

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

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

Date: 07/01/2015  
SSN: [REDACTED]  
MEC: 550 PrfID: [REDACTED]  
NUM: [REDACTED] Type : ADM HCR  
TEL: 888-665-9993 TTY : 888-665-9997  
Medicaid ID : [REDACTED]

550/PADM-HCR  
[REDACTED]  
[REDACTED]  
[REDACTED]

**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. We determined that you will continue to get MassHealth.

If you have no changes to report, you do not have to do anything else. You do not need to submit a renewal application in 2015.

If you do have changes to report, please call us at 888-665-9993, fax us at 857-323-8300, or notify us by mail at:

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Changes you need to report to us

- \* You or your spouse's monthly income changed over the last year, or you received new types of income.
- \* Do not report changes to your social security income.
- \* You or your spouse added or dropped health insurance coverage like Blue Cross Medex or Medicare D.
- \* You or a family member is pregnant or recently had a child.

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- \* You had a change in your household composition (for example, you are recently married or divorced; a child is no longer in your household, etc.).
- \* You would like to change or add an authorized representative.

All changes that affect eligibility must be reported to MassHealth within 10 days, or earlier if possible.

If you need to contact us, please be aware that we can provide reasonable accommodations for members with certain disabilities.

The form to register to vote and additional information regarding your rights are included with this letter. You can also find them at [www.sec.state.ma.us](http://www.sec.state.ma.us). If you have any questions about the voter registration process, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the MassHealth Customer Service Center.

Thank you,

MassHealth

HCR-AR-CL-HCR (06/15)