and deductions, as it compares to the federal poverty level. Children living with a parent or guardian who is enrolled in and paying a premium for Commonwealth Care will not have to pay any premium for any MassHealth coverage type or program. For reporting changes and for information about enrollment in health plans, premiums, copays, and any other program information, call the Commonwealth Care Customer Service Center at 1-877-623-6765 (1-877-MA-ENROLL) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

Commonwealth Care regulations can be found at 956 CMR 3.00.

Health Safety Net

The Health Safety Net (HSN) pays hospitals and community health centers for certain services provided to low-income patients. The HSN is administered by the Division of Health Care Finance and Policy (DHCFP). Providers may be paid for eligible services to low-income patients (Massachusetts residents with family income at or below 400% of the federal poverty level). By signing a MassHealth application or review form, applicants or members acknowledge that the Commonwealth of Massachusetts may contact their employers, in accordance with the regulations of the DHCFP, if they or their dependents get services from a hospital or a community health center that are paid for by the Health Safety Net. For information, contact the DHCFP at 1-877-910-2100.

A more detailed description of the Health Safety Net regulations can be found at 114.6 CMR 13.00 and on the DHCFP Web site at www.mass.gov/dhcfp.

Out-of-pocket expenses

In some cases, MassHealth can pay you back for medical bills that you paid before you got your MassHealth approval notice. We will do this if:

- We denied your eligibility and later decided that the denial was incorrect; or
- You paid for a MassHealth-covered medical service that you got before we told you that you would get MassHealth. In this case, your health-care provider must pay you back and bill MassHealth for the service. The provider must accept the MassHealth payment as

payment in full.

Out-of-state emergency treatment

MassHealth is a health-care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state*. If an emergency occurs while you are out of state, show your MassHealth card and any other health-insurance cards you have, if possible. Also, if possible, tell your primary-care provider or health plan within 24 hours of the emergency treatment. If you are not enrolled in a health plan through MassHealth, but instead get premium assistance, your other health insurance may also pay for emergency care you get out of state.

** Per MassHealth regulation 130 CMR 450.109(B), MassHealth does not cover any medical services provided outside the United States and its territories.*

Reporting changes

Once you start getting MassHealth, you must let us know about certain changes within 10 days of the changes or as soon as possible. These include any changes in income, family size, employment, disability status, health insurance, and address. If you do not tell us about changes, you may lose your MassHealth benefits.

If you are or will soon be aged 65, and do not have children under age 19 living with you, you must meet certain income and asset requirements to keep getting MassHealth. We will send you a new form to fill out to give us the information we need to make a decision. If you can keep getting MassHealth, you will not get your medical care through a MassHealth managed-care plan. Instead, you can get your medical care from any other MassHealth health-care provider.

How we will use your social security number

You must give us a social security number (SSN) or proof that you have applied for an SSN for every family member who is applying for MassHealth or Commonwealth Care. However, you do not need to give us an SSN or proof you applied for an SSN to get MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net. MassHealth may require you to give us the SSN, if you can get it, of any person not applying who has or can get health insurance that covers you or any member of your family. We will use your SSN to check information you have given us. We will also use it to detect fraud, see if anyone is getting duplicate benefits, or see if others (a "third party") should be paying for services. We may match your SSN or the SSN of anyone in your family who is living with you. If MassHealth pays part of your health-insurance premiums, MassHealth

may add your SSN or the SSN of the policyholder in your family to the State Comptroller's vendor file. You or the policyholder in your family must have a valid SSN before you can get a payment from MassHealth. SSN files may be matched with the files of agencies like: the Internal Revenue Service, Social Security Administration, Alien Verification Information System, Centers for Medicare and Medicaid Services, Registry of Motor Vehicles, Department of Revenue, Department of Transitional Assistance, Department of Industrial Accidents, Division of Unemployment Assistance, Department of Veterans' Services, Human Resource Division, Bureau of Special Investigations, and the Department of Public Health's Bureau of Vital Statistics. Files may also be matched with social service agencies in this state and other states, and computer files of banks and other financial institutions, insurance companies, employers, and managed-care organizations.

Confidentiality and fair treatment

MassHealth cannot discriminate against you because of race, color, sex, age, handicap, country of origin, sexual orientation, religion, or creed. MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits. We use the information you give us only for the administration of MassHealth. This means that we may need to share this information with our contractors and other entities. Any information we share must be kept confidential by that party. All personal information MassHealth has about any applicant or member, including medical data or health status, is confidential. This information may not be released for uses other than the administration of MassHealth without your permission or a court order. You can give us your permission in two different ways: 1) by filling out a MassHealth Eligibility Representative Designation Form; or 2) by giving us written permission to share your personal health information.

Eligibility representative

An eligibility representative is someone you choose to help you with some or all of the responsibilities of applying for or getting MassHealth or other benefits described in this booklet. This person must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth

eligibility notices sent to you.

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. To designate someone to be your eligibility representative, you and your eligibility representative must fill out a MassHealth Eligibility Representative Designation Form, which is included in the application packet, or you can call us to get one.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the MassHealth Eligibility Representative Designation Form, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or if the applicant or member has died, the estate's administrator or executor.

