



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

MassHealth
Eligibility Letter 170
November 15, 2007

TO: MassHealth Staff

FROM: Tom Dehner, Medicaid Director

TD

RE: Revision to Time Standards for an Eligibility Review

MassHealth is revising its regulations about the time standards for review of a member's eligibility. The time standard to return a review form has been changed from 60 days to 45 days. Failure to return a written update within 45 days will result in the termination of a member's eligibility.

These regulations are effective December 1, 2007.

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THE REQUEST FOR BENEFITS****Chapter 502
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Rev. 12/01/07

(3) the member is no longer eligible for MassHealth.

(C) The MassHealth agency does not notify the member if there is no change in the member's coverage type, premium payment, or premium assistance payment.

(D) If the member's coverage type changes, the start date for the new coverage type is determined as follows.

(1) If the new coverage type provides more comprehensive benefits to the member, coverage is effective as of the date of the written notice with the following exceptions.

(a) Coverage for the purchase of medical benefits under Basic is effective upon the member's enrollment with a MassHealth managed care provider.

(b) Coverage for the purchase of medical benefits under Essential is effective upon the member's enrollment in the Primary Care Clinician (PCC) Plan. MassHealth Essential members who are aliens with special status are afforded eligibility under MassHealth Limited pursuant to 130 CMR 505.007(E).

(c) Coverage for premium assistance under Basic and Essential is effective in the calendar month following the date of the written notice. MassHealth Essential members receiving premium assistance who are aliens with special status are afforded eligibility under MassHealth Limited pursuant to 130 CMR 505.007(E).

(d) Premium assistance payments under Family Assistance begin in the month of the MassHealth agency's eligibility determination, or in the month the insurance deduction begins, whichever is later.

(2) If the new coverage type provides less comprehensive benefits to the member, coverage is effective subsequent to the member's receipt of a timely written notice in accordance with 130 CMR 610.015.

(E) If the member fails to provide a written update of his or her circumstances within 45 days of the MassHealth agency's request, MassHealth coverage is terminated, except as provided in 130 CMR 502.007(G). If the member subsequently submits a written update, the MassHealth agency determines his or her eligibility as of the date the written update is received. If the applicant is determined eligible, the medical coverage date is established in accordance with the rules in 130 CMR 502.006.

(F) If the member fails to provide verification of information within 60 days of the MassHealth agency's request, MassHealth coverage is terminated.

(1) Except as provided at 130 CMR 501.003(E), if required verifications are received within one year of receipt of the previous MBR or written update on a prescribed form, coverage is reinstated 10 days before receipt of the verifications unless the member is determined eligible for the purchase of medical benefits under MassHealth Basic or Essential, or premium assistance under Basic, Essential, or Family Assistance. For those members, the medical coverage date is established in accordance with the rules in 130 CMR 502.006. Coverage under Essential is also subject to the funding restrictions described at 130 CMR 505.007.