

**CHIPRA Express Lane
Eligibility Evaluation**

**Case Study of Massachusetts'
Express Lane Eligibility Processes**

November 19, 2013

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Diana Rodin
Health Management Associates



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Policy Research

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EXECUTIVE SUMMARY

In September 2012, Massachusetts implemented express lane eligibility (ELE) at renewal for families enrolled in MassHealth, the state's Medicaid and CHIP programs, and the Supplemental Nutrition Assistance Program (SNAP). MassHealth uses income eligibility information from SNAP in lieu of requiring families to provide the information at renewal. Unlike ELE policies in other states that only assist children, Massachusetts' ELE policy includes children and their parents; this was necessary because MassHealth's eligibility system stores information for the family as a whole rather than for each individual, and also desirable for reducing the burden on families. Massachusetts had to obtain a Section 1115 waiver from the Centers for Medicare & Medicaid Services (CMS) to be able to include parents in the ELE renewal process. This report, part of a larger Congressionally-mandated evaluation of ELE, presents findings from a case study of Massachusetts' ELE policy, conducted in April 2013.

Although Massachusetts has the highest rate of insurance coverage in the nation, the percentage of people losing MassHealth coverage for administrative reasons was high in comparison to the number losing coverage due to actual changes in eligibility. The ELE process the state adopted reduces the paperwork burden on families and keep eligible families enrolled, reducing churn while also reducing the administrative burden of processing renewals. Table ES.1 highlights some key information about Massachusetts' ELE process.

Table ES.1. Key Facts about Massachusetts' ELE Process

Policy Simplification Adopted?	ELE in Partnership with SNAP
Policy adopted in Medicaid, CHIP, or both?	Both
Processes affected?	Renewal only, at the household level; includes children and adults enrolled in both MassHealth and SNAP (an estimated 10 percent of all children enrolled in MassHealth)
Implementation date?	September 2012 on a test basis, followed by full implementation in October 2012; Medicaid state plan amendment (SPA) approved in August 2012 and CHIP SPA in October 2012
Is the simplified process different from the perspective of the enrollee/applicant?	Yes, no action necessary for those renewed through ELE, unless family circumstances changed
Faster time to renewal for enrollees?	Yes, for those who do not have a circumstance change to report
Any time savings for the state?	Yes, about 8 minutes per renewal compared to standard renewal processes
Estimated cost to implement?	About \$60,000 in one-time information technology costs and \$34,000 in other one-time staff costs
Estimated ongoing net costs or savings?	\$192,000 per year savings compared to baseline year, 2011

Source: HMA site visit interviews and Mathematica analysis of administrative costs, 2013.

The planning and implementation period for Massachusetts was short and it proceeded smoothly in part due to the good working relationship between MassHealth and the ELE partner agency, the Department of Transitional Assistance (which administers SNAP). The result has been positive: between October 2012 and June 2013, 34,451 families comprised of 92,538 individuals have renewed their MassHealth coverage through the ELE process. Key stakeholders view ELE as a success and a potential model for future simplifications. State officials believe that Massachusetts' experience supports the broader use of ELE for adults, going beyond the ELE population specified in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). In addition, MassHealth's partnership with CMS to work through state-specific issues provides a model that other states can follow.

However, even with the very positive views of ELE, there have been some challenges related to communication with ELE-eligible families. As part of the MassHealth ELE process, eligible families are sent a cover letter and a renewal form that states that MassHealth has been able to use SNAP data to determine that they are still eligible for MassHealth coverage. Further, the letter stated that the family only needs to take action if circumstances such as income or disability have changed; and any changes should be reported on the accompanying renewal form. Consumers and application assistors found the instructions confusing and sometimes returned the renewal form unnecessarily, adding to the consumer and eligibility staff burden. MassHealth has recently decided to stop sending the renewal form with the cover letter. Families will now be sent a new letter that instructs them to submit any updates or eligibility changes by phone, mail, in-person or online.

A second challenge with Massachusetts' ELE process is that an entire family must receive SNAP benefits in order to be eligible for ELE renewal. This will change in the future when MassHealth's new eligibility system will allow the ELE inclusion criteria to be at the individual level for children (parents will still need to have an ELE-eligible child in their household to be included in the process).

While CHIPRA established ELE as an option for children only, Massachusetts was able to negotiate the inclusion of entire households, and Massachusetts officials think this option would be useful to other states under the Affordable Care Act. Because eligibility will be solely income-based under the Affordable Care Act, old eligibility categories will not have their current role, and such flexibility would allow ELE to play a bigger role in improving retention in many states. It should be noted, however, that CHIPRA does not authorize states to use ELE for adults. Massachusetts was able to apply ELE to adults pursuant to an 1115 waiver from CMS. Without statutory change, other states wishing to apply ELE to adults will also have to seek a waiver.

1. Introduction

The Children’s Health Insurance Program (CHIP), a landmark legislative initiative passed in 1997 to help close the health insurance coverage gap for low-income children, was reauthorized with bipartisan support in 2009. Although CHIP had helped to fuel a substantial increase in health insurance coverage among children, Congress remained concerned about the many children—estimated at 4.4 million in 2010—who are eligible for but not enrolled in coverage (Kenney et al. 2012). In the CHIP Reauthorization Act (CHIPRA) of 2009, Congress gave states new tools to address enrollment and retention shortfalls, along with new incentives to do so.

One of these new options was a policy called Express Lane Eligibility (ELE). With ELE, a state’s Medicaid and/or CHIP program can rely on another agency’s eligibility findings to qualify children for public health insurance coverage, even when programs use different methods to assess income or otherwise determine eligibility. ELE thus gives states another way to try to identify, enroll, and retain children who are eligible for Medicaid or CHIP but who remain uninsured. The concept of using data from existing government databases and other means-tested programs to expedite and simplify enrollment in CHIP and Medicaid has been promoted for more than a decade; before CHIPRA, however, federal law limited state reliance on information from other agencies by maintaining the requirement that Medicaid and CHIP eligibility methodologies be preserved (Families USA 2010; The Children’s Partnership n.d.). To promote adoption of ELE, Congress made it one of eight simplifications states could implement to qualify for performance bonus payments. These were new funds available to states that both implemented five of the eight named simplifications and increased Medicaid enrollment (CHIPRA Section 104).

Federal and state policymakers are keenly interested in understanding the full implications of ELE as a route to enrolling and retaining eligible children in public coverage. To that end, Congress mandated an evaluation of ELE in the CHIPRA legislation. In addition to reviewing states that implemented ELE, the evaluation was to provide an opportunity to study other methods of simplified or streamlined enrollment or renewal (termed “non-ELE strategies”) that states have pursued, and to assess the benefits and potential costs of these methods compared with those of ELE. Taken together, findings from the study would help Congress and the nation better understand and assess the value of ELE and related strategies.

