

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

Tel: (800) 841-2900
TTY: (800) 497-4648
Fax: (857) 323-8300

[HOH NAME]
[STREET ADDRESS]
[CITY], [STATE] [ZIP CODE]

Date: 04/01/2015
Notice ID: [Notice-NO]
Member ID: [HOH-MEM-ID]

Dear [HOH-NAME],

Important! This health-care benefits notice tells you the decisions we have made about certain programs that you may be eligible for. Please read the whole notice to find out about your health-care benefits.

MassHealth

MassHealth is ending coverage for the following members who had been receiving MassHealth or Health Safety Net (HSN) benefits.

Name	SSN/DOB	Coverage Type	Coverage End Date	Medicaid ID
[Member Name]	[SSN-DOB]	[Coverage]	04/15/2015	[Member ID]

Reason and Manual Citation:

- **As of March 23, 2015, our records show that you have not submitted a new application for your coverage to continue. 130 CMR 502.007(A)**

If you have already submitted a new application, MassHealth or the Health Connector will send you another letter to let you know their decision. Read that letter carefully for any next steps you need to take.

If it has been over 10 days since you submitted an application requesting help paying for coverage and you did not receive a letter from us with your coverage information, contact MassHealth Customer Service at 1-800-841-2900 to find out the status of your application.

Reminder: You can submit an application for help paying for health coverage at any time.

The **Member Booklet** describes the rules for MassHealth. It explains why members of your family are not eligible. It describes the income standards and other rules for MassHealth.

Call the phone number at the top of this notice if you have any questions about this notice. If you don't have a copy of the **Member Booklet**, please call to request one. It has important information about MassHealth coverage and rules.

For information about appealing our decisions, see the **Request for a Fair Hearing** page of this notice.

If you or a family member was receiving Health Safety Net and you have questions about this Health Safety Net decision, please call the number at the top of this notice. If you do not agree with this Health Safety Net decision, you may contact the Health Safety Net at the following address.

Health Safety Net
Attn: HSN Grievances
100 Hancock Street, 6th Floor
Quincy, MA 02171

You can call the HSN at 1-877-910-2100.

If you have any questions about your eligibility for MassHealth or the Health Safety Net, please call the number at the top of this notice.

Sincerely,

MassHealth

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 for people who are deaf, hard of hearing, or speech disabled).