




Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth  
Adult Day Health Bulletin 13  
December 2011**

**TO:** Adult Day Health Providers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** **Administrative Review Process for Certain MassHealth Members Including  
Community Elders and Disabled Adults and Children**

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**Background**

State and federal laws require MassHealth to perform a continuing eligibility review of every member on an annual basis.

MassHealth uses a streamlined eligibility review process, called administrative review, on certain MassHealth members residing in nursing facilities. Administrative review streamlines the annual review of these MassHealth members by using data matching. On December 19, 2011, MassHealth expanded the administrative review process to more members, including community elders and disabled adults and children.

Members who meet the criteria for an administrative annual review will **not** need to return the review form if they do **not** have changes to report. Their eligibility will continue for another year, assuming no changes occur throughout the year.

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**Eligible Populations**

Community adults aged 65 and older will be selected for the administrative review process if they

- are single or a couple with no dependents;
- have assets less than \$2,000 for a single person or \$3,000 for a couple;
- have Social Security benefits as their only source of income;
- are not subject to a deductible; and
- have Medicare.

Qualified Individuals (QIs), Specified Low-Income Medicare Beneficiaries (SLMBs), and Qualified Medicare Beneficiaries (QMBs) will be selected for the administrative review process if they

- are single or a couple with no dependents;
  - have assets less than \$6,680 for a single person or \$10,020 for a couple;
  - have Social Security benefits as their only source of income;
  - are not subject to a deductible; and
  - have Medicare.
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**Eligible Populations  
(cont.)**

Home and Community-Based Service Waiver participants and members eligible for coverage under the Pickle Amendment, disabled adult children, and disabled adult widows, will be selected for the administrative review process if they

- are single or a couple with no dependents;
- have assets less than \$2,000 for a single person or \$3,000 for a couple;
- have Social Security benefits as their only source of income;
- are not subject to a deductible; and
- have Medicare.

Single adults and couples aged 64 and under will be selected for the administrative review process if they

- have no dependents;
- have Social Security benefits as their only source of income;
- do not have an unmet deductible; and
- have Medicare.

Most children enrolled in the Kaileigh Mulligan Program will also be selected for the administrative review process. The Tewksbury MassHealth Enrollment Center (MEC) determines which cases are selected for administrative review based on specific criteria pertaining to the child's case.

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**Review Process**

At the time of the annual review, a member who meets the criteria for the administrative review process will be sent the following.

Community adults aged 65 and older will be sent

- an administrative review cover letter (TRAD-AD-CL-ST);
- a MassHealth Traditional Administrative Eligibility Review for community adults aged 65 and older (TRAD-AR-ST);
- an Eligibility Representative Designation (ERD) Form; and
- a multilingual sheet with a contact number for translation help (UNIV-5).

QI, SLMB, and QMB members will be sent

- an administrative review cover letter (TRAD-AR-CL-BI);
  - a MassHealth Traditional Administrative Eligibility Review for QI, SLMB, and QMB members (TRAD-AR-BI);
  - an Eligibility Representative Designation Form (ERD); and
  - a multilingual sheet with a contact number for translation help (UNIV-5).
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**Review Process**  
(cont.)

Home and Community-Based Service Waiver participants and members eligible for coverage under the Pickle Amendment, disabled adult children, and disabled adult widows will be sent

- an administrative review cover letter (TRAD-AR-CL-HCBW);
- a MassHealth Traditional Administrative Eligibility Review for Home- and-Community-Based Waiver Participants and Pickles, disabled adult children, and disabled adult widows (TRAD-AR-HCBW);
- an Eligibility Representative Designation Form (ERD); and
- a multilingual sheet with a contact number for translation help (UNIV-5).

Single adults and couples aged 64 and under will be sent

- an administrative review cover letter (HCR-AR-CL-HCR);
- a MassHealth Administrative Eligibility Review for single adults and couples aged 64 and under (HCR-AR-HCR);
- an Eligibility Representative Designation Form (ERD); and
- a multilingual sheet with a contact number for translation help (UNIV-5).

Kaileigh Mulligan Program children will be sent

- an administrative review cover letter (TRAD-AR-CL-KM);
- a MassHealth Administrative Eligibility Review for Children Receiving Services under the Kaileigh Mulligan Program (TRAD-AR-KM);
- an Eligibility Representative Designation Form (ERD); and
- a multilingual sheet with a contact number for translation help (UNIV-5).

The cover letter advises the member that his or her eligibility has been reviewed electronically and, unless there are changes to report, no further action is needed.

The cover letter instructs the member to complete the enclosed review form and return it to the MEC within the time limit on the notice if there are changes in income, assets, health insurance, household composition, or an eligibility representative or designee Eligibility Representative Designation form.

If there have been no changes in circumstances as described above, the member does not need to return the form and his or her eligibility will remain intact for another year, assuming no changes occur throughout the year.

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**Additional Information**

The important difference between the administrative review form and other review forms is that the administrative review form does **not** need to be returned if there are **no** changes to report. All other review forms **must**

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**Additional Information**  
(cont.)

be returned to the MEC or the member's case will close.

Members must continue to report any change in circumstances to a MEC within 10 days of the change.

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**Attachments**

Attached to this memo are: sample administrative review cover letters (TRAD-AR-CL-ST, TRAD-AR-CL-BI, TRAD-AR-CL-HCBW, HCR-AR-CL-HCR, and TRAD-AR-CL-KM).