This report summarizes findings from a case study of Massachusetts’ ELE renewal process. Massachusetts implemented ELE for families enrolled in both MassHealth and the Supplemental Nutrition Assistance Program (SNAP) in October 2012. Staff from Health Management Associates conducted a site visit in April 2013, interviewing nine key informants over a two-day visit to the state and three others via telephone after the visit. Key informants included state administrators and staff who developed and implemented the state’s ELE policy, an official from the state’s ELE partner agency, staff from a community-based organization that provides enrollment and renewal assistance, a community health center and a health plan that assist families with enrollment and renewal in MassHealth, and a health care advocacy organization. Following the site visit, Mathematica staff conducted two focus groups involving a total of six participants at a community center in Boston. Additionally, MassHealth staff provided financial and enrollment data.

2. State Context: Why Pursue ELE?

ELE is one of several steps Massachusetts has taken in recent years to streamline enrollment and renewal, improve customer service, minimize churn (the quick return of families to public coverage after it has been terminated), and reduce administrative burden on state staff in MassHealth, the name of the state's Medicaid and CHIP programs. Table 1 summarizes eligibility and renewal simplifications in place prior to adoption of ELE and other key facts about MassHealth.

Table 1. Key Facts About MassHealth

Name of Medicaid and CHIP Program for Children	MassHealth	
Medicaid upper income limit for children	Medicaid: 185% FPL for ages 0-1 133% FPL for ages 1-5 114% FPL for ages 6-19	
CHIP program type and upper income limits	Combination Program	
	Medicaid expansion CHIP: 186-200% FPL for ages 0-1 134-150% FPL for ages 1-5 115-150% FPL for ages 6-19 .	Separate CHIP program: Above Medicaid-expansion CHIP levels up to 300% FPL. Higher income children may pay the full premium to enroll in CHIP.
Delivery system	60% in managed care, 40% in fee-for-service	
12 months continuous eligibility?	No	
Presumptive eligibility for children?	Yes	
In-person interview required?	No	
Joint Medicaid and CHIP application and renewal forms?	Yes	
Premium assistance subsidies?	Yes	
Adult coverage through ELE?	Yes; parents of eligible children are renewed through the state's ELE process only when the whole family also receives SNAP	
Renewal processes?	Enrollees are mailed a renewal form when coverage is due to expire and have 45 days plus a five-day grace period to return it.	

Source: Site visit interviews; Statehealthfacts.org, accessed July 15, 2013.

Notes: CHIPRA prohibits coverage of parents in CHIP; however, states that already offered parental coverage were allowed to continue this coverage through waiver extensions.

FPL=federal poverty level

With 96% of the non-elderly population (ages 0-64) insured, including 95% of adults (ages 18-64), Massachusetts has the highest rates of health insurance coverage in the nation, but continues efforts to cover the remaining uninsured and improve retention rates (Long et al., 2013). From a base of 1.4 million people in March 2013, MassHealth was experiencing a churn rate of about two percent. Prior to ELE, MassHealth processed about 35,000 applications monthly and 30,000 people lose coverage at the time of renewal, for an average net enrollment growth of 5,000 per month. People who churn experience gaps in their coverage which can result in unmet health needs. Further, churning increases the burden of paperwork on both enrollees and state workers. Valuable staff time spent re-enrolling families who lost coverage due to administrative barriers, rather than for eligibility reasons, was contributing to long waits for people signing up for and renewing coverage.

Massachusetts' interest in ELE as a possible approach to improve retention grew out of the state's involvement in the Robert Wood Johnson Foundation's "Maximizing Enrollment for Kids" grant

program.¹ In 2009, Massachusetts was one of eight states awarded a grant to increase enrollment and retention of children in Medicaid and CHIP. The state's Office of Medicaid and the University of Massachusetts Medical School carry out the grant activities. During a grantee meeting, MassHealth staff learned of the very high retention rate in Louisiana, which had adopted ELE at renewal.

Even before ELE, MassHealth staff had already been trying to identify ways to streamline the annual eligibility review process through data matching, and had begun to do so for some enrollees whose income was likely to be stable and whose eligibility could be verified using third-party data sources. For example, those with Social Security as their sole source of income are unlikely to have changes in eligibility at renewal; as a result, in 2010, MassHealth introduced an administrative review process for certain MassHealth members residing in nursing facilities who had Social Security as their sole source of income and were also receiving Medicare. This process was subsequently extended to the elderly and disabled populations in 2011. These enrollees are sent a cover letter and shortened renewal form, and if they have no changes to report, they do not need to return the form and are automatically renewed. These changes were seen as having benefits for staff and enrollees, and the experience implementing administrative renewal helped build momentum to support the use of ELE. At the time, MassHealth was experiencing an increasing caseload and a decreasing workforce. The resulting dramatic growth in eligibility-worker caseloads was becoming an urgent challenge. MassHealth staff had reviewed evidence that Louisiana's ELE renewal process was making a difference in renewal rates and reducing churn. MassHealth staff also realized that ELE had the potential to ease the administrative burden on the workforce by reducing the time spent processing renewal paperwork and reinstating coverage for enrollees who fail to complete the renewal process, while also improving the continuity of coverage for MassHealth enrollees and reducing the number of uninsured. Finally, the state envisioned ELE as a way to streamline systems as it moves toward the integrated, web-based eligibility systems required by the Affordable Care Act.

The next step was to identify the appropriate partner agency. The Department of Transitional Assistance (DTA) which administers the SNAP program was the best match for ELE because of existing relationships between these sister agencies² and also comparable eligibility levels. MassHealth compared Medicaid and SNAP eligibility files to determine how many children could possibly benefit from ELE with SNAP, and concluded the impact would be large. Additionally, MassHealth staff already had a working relationship with the DTA staff that facilitated collaboration. Given all these factors, MassHealth officials reported that the decision to implement ELE was "easy;" in addition to having grant support, they foresaw a smooth process for data sharing with a collaborative partner agency.

3. Planning and Design: What Was Needed to Develop the Policy?

Starting in January 2011, MassHealth officials developed their proposed approach to ELE, which was to use SNAP information to renew eligible MassHealth members (see Table 2 for a timeline of the state's ELE policy development and implementation). They engaged DTA staff in discussions and planning, spoke with outside experts about other states' experiences with ELE, and gathered information about federal ELE requirements. DTA was very supportive of ELE, which facilitated the policy development process. DTA staff helped the MassHealth staff designing the ELE policy to

¹ For further detail on the state's grant activities see <http://www.maxenroll.org/grantees/massachusetts>.

² MassHealth and DTA are part of the same state agency and their data systems are connected, alleviating the need for a data-sharing agreement.

understand SNAP eligibility rules and to determine what systems changes MassHealth would need to make for the partnership to work.