Permission to share information

If you want us to share your personal health information, including sending copies of your eligibility notices, with someone who is not your eligibility representative, you can do this by giving us written permission. We have a form you can use to do this. You can call us to get the MassHealth Permission to Share Information Form.

MassHealth and other health insurance

To get and keep MassHealth, you must:

- apply for and enroll in any health insurance that is available to you at no cost, including Medicare,
- enroll in health insurance when MassHealth determines it is cost effective for you to do so, or
- keep any health insurance that you already have.

You must also give MassHealth information about any health insurance that you or a family member already have or may be able to get. We will use this information to decide:

- if the services covered under your health insurance meet MassHealth's standards, and
- what we may pay toward the cost of your health-insurance premium.

Under MassHealth Family Assistance, MassHealth may pay part of your health-insurance premiums if:

- your employer contributes at least 50% of the cost of the health-insurance premiums; and
- the health-insurance plan meets the Basic Benefit Level (i.e., if it provides comprehensive medical coverage to its members including MassHealth-required health-care

benefits).

MassHealth may buy group health insurance through MassHealth Standard/CommonHealth Premium Assistance for an eligible MassHealth Standard or MassHealth CommonHealth member, or a MassHealth Family Assistance member who is HIV positive. MassHealth will decide when to do this, based on the cost and services covered under the health insurance.

Under MassHealth Basic and MassHealth Essential, MassHealth pays part or all of your other health-insurance premium.

If you or members of your family are in an accident

If you or any members of your family are in an accident or are injured in some other way, and get money from a third party because of that accident or injury, you will need to use that money to repay: (1) MassHealth (for MassHealth, CMSP, and Healthy Start) or the Health Connector or your current health insurer (for Commonwealth Care) for certain medical services provided (For MassHealth, CMSP, and Healthy Start, these certain medical services are explained below. For Commonwealth Care, these certain medical services must have been provided to you by your health insurer.); or (2) the Division of Health Care Finance and Policy for medical services reimbursed for you and any family members by the Health Safety Net. You must tell MassHealth (for MassHealth, CMSP, and Healthy Start), your health insurer (for Commonwealth Care), or the Division of Health Care Finance and Policy (for the Health Safety Net) in writing, within 10 calendar days, or as soon as possible, if you file any insurance claim or lawsuit because of an accident or injury to you or any family members applying for benefits.

- If you are applying for MassHealth because of an accident or injury, you will need to use that money to repay the costs paid by MassHealth for all medical services you and your family get.
- If you or any members of your family are in an accident, or are injured in some other way, after becoming eligible for MassHealth, you will need to use that money to repay only the costs paid by MassHealth for medical services provided because of that accident or injury.

Third parties who might give you or members of your family money because of an accident or injury include the following:

- a person or business who may have caused the accident or injury,
- an insurance company, including your own insurance company, or
- other sources, such as workers' compensation.

For more information about accident recovery, see the MassHealth regulations at

130 CMR 503.006 and Chapter 118E of the Massachusetts General Laws.

Recovery against estates of certain members who die

MassHealth has the right to get back money from the estates of certain MassHealth members after they die. In general, the money that must be repaid is for services paid by MassHealth for a member after the member turned age 55. Under current practice, this does not apply to Commonwealth Care.

If a deceased member leaves behind a child who is blind, permanently and totally disabled, or under age 21, or a husband or wife, MassHealth will not require repayment while any of these persons are still living.

If real property, like a home, must be sold to get money to repay MassHealth, MassHealth, in limited circumstances, may decide that the estate does not need to repay MassHealth. The property must be left to a person who meets certain financial standards, and who has lived in the property, without leaving, for at least one year before the now-deceased member got MassHealth. Also, certain income, resources, and property of American Indians and Alaska Natives may be exempt from recovery.

In addition, when a member is eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost-sharing benefits (premiums, deductibles, and copayments) paid on or after January 1, 2010, for persons who got these benefits while they were aged 55 or older.

For more information about estate recovery, see the MassHealth regulations at 130 CMR 501.013 and Chapter 118E of the Massachusetts General Laws.

Certificates of Creditable Coverage

When your MassHealth coverage ends, MassHealth will give you a Certificate of Creditable Coverage if you were getting MassHealth Standard, CommonHealth, CMSP, or Healthy Start, or if you were enrolled in a MassHealth health plan under MassHealth Family Assistance, Basic, or Essential. If you have a continuing medical condition when you enroll in a new health plan offered by other insurance, this certificate may allow you to shorten the waiting period or have no waiting period before coverage begins. More information is given on the Certificate.

How we count your family size

MassHealth looks at your family size and the income of all members of your family to decide if you are eligible for MassHealth or the Health Safety Net. In deciding family size, MassHealth counts parents (natural, step, and adoptive) and their children under the age of 19 who live with them. If neither parent is living at home, a family

group may be children under the age of 19 and a caretaker relative who is not their parent who are all living together. We also count your unborn child (or children) as a member of your family. If you are married and have no children under age 19, we count you and your spouse. A caretaker relative may choose to be part of the family or not.

