



**Eligibility Operations Memo 22-02**  
**February 1, 2022**

TO: MassHealth Eligibility Operations Staff  
FROM: Heather Rossi, Deputy Policy Director for Eligibility  
RE: **Updated Statutory Lien and Release of Lien Forms**

**Background**

MassHealth has updated the Statutory Lien (MA-13) and Release of Lien (MA-14) forms. Going forward, these forms will now be consistent among all EOHHS agencies.

**Using the Updated Form**

Beginning on February 1, 2022, workers should use these forms whenever a lien is placed or released. Any lien forms that were previously used will be considered obsolete as of February 1, 2022.

Please note that the process of placing and releasing a lien has not changed, and workers should follow the same procedure using the new forms.

The Statutory Lien and Release of Lien forms should be submitted to the Lien Recovery Unit at the following address:

Lien Recovery Unit  
PO Box 15205  
Worcester, MA 01615-0205

Samples of the new Statutory Lien and Release of Lien forms are attached.

**Questions**

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



# Statutory Lien

## M.G.L. c. 118E, § 34

The Commonwealth of Massachusetts, pursuant to M.G.L. c. 118E, § 34 and MassHealth regulations at 130 CMR 515.012, hereby asserts a lien for the cost of medical assistance paid or to be paid against all property and rights to all property in \_\_\_\_\_ County, including the property more fully described below. To view the regulations, go to [www.mass.gov](http://www.mass.gov).

### Ownership

Member's last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
MassHealth ID no.: \_\_\_\_\_

### Location

Street address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip code: \_\_\_\_\_  
County: \_\_\_\_\_ District: \_\_\_\_\_

### Registration/Recording Information

Book: \_\_\_\_\_ Page: \_\_\_\_\_ OR Certificate number/Document number: \_\_\_\_\_

**Return to:** Lien Recovery Unit  
P.O. Box 15205  
Worcester, MA 01615-0205  
(800) 754-1864

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Enrollment Center (City/Town only)

\_\_\_\_\_  
Date



## Release of Statutory Lien

The Commonwealth of Massachusetts hereby releases a lien, dated \_\_\_\_\_, that it had asserted pursuant to M.G.L. c. 118E § 34 and regulations at 130CMR 515.012 against all property and rights to all property described below. To view the regulations, go to [www.mass.gov](http://www.mass.gov).

### Ownership

Member's last name:	First name:	MI:
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MassHealth ID no.:		
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### Location

Street address:	City/Town:	Zip code:
<hr/>		
County:	District:	
<hr/>		

### Registration/Recording Information

Deed Book:	Page:	OR	Certificate number/Document number:
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Lien Book:	Page:	OR	Certificate number/Document number:
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**Return to:** Lien Recovery Unit  
P.O. Box 15205  
Worcester, MA 01615-0205  
(800) 754-1864

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Signature

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Printed name

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Date