Table 2. ELE Policy Development and Implementation Timeline

Date	Activity
September 2009	MassHealth staff learned of ELE's effects in Louisiana at a grantee meeting for the Maximizing Enrollment program.
March 2010	MassHealth staff attended a Maximizing Enrollment grantee meeting in Louisiana, where they gathered additional information about Louisiana's ELE renewal process. Simultaneously, MassHealth staff began to examine ways to streamline renewals, using a workgroup and data gathered within the Medicaid agency.
January 2011	MassHealth began talking with the SNAP partner agency about ELE, and gathered information from national experts on federal requirements for designing and implementing ELE.
July 2011	MassHealth staff began developing ELE Medicaid and CHIP State Plan Amendments (SPAs).
December 2011	Massachusetts' Medicaid Section 1115 waiver was renewed. The waiver referenced the in-progress ELE SPAs and allowed MA to include parents and caretaker relatives in the ELE process.
January 2012	The Office of Medicaid submitted both the CHIP and Medicaid ELE SPAs to CMS.
February – August 2012	Negotiations with CMS on the ELE SPAs occur.
August 2012	The Medicaid ELE SPA was approved.
September 24, 2012	ELE implementation began with a test group of 100 families.
October 2012	ELE was fully implemented. In addition, the CHIP ELE SPA was approved.

Source: Site visit interviews

Renewing MassHealth eligibility through ELE was not controversial, for several reasons. First, the SNAP eligibility process is considered rigorous: it is more “high-touch” than that of MassHealth and includes a face-to-face interview and documentation. Thus, SNAP information was considered trustworthy. Further, because it was being used for renewal (and not enrollment), ELE would only include people who had previously been determined eligible for MassHealth and whose information was already in the agencies' systems.

Separate legislative approval was not necessary; the state's broad Medicaid Section 1115 waiver, which is subject to review by the legislature, already referenced ELE. MassHealth ensured that provisions allowing ELE for children and adults were included in its 1115 waiver, which was renewed in December 2011. The ELE-related waiver provisions were not detailed in the waiver renewal package and largely referenced state plan amendments (SPAs) that were still to be developed. In July 2011, MassHealth staff began six months of work on the Medicaid and CHIP SPAs, which were submitted in January 2012. CHIPRA legislation authorized ELE only for children, but MassHealth renewals were completed at the household level, which included any eligible adults. MassHealth staff began discussions with CMS staff in February 2012, and after refinement of the process, the SPA was approved in August 2012 and the CHIP SPA in October 2012.

Because ELE was expected to ease the burden on the MassHealth workforce, it was given a high priority in the information technology (IT) work queue. Some people assigned to this project had worked for MassHealth when MassHealth and DTA were one agency, and so they already understood the data and systems, making the matching process efficient. There were no major data systems changes required; making the link involved ensuring that the households met the criteria (income level and presence of a child in the household). The first batch of 100 ELE renewals was processed on

September 24, 2012, as a test of the system. Given this successful test, full implementation began in October 2012.

4. Implementation: What Happened?

ELE and non-ELE renewals are initiated electronically on the anniversary of enrollment. Once ELE-eligible households (those with family income up to 180% FPL, a level based on a 150% FPL eligibility level for children plus a margin of 30% as permitted by the ELE screen-and-enroll requirements set forth in CHIPRA) are identified in the MassHealth system, the system searches the SNAP system for an open case (that is, a family enrolled in SNAP) with family income up to 180% of FPL. Those households found eligible for participation in the ELE process are then sent a cover letter and a renewal form that states that MassHealth has been able to use SNAP data to determine that they are still eligible for MassHealth coverage (see Appendix). Further, the letter states that the family only needs to take action if they have a change in circumstances (such as income or disability) to report; and any changes should be reported on the accompanying renewal form. The household is advised that changes in address, phone number, or pregnancy can be reported via phone or the website. The family is renewed at the time the Express Lane letter is sent (the anniversary of enrollment). The household has 45 days to respond, plus a five-day grace period. Any submission of a renewal form, whether there has been a change or not, triggers a new eligibility determination and follows the standard (non-ELE) renewal process.

Families not eligible for ELE get a different renewal letter, requiring that they complete the renewal form. Coverage continues even if there are delays in processing the renewal due to high caseworker workload. If the family does not return the letter, they do not get a second letter or a reminder call: after 45 days, plus a five day grace period, coverage is terminated if the renewal form is not submitted and a termination notice is sent.

The state did not see a need for, nor did it have the funds to support, outreach regarding ELE implementation. There was also no need for extensive training for caseworkers on ELE, because the process is mostly “invisible” to them; the main impact for caseworkers is that they receive fewer renewal forms. A one-page summary of the process was included in caseworker training on other issues, and there was a brief oral overview of ELE at a regular staff meeting. The state announced at monthly and quarterly stakeholder and provider meetings that ELE would be implemented, and providers who are application assistants received an email and could attend a webinar explaining the process.

Focus Group Insights

Parents like the idea of ELE, though most did not realize they had been renewed through ELE prior to participating in the focus group (which was recruited from a state-provided list of families that had been renewed through ELE.)

[After hearing an explanation of ELE] I think if they did this Express Lane, that's just beautiful.

I think that's excellent. It's just easier. Most of the people who are eligible have kids, work full-time, part-time, whatever... Now you have other things on your mind, so I think that's a good thing.

I went to the doctor two times. Both times they said we were all set. I thought they were going to say we didn't have insurance. I was definitely pleased. It took a load off my shoulders.

I actually received the renewal eligibility form. I didn't finish filling it out. It was in my purse for a while and I was just automatically covered. So they did send me the 4-5 page booklet but I never got it back to them. I was getting nervous because I kept forgetting to send it back to them. Then all of a sudden I had an appointment and they said I was all set....

Now that you mention it, I think I probably just put that little paper to the side, you know? It probably said that and I didn't pay attention.

Those families who are renewed through ELE are subject to the same program integrity processes that cover the rest of MassHealth's enrollees. This group hasn't been audited specifically, but state officials believe there is a relatively low chance of program integrity concerns because the ELE group is quite low-income and has already met the SNAP eligibility criteria.

5. Outcomes: What Are the Observed Outcomes?

ELE renewal has had a positive impact on families and state workers. However, some changes in the policy could extend its reach much further.

- **Simplified renewal has benefitted families.** Over 36,000 families, comprised of 92,538 individuals, have been renewed through ELE in Massachusetts between October 2012 and June 2013, and been relieved of the paperwork burden of documenting continued eligibility.

- **The need for enrollment assistance by phone and in person is assumed to have declined.** Approximately forty percent of children and 34 percent of adults under 150 percent of poverty no longer need to complete the renewal process. The magnitude of changes in enrollment assistance has not been tracked by the state. ELE comes at a time when consumers have been experiencing lengthy call center delays. MassHealth does not know whether callers have more or fewer questions specifically related to ELE. The state has also cut funding for community-based enrollment assistance in the past few years, making simplifications like ELE even more important.

Focus Group Insights

Parents did not understand the simplifications that the ELE renewal was meant to provide. They continued to use past renewal experiences as guides in how they viewed the renewal letter and form. They also reported being surprised by the request for documentation, though such requests ARE part of the original form.