How we count your income

MassHealth compares your family's monthly income (before taxes and other deductions) to the applicable federal poverty level in the chart below. If you get income on a weekly basis, we multiply the weekly income by 4.333 to get a monthly amount.

Federal Poverty Levels (Monthly)

| Family Size | 100% | 133% | 150% | 200% | 250% | 300% | 400% |
|--------------------|---------|---------|---------|---------|---------|---------|----------|
| 1 | \$931 | \$1,239 | \$1,397 | \$1,862 | \$2,328 | \$2,793 | \$3,724 |
| 2 | \$1,261 | \$1,677 | \$1,892 | \$2,522 | \$3,153 | \$3,783 | \$5,044 |
| 3 | \$1,591 | \$2,116 | \$2,387 | \$3,182 | \$3,978 | \$4,773 | \$6,364 |
| 4 | \$1,921 | \$2,555 | \$2,882 | \$3,842 | \$4,803 | \$5,763 | \$7,684 |
| 5 | \$2,251 | \$2,994 | \$3,377 | \$4,502 | \$5,628 | \$6,753 | \$9,004 |
| 6 | \$2,581 | \$3,433 | \$3,872 | \$5,162 | \$6,453 | \$7,743 | \$10,324 |
| 7 | \$2,911 | \$3,872 | \$4,367 | \$5,822 | \$7,278 | \$8,733 | \$11,644 |
| 8 | \$3,241 | \$4,311 | \$4,862 | \$6,482 | \$8,103 | \$9,723 | \$12,964 |
| Additional Persons | +\$330 | +\$439 | +\$495 | +\$660 | +\$825 | +\$990 | +\$1,320 |

MassHealth updates the federal poverty levels each year based on changes made by the federal government. The income levels above reflect the standards as of March 1, 2012.

Giving correct information

Giving incorrect or false information may end your benefits. It may also result in fines, imprisonment, or both.

Signing up to vote

This booklet includes information about voter registration. You do not need to register to vote to get benefits.

U.S. citizenship and immigration rules

When deciding if you are eligible for MassHealth, we look at all the requirements described under each coverage type and program. We also look at your U.S. citizenship/national status and immigration status to decide if you may get a certain coverage type.

U.S. Citizens/Nationals

U.S. citizens/nationals may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Basic, Essential, Prenatal, or the Children's Medical Security Plan

(CMSP). They may also be eligible for Commonwealth Care or the Health Safety Net.

Proof of citizenship and identity is required for all U.S. citizens/nationals.

A citizen of the United States is:

1. an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands, except if born to a foreign diplomat and who otherwise qualifies for U.S. citizenship under §301 et seq. of the Immigration and Nationality Act (INA);
2. an individual born of a parent who is a U.S. citizen or who otherwise qualifies for U.S. citizenship under §301 et seq. of the INA;
3. a naturalized citizen; or
4. a national (both citizen and noncitizen national).
 - (a) Citizen national. A citizen national is an individual who otherwise qualifies as a U.S. citizen under §301 et seq. of the INA.
 - (b) Noncitizen national. A noncitizen national is an individual who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a noncitizen national.

Noncitizens

To get the type of MassHealth that covers the most benefits, or to get Commonwealth Care, a qualified alien or alien with special status must submit immigration documents or other proof showing that immigration officials know he or she is living in the U.S.

Non-U.S. citizens do not have to submit any immigration documents with the MassHealth application if:

- they are applying only for their U.S. citizen/national children, but are not applying for any benefits for themselves; or
- they are applying only for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net. These MassHealth coverage types and programs have fewer benefits, but non-U.S. citizens do not need to submit any information about their immigration status.

Qualified aliens

People who are qualified aliens and meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Basic, Essential, Prenatal, or CMSP. They may also be eligible for Commonwealth Care or the Health Safety Net.

- *1. People admitted for legal permanent residence (LPR) under the INA. But see starred (*) paragraph below.
- *2. People granted parole for at least one year under section

212(d)(5) of the INA. But see starred (*) paragraph below.

- *3. Conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980. But see starred (*) paragraph below.
- 4. People granted asylum under section 208 of the INA.
- 5. Refugees admitted under section 207 of the INA.
- 6. People whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997.
- 7. People who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980.
- 8. Native Americans with at least 50 percent American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside of the United States pursuant to 25 U.S.C. 450b(e).
- 9. Amerasians admitted pursuant to section 584 of Public Law 100-202.
- 10. (a) Veterans of the United States (U.S.) Armed Forces with an honorable discharge not related to their alien status.
- (b) Filipino war veterans who fought under U.S. command during WWII.
- (c) Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under U.S. command during the Vietnam War.
- (d) Persons with alien status on active duty in the U.S. Armed Forces, other than active duty for training.
- (e) The spouse, surviving unremarried spouse, or unmarried dependent child of the alien described in (a) through (d).
- 11. Aliens or their unmarried dependent children, as defined in federal law, who have been subjected to battery or extreme cruelty by their spouse, parent, sponsor, or a member of their household, and who no longer live in the same household as the batterer.
- 12. Victims of severe forms of trafficking.
- 13. Iraqi Special Immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 1244 of Public Law 110-181 or section 525 of Public Law 110-161.
- 14. Afghan Special Immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 525 of Public Law 110-161.
- * People described in immigration statuses 1, 2, and 3 above must:
 - have entered the United States on or after August 22, 1996, and five years must have passed since attaining any of these three statuses (completed the “five-year bar”);

