



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



Eligibility Operations Memo 05-11
November 1, 2005

TO: MassHealth Eligibility Operations Staff
FROM: Russ Kulp, Director, MassHealth Operations
RE: **Revised MassHealth Eligibility Review Form**

Introduction

The MassHealth Eligibility Review (MER) form has been revised and reformatted to look more like the Senior Medical Benefit Request (SMBR), and to be used as a data entry document on MA21 by MassHealth Enrollment Center (MEC) workers in redetermining eligibility for traditional community MassHealth/Uncompensated Care Pool (UCP) cases. Details about the traditional profiling process, as well as the conversion process, will be issued at a future date.

The PC-based MassHealth Long-Term-Care Eligibility Review cover letter (LTC-ER-CL-O (Rev. 04/03)) with the MassHealth Eligibility Review form (LTC-ER-O (Rev. 04/03)) on the reverse side will continue to be sent by the MECs to long-term-care cases on PACES. This cover letter and form and the reminder notice (LTC-ER-REM-O (Rev. 04/03) with the LTC-ER-O (Rev. 04/03) form on the reverse side) remain unchanged for long-term-care cases. Both of these notices are MEC-specific. These notices can be found on the MassHealth Intranet Web site.

Community traditional MassHealth/UCP case reviews

The revised MER (Rev. 11/05) will be used in the following situations.

- Annual traditional community MassHealth/UCP reviews
 - Conversion of traditional community cases now on PACES onto the MA21 database during the next 18 months
 - Reviews required when a member reports a change or MassHealth has information about changes in a member's circumstances
 - Transitioning community members on MA21 who are now aged 65 or will soon be aged 65 as different eligibility rules apply
- Note:** The revised MER/TRANS (Rev. 11/05) will be printed (in the color teal) to be used for these selected cases.

(continued on next page)

**Community
traditional
MassHealth/UCP
case reviews
(cont.)**

- Transitioning MA21 members who are now receiving long-term-care services in a medical facility for long-term stays
Note: PACES will determine eligibility for MassHealth members who enter long-term-care facilities for longer than six months. The Revere MEC will continue to process SC-1s and set up long-term-care segments on MMIS for short-term-care cases.
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**Other revised
forms to be used
for reviews**

The MassHealth Eligibility Review systems-generated cover letter (MR-CL) with the instruction page on the reverse side has been revised to standardize language to be used for all community traditional MassHealth/UCP reviews. A copy of the revised MR-CL (Rev. 09/05) (including the instruction page) is attached to this memo. Since there may be situations when a MEC needs to manually send a MER to a member who has lost or never received the MER, the [MR-CL-O \(online cover letter for each MEC\)](#) has been revised (Rev. 09/05).

A new "Long-Term-Care Supplement Enclosed" notice (LTC-SUPP-ENC (09/05)) has been developed for each MEC. This notice is to be used by the MECs during the review process when a member indicates that he or she is entering a long-term-care facility and completion of a Long-Term-Care Supplement is required. This notice is not a system-generated form. A copy of each MEC-specific notice is attached to this memo. Please make copies as needed.

The [Long-Term-Care Supplement \(LTC-SUPP \(Rev. 09/05\)\)](#) has also been revised. The MECs will send this stand-alone form to a member when he or she enters a long-term-care facility. Whenever an LTC-SUPP is sent, a note should be entered on the MA21 "Notes" event screen to record the date it was sent.

Questions

If you have any questions about this memo, please have your MEC designee contact the MassHealth Policy Hotline.

<MEC Street Address>
<MEC City, MA Zip>

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

<Date:>

<SSN:>

<MEC: PrfID:>

<NUM: Type:>

PMER

<HOH Name>

<Street Address>

<City, MA Zip>

<Re: NAME>

<SSN:>

Important

A Notice about Your MassHealth/Uncompensated Care Pool (UCP) Eligibility Review

Enclosed is a MassHealth Eligibility Review form that you **must** fill out, sign, and send back to us right away with all the needed information. You are getting this form for one or more of the following reasons.

- MassHealth needs to complete your yearly MassHealth/UCP review, as required by federal and state law.
- MassHealth has learned of a change in your circumstances that may affect how we determine your eligibility for MassHealth.
- MassHealth records show that you are now aged 65 or will soon be aged 65, and different MassHealth rules apply to you.
- MassHealth has gotten information that tells us that you need long-term-care services at home or in a medical facility.