By the time you get a letter back saying that you need to send stuff in, and by the time you get that proof and send it back, you're past the deadline.

The application will say, "Do you have a job," and I check yes. It doesn't say "do you have a job" AND "if yes, please send in pay stubs." And so we fill out the whole application and they send a letter back saying we need this and that. (MA stated that the form DOES request proof of these type of income changes.

We need our health insurance, so of course we're going to go through the steps. But it would be easier if they just mailed you an application that said, "if the answer's 'yes,' do this, and if it's 'no,' do that. If you get support, show this, and if you're not, we need a letter saying this." They just need to make it clear up front and it would be easier...And before you send me an application run my social and tell me what you're going to need so it's not this back and forth game. So by the time everything is worked out the deadline is passed. Just tell me what you

- **Fewer renewals than expected have occurred through ELE.** When preparing to implement ELE for renewal, officials thought that only a small proportion of the ELE-eligible population would report changes on the enclosed renewal form and therefore trigger the regular renewal process, but in reality the proportion has been higher (the exact figure is not available) and the administrative benefits of ELE for renewal have been lower.
- **Change is difficult for long-term MassHealth enrollees.** Focus groups participants did not understand the changes to the renewal process when they received the ELE renewal letter. Many had been on MassHealth at least 5 years and so were very familiar with the standard renewal process. Participants may have felt confident that they already understood what to do and therefore didn't read the instructions. In fact, one participant noted that she had gotten rid of the letter upon receipt, while saving and intending to complete the renewal form, and was surprised to learn that her eligibility hadn't been terminated when she failed to complete the form in time. When the focus group facilitator explained the ELE process, she realized why her benefits had continued. All focus group

participants felt that the ELE process, once explained to them, would be worthwhile and a timesaver.

Second, some focus group participants reported that renewal forms are unclear about when they need to complete the renewal form. For example, one participant noted she could not remember the income she had reported last year. However, in the past, the process of obtaining additional information delayed completion of renewal, sometimes beyond the renewal window, and resulted in the participants losing coverage. To compensate, participants stated that they tend to provide more information than is requested, in hopes that the renewal will be completed without additional communication, and resultant delays. Participants expressed reluctance about not completing a received form, rationalizing that it couldn't hurt to fill it out and might keep them from losing coverage.

Focus Group Insights

Parents reported reasonable wait times in providers' offices and did not note problems getting appointments. Parents described overall access to care as good, though they mentioned concerns about coverage of and access to dental and vision care.

Eligibility information was sometimes confusing to focus group participants when they went to access care. For example, some said providers made them wait for care until the provider could verify coverage with MassHealth. Others were unaware they had active coverage, but learned that their coverage was still in place at the point that they sought care.

Yes, I am happy with the care that I get all that I ask is that they help a little bit with other things than just health, like the dental and vision... But yea, there's nothing that I have ever had to get done that MassHealth wouldn't pay for.

Overall for children I think it's excellent and MassHealth doesn't deny them anything but for us I guess it's the dental and the vision. But health-wise it's perfect.

Sometimes I think I'm covered and like I said you get there and they tell you [that you] have to wait until the morning or that they have to contact MassHealth.

I had a visit, we were all burning up with strep throat, none of us were covered but we had to go to the doctor anyway. I had to bring them. I was half dying myself. I don't think they covered it. I didn't know they could back date it.

I didn't fill out that packet and we had an eye doctors visit and they said I was all set...I went two times. Both times they said we were all set. I thought they were going to say we didn't have insurance. I was definitely pleased. It took a load off my shoulders.

It doesn't take a while at [patient's provider]. I love my hospital.

Whenever I call urgent care they ask how soon can I come. If I have to book...a physical they might be booked out maybe a month or so.

- **Misinterpretation of which income changes must be reported for ELE-eligible consumers appears to cause confusion for some enrollment assistors.** The ELE letter says eligibility information has been provided from the SNAP database, and families do not need to return the form if there are no changes to report. Mistakenly, some families and application assistors believe this refers to the last income information reported to SNAP. (It is actually the last income change reported to MassHealth.) Some beneficiaries who recognize that the form is asking about last year's income reported to MassHealth may not remember what they reported a year ago. MassHealth staff discussed using a pre-populated form in the future, making it easier for families to make the right income comparison and only submit the form if income has changed. The decision was made to not send the form at all in the future; the state will soon send only a cover letter letting families know they have been renewed, and instructing them they can report eligibility changes by phone, mail, in-person or online

- **Parents report good access to care for their children.** Although not a major focus of the site visit, focus groups did discuss access to needed services and expressed satisfaction with the benefits, access to needed services, and quality of care.

6. Looking Forward: Future Prospects for Using ELE Under Reform

Under the Affordable Care Act, MassHealth anticipates covering adults between 138% FPL and 150% FPL in the exchange, where these individuals will receive subsidies to purchase private coverage. Children, though, will still be covered under MassHealth, therefore family units in that income range will be split and no longer renewed together. Children will continue to go through the Express Lane renewal process and their parents will go through the Marketplace's annual renewal process. In addition, Massachusetts is raising the age of children in its State Plan to age 21. This means that 19 and 20 year olds up to 150% FPL will now be included in the Express Lane renewal process. Because ELE renewal is authorized under a federal waiver that does not expire until June 30, 2014, MassHealth is authorized to continue its use of family ELE renewals until then.

7. Lessons Learned

While CHIPRA established ELE as an option for children only, Massachusetts was able to negotiate the inclusion of entire households, and Massachusetts officials think this option would be useful to other states under reform.³ Because eligibility will be solely income-based under health care reform, old eligibility categories will not have their current role, and such flexibility would allow ELE to play a bigger role in improving retention in many states. Moreover, the state's experience implementing ELE showed the value of partnering with CMS to customize ELE to the specific opportunities and constraints of the state's existing systems. Massachusetts developed an ELE design that reflected its goals for the policy—using SNAP data and including adults to keep families together as a unit at renewal—and negotiated with CMS to adapt it to the specific requirements for ELE in the federal law. The state had to borrow specific income information from the partner agency, rather than just a finding of eligibility as the state initially proposed, to meet the federal screen and enroll requirement. Officials noted that the SPA approval process was time-consuming but in the end, achieved its goals.

A second lesson from MassHealth's experience is the importance of selecting an appropriate partner. The careful selection of a collaborative partner supported ELE's implementation. MassHealth and DTA already had a working relationship, and did not need a data use agreement nor extensive programming changes to implement ELE. Given the supportive partnership, the planning process and implementation were smooth. Program integrity risks were minimal, both because ELE is used solely for renewal and because of the intensive nature of the SNAP eligibility determination process.