or must have attained any of these three statuses before August 22, 1996; or must have been continually present since before August 22, 1996. “Continually present” applies only if the following three conditions are met: a) the date of entry into the United States is before August 22, 1996; b) the person attains any of these three statuses on or after August 22, 1996; and c) the person has not had a single absence of greater than 30 days or a total of combined absences of greater than 90 days from the last date of entry into the United States to the date of attaining any of these statuses; or

- also be described in any of the above immigration statuses 4 through 14.

Aliens with special status

Aliens with special status are individuals who meet one of the following statuses.

- **1. People admitted for legal permanent residence (LPR) under the INA.
- **2. People granted parole for at least one year under section 212(d)(5) of the INA.
- **3. Conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980.
- **4. People permanently residing in the United States under color of law (PRUCOL) as described below.
 - (a) Aliens living in the United States in accordance with an indefinite stay of deportation.
 - (b) Aliens living in the United States in accordance with an indefinite voluntary departure.
 - (c) Aliens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the United States Department of Homeland Security (DHS) does not contemplate enforcing.
 - (d) Aliens who have filed applications for adjustment of status that the DHS has accepted as “properly filed,” and whose departure the DHS does not contemplate enforcing.
 - (e) Aliens granted stays of deportation by court order, statute, or regulation, by individual determination of the DHS, or relevant DHS instructions, and whose departure DHS does not contemplate enforcing.
 - (f) Aliens granted voluntary departure by the DHS or an Immigration Judge, and whose deportation the DHS does not contemplate enforcing.
 - (g) Aliens granted deferred action status.
 - (h) Aliens living under orders of supervision.
 - (i) Aliens who have entered and continuously lived in

the United States since before January 1, 1972.

- (j) Aliens granted suspension of deportation, and whose departure the DHS does not contemplate enforcing.
- (k) Aliens granted temporary protected status (TPS).
- (l) Aliens who are asylum applicants.
- (m) Any other aliens living in the United States with the knowledge and consent of the DHS, and whose departure the DHS does not contemplate enforcing. (These include permanent nonimmigrants as established by Public Law 99-239, and persons granted Extended Voluntary Departure due to conditions in the alien's home country based on a determination by the Secretary of State.)

****** People who entered the United States on or after August 22, 1996, who have attained an immigration status described in 1, 2, or 3 above, and have not completed the “five-year bar,” or people who have entered the United States at any time and are permanently residing under color of law (PRUCOL), as described in 4 above.

Aliens with special status described above who are:

- pregnant may be eligible for MassHealth Standard or Prenatal;
- children under age 19 may be eligible for MassHealth Standard, Family Assistance, or CMSP;
- aged 19 or older and are parents of a child under age 19 or disabled according to federal and state law may be eligible for MassHealth Limited if they meet the rules and income limits for Standard; and
- aged 19 or older and are long-term unemployed and disabled according to federal and state law may be eligible for MassHealth Essential and Limited if they meet the rules and income limits for Essential.

Aliens with special status may also be eligible for Commonwealth Care or the Health Safety Net.

Other noncitizens

If your immigration status is not described above, you may be eligible for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net.

Note: People who were getting MassHealth, formerly known as Medical Assistance, or CommonHealth on June 30, 1997, may continue to get benefits regardless of immigration status if otherwise eligible.

The eligibility of immigrants for publicly funded benefits is defined in the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the federal Balanced Budget Act of 1997, and in various provisions of state law. For additional details, see the MassHealth regulations at 130 CMR 504.000.

U.S. Citizenship/National Status and Identity Requirements for MassHealth/Commonwealth Care Effective 7/1/06 from the Federal Deficit Reduction Act of 2005

Proof of both U.S. Citizenship/National Status and Identity*

- * **Exception: Seniors and disabled persons who get or can get Medicare or Supplemental Security Income (SSI), or disabled persons who get Social Security Disability (SSDI) do NOT have to give proof of their U.S. citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of U.S. citizenship/national status and identity.**

The following **First-Level Documents** may be accepted as proof of **BOTH U.S. citizenship/national status AND identity**. (No other documentation is required.) Individuals born outside the U.S. who were not U.S. citizens/nationals at birth must submit first-level documents or appropriate second-level documents (where applicable for a birth abroad), or, if such documents are not available, affidavits of citizenship. Adopted children born outside the U.S. may establish citizenship under the Child Citizenship Act.

1. a U.S. passport; or
2. a Certificate of Naturalization (DHS Form N-550 or N-570); or
3. a Certificate of U.S. Citizenship (DHS Form N-560 or N-561); or
4. a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe.

OR

Proof of U.S. Citizenship/National Status Only (Submit documentation from the highest level possible!)