If you are disabled and working 40 or more hours a month, or if you are aged 65 or older and a parent or caretaker relative of children under age 19, this review form may not be for you. Call the MassHealth Enrollment Center at the number listed below.

If you do not fill out and sign the review form, and send it back to the address below by <insert 30-day date from notice date>, your MassHealth/UCP benefits may stop and you will not be able to use your MassHealth card.

MassHealth Enrollment Center
<Street Address>
<City, MA Zip>

On the other side of this notice are instructions that tell you how to fill out the review form. Please read these instructions carefully before you fill out the review form. **Send back the filled-out review form right away even if you do not have all the needed information.**

The information you give us will be kept confidential, as required by state and federal law.

If you have any questions, need help filling out the review form or getting the needed information, or if you want a voter registration form, call us at the toll-free telephone number below.

Toll-free number 1-800-<>

TTY telephone number 1-800-<> (for people with partial or total hearing loss)

**Instructions for the MassHealth Eligibility Review Form
for Seniors and Certain People Needing Long-Term-Care Services**

Please read these instructions before you fill out the MassHealth Eligibility Review form.

Please print clearly. If you need more space to finish any section on this review form, please use a separate sheet of paper, and attach it to the review form.

Important:

- Report any changes, answer all questions, and fill out all sections on the MassHealth Eligibility Review form.
- Send current proof of your assets and income before deductions. (You do not have to send proof of social security income.)
- Send a copy of both sides of all immigration cards (or other documents that show immigration status) if you are not a U.S. citizen.
- Send copies of your current health-insurance premium bills, except Medicare.
- If you want someone to act on your behalf as your eligibility representative, use the enclosed MassHealth Eligibility Representative Designation Form to tell us.
- Sign and date the review form after you have filled it out.
- Fill out the enclosed Personal-Care-Attendant (PCA) Supplement (**gold form**) if you answered **yes** to the last three PCA questions on page 2 of the MassHealth Eligibility Review form.
- Call your MassHealth Enrollment Center at the telephone number listed on the other side of this notice if:
 - you have questions or need help filling out the form or getting the proofs you need;
 - you need a *MassHealth and You* guide, or other MassHealth form; or
 - you want a voter registration form. (You do not need to register to vote to get MassHealth.)
- If you recently started getting long-term-care services at home or in a medical institution, we will send you a Long-Term-Care Supplement (**blue form**) to fill out and send back to us.
- We will send you a letter if more information is needed. It is important to send back the filled-out review form right away even if you do not have all the needed information.
- The information you give us will be kept confidential, as required by state and federal law.



Commonwealth of Massachusetts
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MassHealth Enrollment Center
300 Ocean Avenue, Suite 4000
Revere, MA 02151
1-800-322-1448 (TTY: 1-877-668-4499 for
people with partial or total hearing loss)

Date: _____

Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

Long-Term-Care Supplement Enclosed

We have enclosed a MassHealth Long-Term-Care Supplement (**blue form**) for the following reason.

- ☐ We have gotten information that you are living in a long-term-care facility, or you are now getting long-term-care services at home under a MassHealth program. This means we must get additional information about your financial situation.
- ☐ You asked us to send this form to you.

Please fill out this form and send it back to the MassHealth Enrollment Center listed above. Be sure to answer all questions, fill out all sections, and sign and date the form before you send it back. We will send you a letter if more information is needed.

If you do not fill out and send back this form, your MassHealth benefits may stop, or you may get fewer benefits.

The information you give us will be kept confidential, as required by state and federal law.

If you have any questions or need help filling out the form, call us at the toll-free telephone number listed above.

Thank you.



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MassHealth Enrollment Center
333 Bridge Street
Springfield, MA 01103
1-800-332-5545 (TTY: 1-800-596-1276 for
people with partial or total hearing loss)

Date: _____

Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

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Thank you.



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MassHealth Enrollment Center
21 Spring Street, Suite 4
Taunton, MA 02780
1-800-242-1340 (TTY: 1-800-596-1272 for
people with partial or total hearing loss)

Date: _____

Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

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Thank you.



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MassHealth Enrollment Center
367 East Street
Tewksbury, MA 01876
1-800-408-1253 (TTY: 1-800-231-5698 for
people with partial or total hearing loss)

Date: _____

Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

Long-Term-Care Supplement Enclosed

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