Massachusetts' experience demonstrated that even supposed "simplifications" can cause confusion. Feedback from focus group participants demonstrated that Massachusetts could further improve the effectiveness of its letters to enrolled families. Because focus group participants did not notice or understand that their coverage was renewed automatically, most still completed and returned the form they were sent. To address this problem, MassHealth has decided to stop sending the renewal form concurrent with implementing other Affordable Care Act changes. Consumers will be sent a

³ Because CHIPRA does not authorize ELE for adults, statutory change would be needed to enable states to use ELE for adults without obtaining section 1115 waivers from CMS.

letter instructing them that they can provide updates to MassHealth via phone, in-person, online, or by mail.

Finally, MassHealth's experience demonstrates that sizable gains can be achieved through an ELE renewal process. Over 90,000 residents at risk of losing coverage have retained coverage to date.

APPENDIX



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Enrollment Center
Street Address
City MA Zip
MEC Tel. Number
TTY: <MEC TTY number> (for people with partial or total hearing loss)
<MEC Fax #> (Fax)

<Member name>

Date: <MM/DD/YYYY>

<Mailing address>

Review for: <Member name>

<City, MA Zip>

Review Date: <MM/DD/YYYY>

Good News from MassHealth A Notice about Your MassHealth Eligibility Review

Federal and state laws require MassHealth to complete a review of your eligibility every year. Your case was reviewed electronically using information from your Supplemental Nutrition Assistance Program (SNAP) case.

MassHealth has decided that the following members of your family can continue to get benefits.

Name	Coverage
Medicaid ID	Type

If you are currently paying a monthly premium to Commonwealth Care, you will need to keep paying this premium. You will continue to get a bill telling you what you owe.

If you are currently getting a monthly premium assistance payment, your payment will continue.

If you have no changes to report, do not send back the enclosed form. No further action is required. If you pay a premium for Commonwealth Care and your circumstances have changed (such as income or disability), you may fill out the enclosed form to see if you qualify for a lower cost or no-cost plan. If you feel that you may be eligible for a more complete benefit for any other reason, including immigration status, you may fill out the enclosed form.

Send the review form to the MassHealth Enrollment Center at the address above by < / / >. 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.

To **update your address or phone number or to report a pregnancy**, please call the telephone number above or access My Account Page at www.mass.gov/vg/selfservice.

You **do not** need to send back the enclosed form if you **do not** have changes to report.

All changes that affect eligibility must be reported to MassHealth within 10 days of the change or as soon as possible.

Please call the telephone number above if you have questions.

MassHealth will use the information on this form to review your eligibility for **MassHealth**, the **Children's Medical Security Plan (CMSP)**, **Healthy Start**, **Commonwealth Care**, and the **Health Safety Net**. You do not have to be a U.S. citizen/national to get these benefits. **Please print clearly.** Please answer **all** questions and fill out all sections that apply to you and your family. If you need more space to finish any section on this form, please use a separate sheet of paper (include your name and social security number), and attach it to this form. See enclosed notice for other instructions and important information.

Head of Household

HOH

1. Last name	First name	MI	Street address	City	State	Zip
Mailing address (if different from street address or if living in a shelter) <input type="checkbox"/> homeless						
			City	State	Zip	
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes , is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no		Social security number*		
Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Spoken language choice		Written language choice		
Telephone numbers Home: ()		Cell: ()		Work: ()		
Race (optional)	Ethnicity (optional)		E-mail			

Other Family Members

List all other members of your family group. **Do not repeat head of household information in this section.**
See instruction page for description of a family group.

2. Last name	First name	MI				
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no Social security number*						
Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Spoken language choice		Written language choice		
Race (optional)	Ethnicity (optional)		Relationship to head of household			
3. Last name	First name	MI				
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no Social security number*						
Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Spoken language choice		Written language choice		
Race (optional)	Ethnicity (optional)		Relationship to head of household			
4. Last name	First name	MI				
Is this person applying? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no Social security number*						
Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Spoken language choice		Written language choice		
Race (optional)	Ethnicity (optional)		Relationship to head of household			

*Required, if one has been issued and this person is applying for MassHealth or Commonwealth Care, except for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net.

Pregnancy

PRG

Are you or any family member pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	Name:					
Are you or this person pregnant with: <input type="checkbox"/> 1 baby? <input type="checkbox"/> twins? <input type="checkbox"/> triplets? If more, how many? _____				Due date	/	/

Residency (You must fill out this section.)

MAR

Are you and all members of your household who are applying for benefits living in Massachusetts with the intention to stay? yes no

If **no**, list the names of the members of your household (including yourself)* who are applying and who are **not** residents of Massachusetts and who intend to leave.

*Do not include infants born in Massachusetts who have not left the state.

General instructions for filling out the Working Income, Nonworking Income, AND College Student sections
Each family member who has income and/or is aged 19 or older must fill out all sections on this page through College Student on page 4.

Working Income (You must fill out this section.)

EIN

1. Name

Is this person currently working or seasonally employed? (You must answer this question.) yes no

If **yes**, fill out the **Employer Information** section below.

If **no**, answer the next two questions below. You do not have to fill out the "Employer Information" section below.

Has this person worked in the last 12 months before the date of application? yes no

If **yes**, how much did this person earn in the last 12 months before taxes and deductions? **Note:** If you answered "**yes**" to this question, you **MUST** enter a dollar amount on this line. \$ _____ If **no**, go to the next section (*Nonworking Income*).

Employer Information Employer name

Employer address, and telephone number

Type of work (*Check all that apply.*) full-time day labor part-time seasonal yearly wage: \$ _____
 self-employed sheltered workshop yearly wage: \$ _____

Number of hours per week Weekly pay before deductions \$ Date began getting this amount of pay / /

Is health insurance offered that would cover doctors' visits and hospitalizations? yes no
(Answer **yes** even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.)

If you answered **no** to the above question, was health insurance offered in the last six months? yes no

Send proof of income, like a copy of one recent pay stub. If self-employed, see the MassHealth Member Booklet for information about the needed proof.

2. Name

Is this person currently working or seasonally employed? (You must answer this question.) yes no

If **yes**, fill out the **Employer Information** section below.

If **no**, answer the next two questions below. You do not have to fill out the "Employer Information" section below.

Has this person worked in the last 12 months before the date of application? yes no

If **yes**, how much did this person earn in the last 12 months before taxes and deductions? **Note:** If you answered "**yes**" to this question, you **MUST** enter a dollar amount on this line. \$ _____ If **no**, go to the next section (*Nonworking Income*).

Employer Information Employer name

Employer address, and telephone number

Type of work (*Check all that apply.*) full-time day labor part-time seasonal yearly wage: \$ _____
 self-employed sheltered workshop yearly wage: \$ _____

Number of hours per week Weekly pay before deductions \$ Date began getting this amount of pay / /

Is health insurance offered that would cover doctors' visits and hospitalizations? yes no
(Answer **yes** even if you cannot get it now, chose not to sign up for it, or dropped insurance that was available.)