The following **Second-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- A U.S. public record of birth (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The individual may also be collectively naturalized under federal regulations. The birth record must have been recorded within 5 years of birth.
- A Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or Form DS-1350)
- A U.S. Citizen ID card (INS Form I-197 or I-179)
- An American Indian Card (I-872 with the classification code KIC) issued by the Department of Homeland Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border
- Final adoption decree showing the child's name and U.S. place of birth (if adoption is not finalized, a statement from a state-approved adoption agency)
- Evidence of U.S. civil service employment before June 1, 1976
- An official military record showing a U.S. place of birth
- A Northern Mariana Identification Card (I-873) issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before November 4, 1986
- Documentary evidence under the Child Citizenship Act for adopted children born outside the U.S.

The following **Third-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- Extract of U.S. hospital record of birth on hospital letterhead established at the time of the person's birth that was created 5 years before the initial application date and that indicates a U.S. place of birth. For children under age 16, the hospital record must have been created near the time of birth or 5 years before the application date. A souvenir birth certificate is not acceptable.
- Life, health, or other insurance record showing a U.S. place of birth that was created at least 5 years before the initial application date that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the application date.
- An official religious record recorded with the religious organization in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. Entries in a family bible are not considered religious records.
- An early school record showing the child's name, U.S. place of birth, date of admission, and date of birth

****Affidavits (written statements) of U.S. citizenship/national status should be used only in rare circumstances when the applicant or member is unable to provide evidence of U.S. citizenship/national status from any other source listed.** Two affidavits must be submitted. One of the two affidavits must be from an individual who is **not** related to the applicant or member. Each individual providing an affidavit must have personal knowledge of the event(s) establishing the applicant's or member's claim of U.S. citizenship/national status; for example, the date and place of the applicant's birth in the United States, if applicable. The individuals providing the affidavits must also provide proof of both their own U.S. citizenship/national status and identity for the affidavit to be accepted. If these individuals also know why documentary evidence of the applicant's or member's claim of U.S. citizenship/national status cannot be provided, this should be included in the affidavit. The applicant or member (or other knowledgeable individual) must also provide a separate affidavit explaining why this evidence cannot be provided. Different requirements apply to affidavits of identity for children and institutionalized individuals.

PLUS

Proof of Identity Only

The following **Fourth-Level Documents** may be accepted as proof of U.S. citizenship/national status only.

- Birth records recorded after the person turned age 5
- Federal or state census record showing U.S. citizenship or a U.S. place of birth and person's age
- Admission papers from a nursing home, skilled-care facility, or other institution that were created at least 5 years before the initial application date and that indicate a U.S. place of birth
- Medical (clinic, doctor, or hospital) record indicating a U.S. place of birth that was created at least 5 years before the initial application date. For children under age 16, the medical record must have been created near the time of birth or 5 years before the application date.
- Other documents that show a U.S. place of birth that were created at least 5 years before the application for MassHealth (For children under age 16, the document must have been created near the time of birth or 5 years before the application date.): Seneca or Navajo Indian tribal census records, U.S. State Vital Statistics official notification of birth registration, an amended U.S. public birth record that was amended more than 5 years after the person's birth, a statement from a physician/midwife who was in attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives
- Written affidavit**

The following documents may be accepted as proof of identity only.

1. A state driver's license containing the individual's photo or other identifying information
2. A government-issued identity card containing the individual's photo or other identifying information
3. Certificate of Indian Blood or other U.S. tribal document with photo or other identifying information
4. U.S. military card or draft record
5. Three or more of the following documents, such as, marriage licenses, divorce decrees, high school diplomas, employer ID cards, and property deeds/titles (This documentation cannot be used if fourth-level documents were submitted as proof of U.S. citizenship/national status.)
6. School identity card with photo, except for children under age 16
7. Military dependent's identity card
8. U.S. Coast Guard Merchant Mariner card
9. For children under age 16: a clinic, doctor, or hospital record, or a school record, or a day-care or nursery school record that is verified with the school, or a parental, guardian, or caretaker relative affidavit attesting to the child's date and place of birth that is signed under penalty of perjury (cannot be used if an affidavit for citizenship/national status was provided). For children between the ages of 16 and 18, the affidavit can be used where a school photo ID or driver's license with photo is not available in that area until that age.
10. For disabled individuals in residential-care facilities: an affidavit signed under penalty of perjury by the facility director or administrator when the disabled individual does not have or cannot get any identity document listed in 1 through 9 above.

