***Commonwealth of Massachusetts***

**Executive Office of Health and Human Services
*Office of Medicaid***

www.mass.gov/masshealth

**Eligibility Operations Memo 22-02**

**February 1, 2022**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Policy Director for Eligibility [signature of Heather Rossi]

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.

**Commonwealth of Massachusetts**

[www.mass.gov](http://www.mass.gov/)

# 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

**Commonwealth of Massachusetts**

[www.mass.gov](http://www.mass.gov/)

# 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 130 CMR 515.012 against all property and rights to all property in 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** |  |  |
| Deed Book: Page: | OR | Certificate number/Document number: |
| Lien 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

Date