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**Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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<MassHealth Enrollment Center>  
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<MEC Tel. Number>  
<MEC TTY Number > (for people with partial or total hearing loss)  
<MEC FAX #> (Fax)

<MEMBER NAME>  
<MAILING ADDRESS>  
<City, MA Zip>

Date: <MM/DD/YYYY>  
Review for: <MEMBER NAME>  
Review Date: <MM/DD/YYYY>

**Good News from MassHealth**  
**A Notice about Your MassHealth Eligibility Review**  
**for Seniors and Certain People Needing Long-Term-Care Services**

Federal and state law require MassHealth to complete a review of your eligibility every year. **Your case was reviewed electronically. We determined that you will continue to get MassHealth.**

If you have no changes to report, **do not** send back the enclosed form. No further action is required.

If you **do** have changes to report, please send back the enclosed form with your changes by \_\_\_/\_\_\_/\_\_\_.

**Changes you need to report to us**

- Your total assets increased to over \$6,680.00 if you are single or \$10,020.00 if you are married.
  - Assets may include bank accounts (checking accounts, savings accounts, or credit union accounts), cash, or other assets.
- Your total assets decreased to \$2,000.00 or less if you are single or \$3,000.00 if you are married.
  - You may be eligible for more benefits if your assets have decreased. Assets may include bank accounts (checking accounts, savings accounts or credit union accounts), cash, or other assets.
- Your or your spouse's monthly income changed over the last year, or you received new types of income.
  - Do not send us changes to your social security income.
- You or your spouse added or dropped health insurance coverage like Blue Cross Medex or Medicare D.
- You would like to change or add an eligibility representative.

**If you have changes to report**, complete the enclosed Eligibility Review Form. Send it to the MassHealth Enrollment Center at the address at the top of this letter. Include proof of changes, such as bank statements, pay stubs, health insurance cards, life insurance policies, or burial account information to show the changes that took place during the last year.

**If you need to update only your address or phone number**, please call the telephone number at the top of this letter. You can also access the My Account Page at [www.mass.gov/vg/selfservice](http://www.mass.gov/vg/selfservice) to update your address and phone number.

If you **do not** have any changes to report, you **do not** need to send back the enclosed form.

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If you **do** have changes to report, please send back the enclosed form with your changes by \_\_\_/\_\_\_/\_\_\_.

**Changes you need to report to us**

- Your total assets increased to over \$2,000.00 if you are single or \$3,000.00 if you are married and both you and your spouse are MassHealth members.
  - Assets may include bank accounts (checking accounts, savings accounts, or credit union accounts), cash, or other assets.
- You or your spouse's monthly income changed over the last year, or you received new types of income.
  - Do not send us changes to your social security income.
- You or your spouse added or dropped health insurance coverage like Blue Cross Medex or Medicare D.
- You would like to change or add an eligibility representative.

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Review Date: <MM/DD/YYYY>

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If you have no changes to report, **do not** send back the enclosed form. No further action is required.

If you **do** have changes to report, please send back the enclosed form with your changes by \_\_\_/\_\_\_/\_\_\_.

#### Changes you need to report to us

- You or your spouse's monthly income changed over the last year, or you received new types of income.
  - Do not send us changes to your social security income.
- You or your spouse added or dropped health insurance coverage like Blue Cross Medex or Medicare D.
- You or a family member is pregnant or recently had a child.
- You had a change in your household composition (for example, you are recently married or divorced; a child is no longer in your household, etc.).
- You would like to change or add an eligibility representative.

**If you have changes to report**, complete the enclosed Eligibility Review Form. Send it to the MassHealth Enrollment Center at the address above. Include proof of changes, such as pay stubs, award letters or health insurance cards to show the changes that took place during the last year.

**If you only need to update your address and/or phone number**, please call the telephone number above. You can also access the My Account Page at [www.mass.gov/vg/selfservice](http://www.mass.gov/vg/selfservice) to update your address and phone number.

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MassHealth Enrollment Center  
Tewksbury Hall 1 and 2  
367 East Street  
Tewksbury, MA 01876-1957  
MEC Tel: (800) 408-1253  
MEC TTY: (888) 665-9997 (for people  
with partial or total hearing loss)  
MEC Fax: 978-863-9300

<MEMBER NAME>

<MAILING ADDRESS>

<City, MA Zip>

Date: <MM/DD/YYYY>

Review for: <MEMBER NAME>

Review Date: <MM/DD/YYYY>

Caseworker:

**Good News from MassHealth**  
**A Notice about Your MassHealth Eligibility Review**  
**for Children Receiving Services under the Kaileigh Mulligan Program**

Federal and state law require that MassHealth complete a review of your child's eligibility every year. **Your child's case was reviewed electronically. We determined that your child will continue to get MassHealth.**

If you have no changes to report for your child, **do not** send back the enclosed form. No further action is required.

If you **do** have changes to report, please send back the enclosed form with your changes by \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Changes you need to report to us**

- Your child's total assets increased to over \$2000.00.
  - Assets may include bank accounts (checking accounts, savings accounts, or credit union accounts), cash, or other assets.
- Your child's monthly income changed over the last year, or your child is receiving new types of income.
  - Do not send us changes to your child's social security income.
- You added or dropped health insurance coverage for your child like Blue Cross Medex or Medicare D.
- You would like to change or add an eligibility representative to your child's eligibility file.
- **Please Note:** If you and other family members also receive health insurance benefits from the Commonwealth of Massachusetts you will be sent a separate eligibility review form to complete.

**If you have changes to report for your child**, complete the enclosed Eligibility Review Form. Send it to the MassHealth Enrollment Center at the address at the top of this letter. Include proof of changes, such as bank statements, pay stubs, health insurance cards, life insurance policies, or burial account information to show the changes that took place during the last year.

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