Where to call for help

| Topic: | Call: |
|--|---|
| <input type="checkbox"/> the status of your Medical Benefit Request <input type="checkbox"/> member eligibility <input type="checkbox"/> information to process case <input type="checkbox"/> examples of acceptable proofs | MassHealth Enrollment Center 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss)—self-services available 24 hours/7 days a week |
| <input type="checkbox"/> general eligibility <input type="checkbox"/> MassHealth benefits <input type="checkbox"/> enrollment into a health plan <input type="checkbox"/> interpreter services <input type="checkbox"/> how to get proofs, like a Massachusetts birth record or a birth record from another state <input type="checkbox"/> MassHealth and Children's Medical Security Plan premiums | MassHealth Customer Service 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) |
| <input type="checkbox"/> how to get a Medical Benefit Request <input type="checkbox"/> how to get a MassHealth Permission to Share Information Form | MassHealth Enrollment Center or MassHealth Customer Service (See phone numbers above.) |
| <input type="checkbox"/> estate recovery | Benefit Coordination/Third Party Liability 1-800-462-1120 |
| <input type="checkbox"/> Breast and Cervical Cancer Treatment Program | Women's Health Network (Department of Public Health) 1-877-414-4447 (TTY: 617-624-5992 for people with partial or total hearing loss) |
| <input type="checkbox"/> Children's Medical Security Plan | 1-800-909-2677 (for questions about covered services and finding a provider) |
| <input type="checkbox"/> Healthy Start Program | 1-888-488-9161 (for questions about covered services and finding a provider) |
| <input type="checkbox"/> MassHealth appeals - fair hearings | Board of Hearings 100 Hancock St., 6th Floor Quincy, MA 02171 617-847-1200 or 1-800-655-0338 (fax) 617-847-1204 |
| <input type="checkbox"/> Medicare prescription drug coverage | 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048 for people with partial or total hearing loss) www.medicare.gov |
| <input type="checkbox"/> Commonwealth Care <ul style="list-style-type: none"> • reporting changes • information about enrollment in health plans, premiums, copays, and other program information | Commonwealth Care Member Service Center 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss) www.mahealthconnector.org |
| <ul style="list-style-type: none"> • appeals about your health-care plan | Commonwealth Care Appeals Unit P.O. Box 960189 Boston, MA 02196 617-933-3096 (fax) 617-933-3099 |
| <input type="checkbox"/> to report member or provider fraud | 1-877-437-2830 (1-877-4-FRAUD-0) |
| <input type="checkbox"/> Health Safety Net | Health Safety Net Customer Service Center 1-877-910-2100 |
| <input type="checkbox"/> to apply for an SSN | Social Security Administration (SSA) 1-800-772-1213 www.ssa.gov |

Using the Internet to see your benefits information

If you are the head of your household (the person who signed the application for benefits), AND you are now getting one of the following:

Health-care benefits/program

- MassHealth;
- Commonwealth Care;
- Health Safety Net;
- Children's Medical Security Plan (CMSP); or
- Healthy Start

Food/Cash assistance benefits

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps; or
- cash benefits (TAFDC or EAEDC)

THEN you can use an online tool on the Internet called "My Account Page (MAP)" to

- see your current benefits;
- see notices that have been sent to your household;
- see important information that will help manage your benefits;
- change certain household information without having to call a MassHealth Enrollment Center; or
- possibly complete your required yearly review if you are getting Commonwealth Care.

Important! You must be getting benefits AND have either a MassHealth Member ID number to see your health-care benefits/program information or an Electronic Benefit Transfer (EBT) card number to see food or cash assistance information. For more information, or to use "My Account Page," go to www.mass.gov/vg/selfservice.

Legal Services for Noncitizens

Boston Area

- ☐ **Asian American Civic Association**
Immigration counseling, help with preparation of applications, and legal referrals; no representation. Chinese spoken.

90 Tyler St.
Boston, MA 02111
Phone: 617-426-9492 / Fax: 617-482-2316

- ☐ **Catholic Charities, Refugee and Immigration Services**
Labor certifications, relative petitions, Cuban/Haitian adjustments, registry, nonimmigrant visa petitions, political asylum, exclusion, deportation proceedings, TPS counseling. Serves Boston and surrounding areas; all nationalities. BIA accredited staff. Spanish spoken.

270 Washington St.
Somerville, MA 02143
Phone: 617-625-1920 / Fax: 617-629-2246

- ☐ **Centro Presente**
Help with preparation of applications for citizenship, family-based petitions, and NACARA cases. Spanish spoken.

54 Essex St.
Cambridge, MA 02139-2609
Phone: 617-497-9080 / Fax: 617-497-7247

- ☐ **Community Legal Services and Counseling Center**
Specializing in asylum cases, refugee green cards, family-based visa petitions, adjustment of status, and consultation on naturalization problem cases. Spanish spoken.

One West St.
Cambridge, MA 02139
Phone: 617-661-1010 / Fax: 617-661-3289

- ☐ **Greater Boston Legal Services**
All types of immigration cases, primarily asylum cases, domestic violence cases, TPS counseling, and humanitarian relief. Provides community education/training. Serves the Commonwealth of Massachusetts. Spanish, Haitian Creole, French, Arabic, Somali, and Gujarati spoken.

197 Friend St.
Boston, MA 02114
Phone: 617-603-1808 / Fax: 617-371-1222

- ☐ **Haitian Multi-Service Center**
Does not represent persons in deportation proceedings, but provides advice and referrals. Processes applications for Cuban/Haitian adjustments, registry. Provides community education/training. Serves the Greater Boston area: primarily Haitians. French and Haitian Creole spoken.

