



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Community Health Center Bulletin 45
October 2000

TO: Community Health Centers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner
RE: Revised Medical Benefit Request

***Revised Medical
Benefit Request***

The Division has revised the Medical Benefit Request (MBR), which is the form that is used by people under age 65 who do not live in a long-term-care facility to apply for MassHealth and the Children's Medical Security Plan. The MBR is also used by people aged 65 and older who are parents or caretaker relatives of children under age 19, and by disabled persons who are aged 65 or older and work 40 or more hours a month.

***Expanded Definition
of Family Group***

In addition to making several language and formatting changes to the MBR, the Division has expanded its definition of *family group*. A family group can be parents, stepparents, or adoptive parents of any age and any of their children under age 19 who are all living together. If no parents are living at home, a family group may be siblings under age 19, or children under age 19 and an adult related by blood, adoption, or marriage, or a spouse or former spouse of one of those relatives who are all living together. A family group can also be an individual or a married couple who are living together with no children under the age of 19. If more than one family group lives in the home, each family group must fill out a separate application.

Obtaining Supplies

To get a supply of the revised MBR (MBR-1), send a written request or a fax to the following address.

MassHealth
ATTN: Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: (617) 576-4087

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Obtaining Supplies
(cont.)

Each MBR is enclosed in a clear plastic bag with:

- a MassHealth booklet;
- a fact sheet that explains CMSP;
- a Primary Language Declaration Form; and
- a voter registration form.

As soon as you get a supply of the revised MBR, you should discard any remaining supplies of the previous version (dated 3/98).

Please Note: The MBR is also available in Spanish. The current version is dated 3/98, and includes an insert dated 8/00 to bring the packet up to date with current policy. If you currently have a supply of Spanish MBRs without inserts, please request a supply of inserts to complete them.

***Other Applications
for MassHealth***

People who are aged 65 or older (who are not caretaker relatives or disabled persons working 40 or more hours a month) and persons of any age who live in a long-term-care facility must use a different form to apply for MassHealth. Please refer these potential applicants to a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for the deaf and hard of hearing).

Questions

If you have any questions about this bulletin, please call the MassHealth Provider Services Department at (617) 628-4141 or 1-800-325-5231.