If you answered **no** to the above question, was health insurance offered in the last six months? yes no

Send proof of income, like a copy of one recent pay stub. If self-employed, see the MassHealth Member Booklet for information about the needed proof.

Nonworking Income (You must fill out this section.)

Rental Income Do you or any family member get rental income? (You must answer this question.) yes no

REN

If **yes**, enter the monthly amount of rental income (before taxes and deductions) on this line. \$ _____

Name of person getting rental income _____

If **no**, go to the next section (*Unemployment Benefits*).

Send proof of rental income.

Unemployment Benefits Are you or any family member getting an unemployment check? (You must answer this question.) yes no

UN

If **yes**, fill out this section and answer all questions. Send proof of unemployment benefits.

If **no**, go to the next section (*Other Nonworking Income*).

Name of person getting unemployment benefits _____

Is this check from the Commonwealth of Massachusetts? yes no

CC

If **yes**, in the 12 months before this person became unemployed, did this person work for an employer in Massachusetts? yes no
(Do not include federal employers, like the U.S. Postal Service.)

CC

Enter the monthly amount of unemployment benefits (before taxes and deductions). \$ _____

Name of person getting unemployment benefits _____

Is this check from the Commonwealth of Massachusetts? yes no

If **yes**, in the 12 months before this person became unemployed, did this person work for an employer in Massachusetts? yes no
(Do not include federal employers, like the U.S. Postal Service.)

Enter the monthly amount of unemployment benefits (before taxes and deductions). \$ _____

Other Nonworking Income Do you or any family member have any other income? (You must answer this question.) yes no

UN

If **yes**, fill out this section.

If **no**, go to the next section (*College Student*).

Please describe the source of the income (where it comes from) for each family member. If anyone has more than one source, list on separate lines.

Send proof. Some types of other income are: (You do not have to send proof of social security or SSI income.)

- alimony
- annuities
- child support
- dividends or interest
- pensions
- retirement
- social security
- SSI
- trusts
- veterans' benefits (federal, state, or city)
- workers' compensation
- other (*Please describe below.*)

Name	Type of income (all that apply from list above)
Source (where the income comes from)	Monthly amount before taxes \$
Name	Type of income (all that apply from list above)
Source (where the income comes from)	Monthly amount before taxes \$
Name	Type of income (all that apply from list above)
Source (where the income comes from)	Monthly amount before taxes \$

College Student (You must fill out this section.)

STU

Are you or any family member a college student? (You must answer this question.) yes no

If **yes**, fill out this section and answer all questions.

If **no**, go to the next section (*Health Insurance You Have Now and Subsidized Health Insurance You May Be Eligible For*).

1. Name of college student

Is this person eligible for health insurance from college? yes no

Is this person a college student in Massachusetts with at least 75% of a full-time schedule? yes no

(**Note:** If you are not sure that this person has 75% of a full-time schedule, contact the school to find out if the number of credits the student is taking would require the student to get the health insurance the school offers to students.)

If yes, is this student planning to get health-insurance coverage from the school, but is waiting for coverage to start? yes no

If yes, what is the date that the school health-insurance coverage starts? ___ / ___ / ___

CC

CC

CC

2. Name of college student

Is this person eligible for health insurance from college? yes no

Is this person a college student in Massachusetts with at least 75% of a full-time schedule? yes no

(**Note:** If you are not sure that this person has 75% of a full-time schedule, contact the school to find out if the number of credits the student is taking would require the student to get the health insurance the school offers to students.)

If yes, is this student planning to get health-insurance coverage from the school, but is waiting for coverage to start? yes no

If yes, what is the date that the school health-insurance coverage starts? ___ / ___ / ___

Health Insurance You Have Now and Subsidized Health Insurance You May Be Eligible For

HI

Even if you or any family member have other health insurance, MassHealth may be able to help you pay your premiums. Health insurance can be from an employer, an absent parent, a union, a school, Medicare, or Medicare supplemental insurance, like Medex. **All applicants must fill out the health insurance section. Do not include MassHealth or any health plan you enrolled in through Commonwealth Care when answering the questions below.**

Do you or any family member get Medicare benefits? yes no

If **yes**, name(s):

Claim number(s):

Do you or any family member have health insurance other than Medicare? yes no

If **yes**, fill out both **Part A** below and **Part B** on the next page.

If **no**, fill out **Part B** on the next page.

Part A: Health Insurance You Have Now

1. Policyholder name

Date of birth / /

Social security number*

Insurance company name

Policy type (*Check one.*) individual couple (two adults) dual (one adult, one child) family

Policy start date ___ / ___ / ___

Policy number

Group number (if known)

Employer or union name

Policyholder contribution to premium costs (*Complete one.*) \$ per week \$ per quarter \$ per month

Insurance type (*Check one.*) employer or union subsidized (employer or union pays some or all of the insurance cost) TRICARE

other federal or state subsidized (government pays some or all of the insurance cost) student health insurance through school

nonsubsidized, like self-employment or COBRA (policyholder pays total insurance cost) Medical Security Program

Names of covered family members

Insurance coverage (*Check all that apply.*) doctors' visits and hospitalizations catastrophic only vision only pharmacy only dental only

If you have long-term-care insurance, **send a copy** of the policy.

* Required, if obtainable and one has been issued, whether or not this person is applying.

2. Policyholder name		Date of birth / /	
Social security number*		Insurance company name	
Policy type (<i>Check one.</i>) <input type="checkbox"/> individual <input type="checkbox"/> couple (two adults) <input type="checkbox"/> dual (one adult, one child) <input type="checkbox"/> family		Policy start date ____ / ____ / ____	
Policy number		Group number (if known)	
Employer or union name			
Policyholder contribution to premium costs (<i>Complete one.</i>) \$		per week	\$ per quarter
			\$ per month
Insurance type (<i>Check one.</i>) <input type="checkbox"/> employer or union subsidized (employer or union pays some or all of the insurance cost) <input type="checkbox"/> TRICARE			
<input type="checkbox"/> other federal or state subsidized (government pays some or all of the insurance cost) <input type="checkbox"/> student health insurance through school			
<input type="checkbox"/> nonsubsidized, like self-employment or COBRA (policyholder pays total insurance cost) <input type="checkbox"/> Medical Security Program			
Names of covered family members			
Insurance coverage (<i>Check all that apply.</i>) <input type="checkbox"/> doctors' visits and hospitalizations <input type="checkbox"/> catastrophic only <input type="checkbox"/> vision only <input type="checkbox"/> pharmacy only <input type="checkbox"/> dental only			
If you have long-term-care insurance, send a copy of the policy.			
* Required, if obtainable and one has been issued, whether or not this person is applying.			

Part B: Subsidized Health Insurance You May Be Eligible For

SIA

Are you or any member of your family in one of the uniformed services? yes no

If **yes**, fill out the section below. (The uniformed services are the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Services, National Oceanic and Atmospheric Administration, and the National Guard or Reserves.)

1. Name:

Active Duty? <input type="checkbox"/> yes <input type="checkbox"/> no	Retiree? <input type="checkbox"/> yes <input type="checkbox"/> no	Reserves? <input type="checkbox"/> yes <input type="checkbox"/> no	Medal of Honor? <input type="checkbox"/> yes <input type="checkbox"/> no
---	---	--	--

2. Name:

Active Duty? <input type="checkbox"/> yes <input type="checkbox"/> no	Retiree? <input type="checkbox"/> yes <input type="checkbox"/> no	Reserves? <input type="checkbox"/> yes <input type="checkbox"/> no	Medal of Honor? <input type="checkbox"/> yes <input type="checkbox"/> no
---	---	--	--

Have you or any member of your family served in the U.S. military or can you be considered a dependent of someone who has served in the U.S. military?

Yes, I have served. Name: _____

Yes, I am a dependent of someone who has served. Name: _____

No, I am neither a veteran nor a dependent.

American Indian/Alaska Native

NAT

Certain American Indians and Alaska Natives may not have to pay MassHealth premiums and copays.

Are you or any member of your family who is applying a federally recognized American Indian or Alaska Native who is eligible to receive or has received services from an Indian health-care provider or from a non-Indian health-care provider through referral from an Indian health-care provider? yes no

If **yes**, name of person(s): _____

HIV Information (optional)

HIV

MassHealth may give benefits to people who are HIV positive who might not otherwise be eligible.

Do you or any family member who is HIV positive want to apply for these benefits? yes no

If **yes**, fill out this section.

Send proof of income, U.S. citizenship/national status and identity, or qualified alien status to see if you can get benefits for up to 60 days while we wait for you to send us proof of your HIV-positive status. For more information, see the MassHealth Member Booklet.

Name(s): _____

Injury, Illness, or Disability

PD/
DDU

Do you or any family member have an injury, illness, or disability (including a disabling mental-health condition)? (If legally blind, answer **yes**.) yes no
If **yes**, fill out this section. If **no**, go to the next section (*Accident or Injury*).

Name: _____

Does this person have an injury, illness, or disability (including a disabling mental-health condition) that has lasted or is expected to last for at least 12 months? yes no

Does this person get money from Social Security for a disability? yes no

Has this person ever gotten Supplemental Security Income (SSI)? yes no

Is this person legally blind? yes no

If **yes**, send a copy of the Certificate of Blindness.

Accident or Injury

TPR

Do you or any family member need health care because of an accident or injury? yes no

If **yes**, you must answer all three questions in this section.

If **no**, go to the next section (*Accommodations for People with a Disability or Injury*).

Name: _____

Are you or any family member applying because of an accident or injury that someone else might be responsible for? yes no

Do you or any family member have an injury, illness, or disability that was caused by someone else, or that could be covered by someone else's insurance or the family member's own insurance, other than health insurance (like homeowner's or auto insurance)? yes no

Has a lawsuit, a workers' compensation claim, or an insurance claim for an accident or injury been filed for you or any family member who is applying? yes no

If you need more space, please use the back of this page.

Accommodations for People with a Disability or Injury

ACC

Do you or any family member applying for MassHealth have any special circumstances or a disability? yes no

Name: _____

If **yes**, please check all that apply.

low vision blind deaf developmentally disabled intellectually disabled physically disabled hard of hearing
 other _____

As a result, does the person you identified need support services/reasonable accommodations to communicate with MassHealth? yes no

If **yes**, please check all that apply.

text telephone (TTY) large-print publications American Sign Language interpreter Video Relay Service (VRS)
 Communication Access Real-time Translations (CART) publications in Braille assistive listening device
 publications in electronic format other (please describe) _____

Absent Parent

ABS

Has any child in the household been adopted by a single parent or has a parent who is deceased or unknown? yes no

Does any child in the family have a parent who does not live with you who is not included in the previous question? yes no

If **yes to either of these questions**, please read Part A of this section before you fill out Parts B, C, and D. **You must sign Part E.**

If **no to both questions**, go to the next section (*U.S. Citizenship/National Status and Immigration Status*).

Part A: Cooperation

To get MassHealth for **you and a child who is living with you**, you must cooperate with the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) to establish paternity and enforce a medical-support order, unless you have Good Cause not to cooperate. You must also assign your rights for medical support to MassHealth. Cooperation means that you may have to give information about the identity, location, and employment of the absent parent, appear for appointments with DOR staff and the Court, submit to paternity testing, give information, and take any other action necessary to help DOR in establishing paternity, and establishing, changing, or enforcing a child medical-support order. "Good Cause" is a legal term that means if you cooperated by giving us information about the absent parent, it would not be in the best interests of the child for any of the reasons listed in Part C—Good Cause—on the next page. If you think that you have Good Cause for not cooperating, fill out Part C—Good Cause—on the next page, and do not fill out Part D—Absent-Parent Information—on the next page.

Absent Parent (cont.)

If you do not want to make a Good Cause claim, and you do not cooperate by filling out Part D—Absent-Parent Information—below, your MassHealth eligibility could be affected.

To get MassHealth **only for the child who is living with you** and not for yourself, you do not have to cooperate with DOR, assign your rights for medical support to MassHealth, or give information about the absent parent. Also, if a **pregnant** family member is applying for benefits for an unborn child, you do not need to give us information about the absent parent of the unborn child at this time. This means that you do not have to fill out Part B, C, D, or E of this supplement for that unborn child. Please read the next paragraph about child-support-enforcement services.

Even if you are applying for MassHealth only for the child who is living with you, you can ask for child-support-enforcement services if you want help getting the absent parent to pay for health insurance or child support for the child. To do this, you can call DOR at 1-800-332-2733, or go to www.mass.gov/dor and click on “Child Support Enforcement.” The child’s MassHealth coverage will not be affected if you choose to ask for these services or not. If you ask for these services, you will have to cooperate with DOR.

Part B: Names of children who have been adopted by a single parent or have a parent who is deceased or unknown

Please list the name(s) of the child or children who have been adopted by a single parent or have a parent who is deceased or unknown.

Name	Name
Name	Name

If all of the children in the household are named in this section, go to Part E. Otherwise, go to Part C.

Part C: Good Cause

Is there any reason (Good Cause) not to help us get medical support from an absent parent? yes no

If **yes**, list the name(s) of the child or children whose absent parent(s) you do not want to give us information about, and check one of the boxes below for the reason that applies to the child or children.

If **no**, fill out Part D—Absent-Parent Information—below.

Names:

- Cooperation could result in serious physical or emotional harm to a family member or his or her child, or the applicant or member.
 Adoption of the child is in process.
 The child was a result of sexual abuse or assault.

Names:

- Cooperation could result in serious physical or emotional harm to a family member or his or her child, or the applicant or member.
 Adoption of the child is in process.
 The child was a result of sexual abuse or assault.

Part D: Absent Parent Information (if known)

1. Name	Social security number*	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address			
Telephone number ()	Is there a medical-support order? <input type="checkbox"/> yes <input type="checkbox"/> no		
Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other:		Driver's license number*	
Names of children of this absent parent			
Name and address of absent parent's employer			

Persons who are not U.S. citizens/nationals

If you or any family member applying for or getting MassHealth or Commonwealth Care answers no to all three of the following questions and fits any of the immigration status codes listed below, numbered 1 through 17, **you must fill out the chart below.**

List **all** immigration statuses that have applied to each person since that person entered the U.S.

Send copies of both sides of all immigration cards (or other documents that show immigration status).

See the MassHealth Member Booklet for a more complete description of immigration statuses.

- Are you or any family member on active duty, or a veteran of the United States Armed Forces with an honorable discharge, or did you or any family member serve under U.S. command during World War II or in Vietnam? yes no

If **yes**, you may stop here, but list applicable family members.

Names:

If **no**, go to the next question.

- Are you or any family member the spouse, widow or widower, or dependent of a person on active duty or a veteran described above? yes no

If **yes**, you may stop here, but list applicable family members.

Names:

If **no**, go to the next question.

- Are you or any family member a victim of domestic abuse and no longer living with the abuser? yes no

If **yes**, you may stop here, but list applicable family members.

Names:

If **no**, you must fill out the rest of this page.

Use these codes to describe your immigration status in the chart below.

- | | | | |
|---|---|--|---|
| 4. Amerasian admitted pursuant to Section 584 of Public Law 100-202 | 8. Deportation withheld | 12. Refugee | 15. Victim of severe forms of trafficking* |
| 5. Granted asylum | 9. Legal permanent resident | 13. Person with a visitor visa/other | 16. Iraqi Special Immigrant |
| 6. Conditional entrant | 10. Native American with at least 50% American Indian blood | 14. Person residing under color of law (PRUCOL), including temporary protected status and applicant asylum | 17. Afghan Special Immigrant |
| 7. Cuban/Haitian entrant | 11. Granted parole | | * Human trafficking for prostitution or involuntary servitude |

Name	Status codes (List all that apply.)				Date status awarded				U.S. entry date
	a	b	c	d	a	b	c	d	
									/ /
									/ /
									/ /
									/ /

If you or any other family member applying for or getting benefits does not fit any of the immigration status codes listed above, numbered 1 through 17, you or that family member may get only one or more of the following: MassHealth Limited, Healthy Start, CMSP, or the Health Safety Net.

Note: Family members who want to get only one or more of the following: MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net, do not have to give us a social security number. We will not match their names with any other agency including the Department of Homeland Security (DHS). You do not need to send proof of their immigration status. **But you must list their names below.** MassHealth Limited pays for emergency services only. See the MassHealth Member Booklet for more information.

List below the names of family members who want to get only one or more of the following: MassHealth Limited, Healthy Start, CMSP, or the Health Safety Net.

Name(s):

Name(s):

What an eligibility representative does

You may choose an eligibility representative to help you with some or all of the responsibilities of applying for or getting health benefits (MassHealth, Commonwealth Care, the Children's Medical Security Plan, Healthy Start, and the Health Safety Net). You can do this by filling out this form (the MassHealth Eligibility Representative Designation Form (ERD)). The person you choose must know enough about you to take responsibility for the correctness of the statements made during the eligibility process. An eligibility representative may fill out your application or eligibility review form and other MassHealth eligibility forms, give proof of information given on these eligibility forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

Under MassHealth regulations at 130 CMR 516.007, MassHealth is allowed to send a copy of all applicant and member eligibility notices to the applicant's or member's institution where he or she is living, and to his or her spouse who is living at home, without an ERD being filled out.

Who can be an eligibility representative

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. You must designate in writing on this form (please fill out **Section I, Part A**) the person you want to be your eligibility representative. Your eligibility representative must also fill out **Section I, Part B**.

If, because of a mental or physical condition, you cannot designate in writing an eligibility representative, a person who is acting responsibly on your behalf can be your eligibility representative if that person certifies, by filling out **Section II**, that you are not able to provide a written designation, and that he or she is acting responsibly on your behalf.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out **Section III**, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or, if the applicant or member has died, the estate's administrator or executor. Depending on the wording of the legal appointment, this person may be able to help you or get information for you in other matters that do not apply only to your eligibility.

Please Note: The applicant's or member's social security number (SSN) is required if one has been issued, unless he or she is applying for or getting only MassHealth Limited, the Children's Medical Security Plan (CMSP), Healthy Start, or the Health Safety Net.

How an eligibility representative designation ends

A Section I or II eligibility representative's designation ends 18 months after the date he or she signs this form. To designate this person again, or to designate another person as your eligibility representative, you must submit a new ERD. A Section III eligibility representative's designation ends when his or her legal appointment ends. If at some time during the 18-month period you no longer want this person to be your eligibility representative, you must send a letter stating this to: Privacy Office, 600 Washington Street, Boston, MA 02111.

Where to send this form

If you are applying for health benefits, send your filled-out ERD in with your application.

If you are already getting health benefits, send your filled-out ERD to

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780

SECTION I: Eligibility Representative Designation (if applicant or member is able to sign)

Part A—to be filled out by applicant or member—**please print**, except for signature.

Applicant/Member name:

SSN:

Date of birth:

I certify that I have chosen the following person to be my eligibility representative, and that I understand the duties and responsibilities this person will have (as explained on the other side of this form).

Eligibility representative name:

Relationship to you:

Eligibility representative address:

street address

city

state

zip

Eligibility representative telephone no.: ()

Applicant/Member signature:

Date:

Part B—to be filled out by eligibility representative

I certify that I know enough about the above applicant or member to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form).

Eligibility representative signature:

Date:

SECTION II: Eligibility Representative Designation (if applicant or member cannot provide written designation)

To be filled out by eligibility representative—**please print**, except for signature.

I certify that I know enough about the applicant or member named below to take responsibility for the correctness of the statements made during the eligibility process, that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form), and that this person cannot provide written designation. If this person can understand, I have told the person that MassHealth will send me a copy of all MassHealth eligibility notices and this person agrees to this, and I have told this person that he or she may remove or replace me as eligibility representative at any time by sending a letter to: Privacy Office, 600 Washington Street, Boston, MA 02111.

Applicant/Member name:

SSN:

Date of birth:

Eligibility representative name:

Your relationship to applicant or member:

Eligibility representative address:

street address

city

state

zip

Eligibility representative telephone no.: ()

Eligibility representative signature:

Date:

SECTION III: Eligibility Representative Designation (appointed by law)

To be filled out by eligibility representative appointed by law (as explained on the other side of this form)—**please print**, except for signature. Please attach copy of applicable legal document.

Applicant/Member name:

SSN:

Date of birth:

Eligibility representative name:

Eligibility representative address:

street address

city

state

zip

Eligibility representative telephone no.: ()

Eligibility representative signature:

Date:

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