12 Bicknell St.
Dorchester, MA 02121
Phone: 617-436-2848 / Fax: 617-287-0284

- ☐ **International Institute of Boston**
Specializing in asylum cases, refugee green cards, citizenship, replacement green cards and I-94s, refugee travel documents, re-entry permits, advance parole, affidavits of support, consultations. Also, on a limited basis: family-based visa petitions and adjustment of status. Weekly walk-in hours. Low-income legal assistance program. Deportation defense and assistance for battered women. Serves Boston INS jurisdiction: all nationalities. BIA accredited staff. Spanish, French, and Vietnamese spoken.
- ☐ **Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition**
Offers technical assistance to service providers and clients on immigration documentation and immigrant eligibility for public benefits.
- ☐ **Pair Project**
Specializing in asylum and detention and deportation cases.

One Milk St.
Boston, MA 02109
Phone: 617-695-9990 / Fax: 617-695-9191

105 Chauncy St.
Boston, MA 02111
Phone: 617-350-5480 / Fax: 617-350-5499

14 Beacon St., Rm. 804 A
Boston, MA 02108
Phone: 617-742-9296 / Fax: 617-742-9385

Central Massachusetts

- ☐ **Community Legal Aid**
Provides free advice and representation on humanitarian immigration applications, including asylum, relief under the Violence Against Women Act, Special Immigrant Juvenile Status, U visas for crime victims, and T visas for trafficking victims. Serves low-income and elderly residents of Central and Western Massachusetts (Berkshire, Franklin, Hampden, Hampshire, and Worcester counties).
- ☐ **Friendly House**
Specializing in asylum cases, green-card replacement, adjustment of status, and naturalization. Free immigration consultation every Friday, by appointment only. Possible representation.
- ☐ **Lutheran Social Services**
Specializing in asylum cases, VAWA, family-based petitions, and referrals.

405 Main St., 4th floor
Worcester, MA 01608
Phone: 508-752-3718 / Fax: 508-752-5918

36 Wall St.
Worcester, MA 01604
Phone: 508-755-4362 / Fax: 508-792-7800

30 Harvard St.
Worcester, MA 01608
Phone: 508-754-1121 / Fax: 508-754-1393

Southeastern Massachusetts

- ☐ **Catholic Social Services**
Specializing in asylum cases and citizenship assistance. Serves the Southeastern Massachusetts area.

783 Slade St.
Fall River, MA 02724
Phone: 508-674-4681 / Fax: 508-675-2224

Western Massachusetts

- ☐ **Community Legal Aid**
Provides free advice and representation on humanitarian immigration applications, including asylum, relief under the Violence Against Women Act, Special Immigrant Juvenile Status, U visas for crime victims, and T visas for trafficking victims. Serves low-income and elderly residents of Central and Western Massachusetts (Berkshire, Franklin, Hampden, Hampshire, and Worcester counties).

127 State St., 4th floor
Springfield, MA 01103
Phone: 413-781-7814 / Fax: 413-746-3221

IMPORTANT INFORMATION ABOUT VOTER REGISTRATION



Dear Applicant or Member:

The National Voter Registration Act of 1993 requires MassHealth to give you the opportunity to register to vote. Your decision to register to vote will not affect your eligibility for benefits.

If you would like a mail-in voter registration form sent to you, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

When you get the form, fill it out and send it to your city or town hall. If you have any questions about the voter registration process, or if you need help filling out the form, call one of the telephone numbers listed above.

Remember: You will not be registered to vote until you send the filled-out voter registration form to your local city or town hall. Your local election department will let you know in writing when your voter registration has been processed. If you do not get written notification within a reasonable time, contact your local city or town hall election department for more information.

*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth*

VOTE-3 (Rev. 08/08)

Do you have a child under 5?

**Are you pregnant or
breastfeeding?**

WIC OFFERS FAMILIES

- Personalized nutrition consultations
- Checks for free, healthy food
- Tips for eating well to improve health
- Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

To learn more about WIC
call **1-800-WIC-1007**
or visit **www.mass.gov/wic**

**GOOD FOOD
and
A WHOLE LOT MORE**



WIC Nutrition Program
Nutrition Division
MA Department of Public Health
TDD/TTY: 617-624-5992

'This institution is an equal opportunity provider'.

7/07, #78

Elder Affairs Prescription Advantage Program

Persons who are not getting prescription drug benefits under MassHealth or Medicare, who are either under age 65 and disabled, or are aged 65 or older, and want information about help with prescription drug costs, may call the Elder Affairs Prescription Advantage Program at 1-800-AGE-INFO.

