

**MassHealth Redetermination – Eligibility Review Form Guide**  
**“Renewal Application for Health Coverage for Seniors and People Needing Long-Term-Care Service”**



Masshealth Renewal  
2019.pdf



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Coordinators Screenir



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**Page 1:** If member is on Frail Elder Waiver check off the **Home and Community Based Waiver box**. If member is on MassHealth Standard, select **MassHealth or Health Safety Net box**

**Step 1 - Person 1:**

Enter Demographic info

**For Enrollment Assistance Only Section-** Leave this section blank

Q6: No

6D: Fill out if anyone is claiming them

6E: Does not need to be complete

**8: Citizenship Question**

8.a -e

If they have their permanent resident card, add it. Can also write "previously verified" where it is a renewal.

10: Need to select YES

Questions 11-14: Can answer NO

19: No (Note: if over 65 they are not getting SSI)

20: Yes- if receiving a steady income month to month

26: Usually No

27: Enter information on income they receive

28: Good question to ask before starting the form

**Rational:** they will need to submit their taxes. If net is negative it is ok. If positive, member will need to submit that info to MassHealth

29: Usually No

31: Usually No

32: Totally pension and SSI per month x 12 = 12 total

**Step 2 - Person 2:**

Spouse is already on MassHealth

6: No

15: You should answer Yes if spouse has MassHealth.

**Rational:** if spouse has MassHealth and you check no they may close MassHealth on spouse. "already has MassHealth Standard" then need to add their MassHealth ID or SSN.

Answer No, if Spouse is not on MassHealth or intending to get MassHealth. You can skip the rest of Step 2 questions

**Step 3 - American Indian or Alaska Native:**

Usually No

**Step 4 - Previous Medical Bills:**

No as it is just a Renewal

**Step 5 – Assets:** usually Yes

1: Yes

1A: No

1B: No. Fill out with bank info. Write "Statements attached" and submit them with the ERF

2: Answer Yes, if they own and MassHealth has their deed, etc. Note: If answered "rent" on Page 1, this would be no

3: Usually No

4: Usually No.

Answer would be Yes, only if they know for certain they have a **Whole Life Insurance Policy**. It accrues cash and they will need a "Cash Value" letter from the life insurance policy. *Note:* can select no and then MassHealth will find out and will send a request for info. THP MassHealth Coordinators make a 3-way call with member and the Life Insurance company to obtain

Questions: 5-7 Answer NO

8: **Vehicle:** If they own a car, they will need the car registration or deed. Fair Market Value: leave blank

**Note:** give make and model of the car

9: **Prepaid Burial:** if they have one, they will need a copy however, MassHealth should have it already on file

10: **Trust:** Usually No.

**Note:** Irrevocable Trust mean they can't overturn it/access it

### **Step 6 - Health Insurance:**

1: No

2: Answer Yes, if they have Medicare and then write in their Medicare number

2A: No

2B: Answer, Yes and put in the THP SCO ID and write in "0 dollars"

Second B: If they have a spouse on MassHealth you want to select Yes. Everything else below leave blank

### **Step 7 - PCA Services:**

If member has PCA services:

3B: Select Yes and fill out PCA Supplement Form \*Form is needed if member is on the PCA Program



pca-supp.pdf

### **Step 8 - Under 65:**

Leave Blank

### **Step 9 – Signature:**

Make sure it is signed

### **Notes:**

- ***\*This is a guide only to assist with completing the Eligibility Review Form. Answers to questions will vary from person to person***
- A new Eligibility Review Form comes out every March
- Tell member before you go out to have all financial info available at the time of visit
- When in doubt check **No**, MassHealth will send member a request for income if needed

### **MassHealth Contact:**

Fax for Eligibility Dept: 857-323-8300

Phone: 800-332-5545 #5 #3 #1 (Urgent Medical Need)