



Commonwealth of Massachusetts  
Executive Office of Health and Human Services



[HEAD OF HOUSEHOLD NAME]

Date: 04/03/2018

[STREET ADDRESS]

Notice ID: [NOTICE ID]

[CITY], [STATE] [ZIPCODE]

Member ID: [XXXXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

**IMPORTANT! You need to act now to find out if you can still get health care through MassHealth, Children’s Medical Security Plan (CMSP), or Health Safety Net (HSN).**

You need to fill out a renewal application for health benefits so we can decide if you and members of your household still qualify for MassHealth, CMSP, or HSN. We must get your application by **05/18/2018**, or health coverage for you and members of your household will end. If you are getting premium assistance, these benefits will also end. If MassHealth is paying your Medicare premiums, we will stop paying these premiums.

Enclosed is the *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services*. You are receiving this renewal application because of one of the following reasons:

- MassHealth records show that you or a member of your household is aged 65 or older.
- MassHealth records show that you or a member of your household will soon be aged 65, and different MassHealth rules apply.
- MassHealth records show that you or a member of your household needs long-term-care services at home or in a medical facility.

We will use the information you provide on this renewal application to complete the annual renewal for all members of your household.

**What do I need to do?**

- You need to fill out the enclosed renewal application to find out if you can keep getting MassHealth, CMSP, or HSN for you and members of your household.
- Send it to us using the directions below.
- You may get another letter from us to let you know if you still qualify for health coverage.

**You can get this information in large print or braille.** Call **1-800-841-2900** from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: **1-800-497-4648**).

You must submit the enclosed application by **05/18/2018** or you and members of your household will lose your MassHealth, CMSP, or HSN health coverage.

### **How do I submit the new application?**

Complete the enclosed *Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Services* for yourself and members of your household and return it to MassHealth in one of the following ways:

- **Mail to:**

MassHealth Enrollment Center  
Central Processing Unit  
P.O. Box 290794  
Charlestown, MA 02129

- **Fax to:** 617-887-8799

- **Hand deliver it to:**

MassHealth Enrollment Center  
Central Processing Unit  
The Schrafft Center  
529 Main Street, Suite 1M  
Charlestown, MA 02129

- **Apply in person:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648) to find a MassHealth Enrollment Center (MEC) near you or visit [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Contact MassHealth for a list of MEC addresses.

### **How do I get help?**

You can get help by calling MassHealth at 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

### **What happens next?**

When we get your renewal application, we will check the information you give us with federal and state governmental agencies. We will keep the information provided to us private. We will only use and disclose it according to the law. If we need more information, we will contact you.

You will still have health coverage until we review your application or until **05/18/2018**. You will get another letter from us to let you know if you still qualify for health coverage.

**If you do not submit a new application  
by 05/18/2018,  
people in your household will lose their health coverage.**

**What else do I need to know?**

Your **Member Booklet** and **Senior Guide** have a lot of information about MassHealth and its benefits. To get a copy of the **Member Booklet** or **Senior Guide**, go to **www.mass.gov/mashealth** or call 1-800-841-2900; TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

**Would you or a member of your household like to register to vote?**

The form to register to vote and additional information regarding your rights are included with this application. You can also find them online at [www.sec.state.ma.us](http://www.sec.state.ma.us). If you have any questions about how to register to vote, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the **MassHealth Customer Service Center** at 1-800-841-2900; TTY: 1-800-497-4648.

Sincerely,

MassHealth