Important! If you need an interpreter or translation help with any MassHealth notice or form, or if you want a booklet/guide in your language, or if you have any questions about MassHealth, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss). MassHealth does not discriminate on the basis of national origin. [ITF 01/06]

This booklet is also available in Braille and large-print editions. To get a copy, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

សារៈសំខាន់! បើសិនជាអ្នកត្រូវការអ្នកបកប្រែ ឬត្រូវការជំនួយក្នុងការបកប្រែ នូវការជូនដំណឹង ឬលិខិតបំពេញណាមួយរបស់ MassHealth ឬបើសិនជាអ្នកចង់បានកូនសៀវភៅ? ការណែនាំជាភាសារបស់អ្នក ឬបើសិនជាអ្នកមានសំណួរណាមួយពី MassHealth សូមទាក់ទងមក មជ្ឈមណ្ឌលបំរើអតិថិជន MassHealth តាមលេខ 1-800-841-2900 (TTY: 1-800-497-4648 សំរាប់មនុស្សត្រចៀកធូនឬថ្លង់) ។ MassHealth មិនប្រកាន់ទៅតាមដើមកំណើតឡើយ ។ (CAM)

重要資訊: 如果您需要有人幫助您翻譯任何 MassHealth 通知或表格, 或者您希望索取用您的語言編寫的手冊/指南, 或者您對 MassHealth 有任何問題, 請打電話給 MassHealth 客戶服務中心 (MassHealth Customer Service Center), 電話號碼 1-800-841-2900 (TTY: 1-800-497-4648 部份或全部喪失聽力者專線)。MassHealth 不根據原國籍進行歧視。 (CHI)

Avi enpòtan! Si ou bezwen swa yon entèprèt oswa tradiksyon nenpòt anons oubyen fòmilè MassHealth yo, swa si ou vle yon ti liv/gid nan lang ou, swa si ou gen nenpòt kesyon sou MassHealth, tanpri rele nimewo telefòn MassHealth Customer Service a nan 1-800-841-2900 (TTY: 1-800-497-4648 pou moun ki pa tande byen oubyen ki pa tande menm). MassHealth pa diskrimine poutèt peyi kote moun lan soti. (HC)

ສຳຄັນ! ຖ້າທ່ານຕ້ອງການໃຊ້ນາຍພາສາ, ຫລືຕ້ອງການຄວາມຊ່ວຍເຫລືອດ້ວຍການແປຄຳເວົ້າການ ຫລື ເຈ້ຽຟອມໃດໆ ຂອງ MassHealth, ຫລືຖ້າທ່ານຕ້ອງການປຶ້ມລາຍການ/ ປຶ້ມຄູ່ມືທີ່ຈັດພິມເປັນພາສາຂອງທ່ານ, ຫລືຖ້າ ທ່ານມີຄຳຖາມໃດໆ ກ່ຽວກັບ MassHealth, ກະຮຸນາໂທໂປຂາສູ່ນບໍຣິການລູກຄ້າ MassHealth (MassHealth Customer Service Center) ທີ່ 1-800-841-2900 (ລະບົບTTY: 1-800-497-4648 ສຳລັບຜູ້ທີ່ຫຼຸຫນວກເວັ້ ຫລື ຫຼຸຫນວກບໍ່ໄດ້ຍິນຄັກ). ທາງ MassHealth ບໍ່ມີການເລືອກຊັ້ນວັນນະໄມເລື່ອງສັນຊາດໃດໆ. (LAO)

Importante! Se precisar da ajuda de um intérprete ou de tradução para quaisquer dos avisos ou formulários da MassHealth, ou se quiser um livreto/guia em seu idioma, ou para quaisquer perguntas sobre o MassHealth, por favor, ligue para o de Atendimento ao Cliente do MassHealth no número 1-800-841-2900 (TTY: 1-800-497-4648 para pessoas com perda parcial ou total da audição). MassHealth não discrimina com base em sua origem nacional. (B-POR)

Важно! Если вам необходим переводчик или помощь в переводе любого уведомления или формы программы MassHealth, если вы хотите получить брошюру/руководство на своем языке, либо если у вас есть вопросы по программе MassHealth, пожалуйста, позвоните в Центр обслуживания клиентов программы MassHealth по телефону 1-800-841-2900 (линия TTY: 1-800-497-4648 для людей с частичной или полной потерей слуха). Программа MassHealth проводит политику недискриминации по национальному происхождению. (RUS)

¡Importante! Si necesita un intérprete o ayuda con la traducción de cualquier aviso o formulario de MassHealth, o si desea un folleto o guía en su idioma, o si tiene cualquier pregunta sobre MassHealth, llame por favor al Servicios al cliente de MassHealth (MassHealth Customer Service) al 1-800-841-2900 (TTY: 1-800-497-4648 para personas con sordera parcial o total). MassHealth no discrimina debido a la nacionalidad de origen. (SP)

Chú ý! Nếu quý vị cần giúp đỡ về thông dịch hay phiên dịch cho bất kỳ thông báo hay mẫu đơn nào của MassHealth, hoặc nếu quý vị muốn có một cuốn cẩm nang/hướng dẫn bằng ngôn ngữ của quý vị, hoặc nếu quý vị có bất kỳ câu hỏi nào về MassHealth, xin quý vị vui lòng gọi Dịch Vụ Khách Hàng của MassHealth (MassHealth Customer Service) tại số 1-800-841-2900 (TTY: 1-800-497-4648 đường dây dành cho những người nghe được một phần hoặc hoàn toàn mất khả năng nghe). MassHealth không phân biệt nguồn gốc quốc gia của vị. (VTN)



Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth