




**MassHealth  
Acute Inpatient Hospital Bulletin 145  
September 2012**

**TO:** Acute Inpatient Hospitals Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** Express Lane Renewal Process

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**Background**

State and federal laws require that MassHealth perform a continuing eligibility review of every member on an annual basis.

Beginning late in September 2012, an Express Lane renewal process will be implemented for certain MassHealth, Commonwealth Care, and Health Safety Net families who are also receiving Supplemental Nutrition Assistance Program (SNAP) benefits administered through the Department of Transitional Assistance (DTA).

Families who meet the criteria for Express Lane renewal will **not** need to return the annual review form if they do not have changes to report. Their eligibility will continue for another year, assuming no changes occur throughout the year.

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**Eligible Population**

Families will be automatically selected for the Express Lane renewal process if

- they have gross monthly income at or below 150% of the federal poverty level (FPL) as verified by MassHealth;
  - the household contains at least one child under the age of 19 who is receiving active MassHealth benefits and active SNAP benefits;
  - they have monthly income, as verified by SNAP, at or below 180% of the FPL (30 percentage points higher than the highest Medicaid income threshold for a child, as allowed under the screen and enroll provision of Express Lane in federal law); and
  - the household includes members who, if receiving active MassHealth, Commonwealth Care, or Health Safety Net benefits, are also receiving active SNAP benefits.
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**Review Process**

At the time of the annual review, members who meet the criteria for the Express Lane renewal process will be sent the following:

- an Express Lane renewal cover letter (EXR-W);
- an Eligibility Review Verification (ERV) form (ERV-5);
- an Eligibility Representative Designation (ERD) Form; and
- a UNIV-5 (Babel).

**Note:** If an individual would be institutionalized without community-based services and is receiving a Traditional benefit, the household will be sent a Traditional Express Lane renewal cover letter (EXR-T) and an Eligibility Review for Seniors and Certain People Needing Long-Term-Care Services (MER).

The cover letter advises the family that their eligibility has been reviewed electronically and, unless there are changes to report, no further action is needed.

The cover letter instructs the family to complete the review form and return it to the MassHealth Enrollment Center (MEC) within 45 days if there are changes in income, disability, immigration status, or other changes that may make family members eligible for a more complete benefit.

**Note:** For Traditional members, the MER must be returned to the MEC within 30 days if there are changes in income, assets, disability, immigration status, or other changes to report.

The cover letter also instructs members that, if they are receiving a Commonwealth Care premium bill, they will continue to be responsible for this bill. In addition, if they are receiving a monthly premium assistance payment, they will continue to receive this payment.

If there have been no changes in circumstances as described above, the member need not return the form and his or her eligibility will remain intact for another year, assuming no changes occur throughout the year.

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**Additional Information**

The important difference between member selected for the Express Lane renewal process and members selected for the regular review process is that members selected for the Express Lane renewal process do **not** need to return the eligibility review form if there are no changes to report. All other members **must** continue to return the review form to the MEC or their benefits will be terminated.

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**Attachments**

Attached to this memo are sample Express Lane renewal cover letters (EXR-W and EXR-T).

***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://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>  
<Mailing address>  
<City, MA Zip>

Date: <MM/DD/YYYY>  
Review for: <Member name>  
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](http://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.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://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>

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Send the review form to the MassHealth Enrollment Center at the address above by < / / >. Include proof of changes, such as bank statements, pay stubs, health-insurance cards, life-insurance policies, or burial account information, 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](http://www.mass.gov/vg/selfservice).

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