The Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth Premium Assistance Program
PO Box 120068, Boston, MA 02112

01/01/2018

MassHealth ID#: 120025823657 Case ID: SHP12345

John Smith
123 Main Street
HANOVER, Massachusetts 02339

Dear Mr. Smith,

Good News! MassHealth has determined that you are enrolled in an acceptable student health insurance plan (SHIP) and has approved you for the MassHealth SHIP Premium Assistance Program (Program). This means that MassHealth will cover the premiums for your student health insurance plan beginning on ***Insurance Policy Start Date*** , either for the entire plan year or by semester depending on how your school administers their SHIP program. MassHealth will send premium payment directly to your school or insurance carrier on your behalf.

MassHealth may also cover services that are not covered by your student health plan, such as doctor and clinic visits, hospital stays, prescription medicines, personal care attendant services, dental services, and transportation to medical appointments, even if it is not an emergency. This may include copays and deductibles. **Always show both your MassHealth and your student health insurance card when getting medical services.**

Enrollment in SHIP Premium Assistance Program is mandatory if you qualify for it.
Please be aware that if you qualify for the Program, MassHealth requires that you enroll in and stay on a SHIP plan if you have access to one. This will not cost you more than you may currently pay for MassHealth. If you do not enroll in the SHIP plan, you will lose your MassHealth benefits. If you receive coordination services through the Department of Children and Families (DCF) or are currently receiving services through the Children's Behavioral Health Initiative (CBHI), you may have additional options. Please contact SHIP PA customer service at 1-855-273-5903 to learn more.

The member approved to receive Premium Assistance is:

- John Smith,
  Member ID: 120025823657

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Your MassHealth coverage will continue without interruption until your SHIP policy ends.
This program allows for you to have continuous MassHealth eligibility without interruption while you are covered on your SHIP plan. You must be active on MassHealth as of the start date of the SHIP policy shown above for this to happen. Please be sure to still respond to all requests for information from MassHealth during this period.

You must report changes. How can you send us information?
You must report any change in your information to MassHealth as soon as possible, but **no later than 10 days** from the date of the change. This includes changes to your income, address, phone number, family size, job, health insurance coverage or health insurance premiums.

- To report changes to **your health insurance (coverage or premium cost)** you can contact the Premium Assistance Unit in the following ways:

  Call: 1-855-273-5903 TTY: 1-617-886-8102 (For people who are deaf, hard of hearing or speech disabled.)
  Fax: 1-617-886-8400
  Mail: MassHealth Premium Assistance Unit - SHIP
  PO Box 120068
  Boston, MA 02112

- To report **all other changes**, you can contact MassHealth in the following ways:

  Call: 1-800-841-2900
  TTY: 1-800-497-4648 (For people who are deaf, hard of hearing or speech disabled.)
  Fax: 1-857-323-8300
  Mail: Health Insurance Processing Center
  P.O. Box 4405
  Taunton, MA 02780-0419

How did we make this decision?
MassHealth has determined that the health insurance meets MassHealth rules for Premium Assistance. This is according to MassHealth regulations at 130 CMR 506.012.

What if you think our decision is wrong?
You can ask for a fair hearing if you do not agree with our decision.

- Read ***How to Ask for a Hearing*** that came with this letter

The Premium Assistance Unit looks forward to working with you. Please do not hesitate to call if you have any further questions. The Premium Assistance Unit can be reached by calling 855-273-5903.

Sincerely,
MassHealth Premium Assistance Unit

Name: John Smith **SSN:** XXXXX7554
Date: 01/01/2018

Premium Assistance

HOW TO ASK FOR A FAIR HEARING

Your Right to Appeal: If you disagree with the action by MassHealth, you have the right to appeal and ask for a fair hearing before an impartial hearing officer. The Board of Hearings must get your fair hearing request form no later than **30 calendar days** from the date you got MassHealth's official written notice telling you of the action to be taken.

If you want to ask for a fair hearing because MassHealth did not take action on your application or on your request for service, MassHealth did not send you a written notice of the action to be taken, or a MassHealth employee's behavior toward you was coercive or improper, the Board of Hearings must get your fair hearing request form no later than 120 calendar days from the date of your application or your request for service, MassHealth's action, or the MassHealth employee's improper behavior.

How to Appeal: To ask for a fair hearing, fill out the fair hearing request form (be sure to fill out **Section II-Reason for Appeal**) and send one copy with a copy of the MassHealth official written notice to: **Board of Hearings, Office of Medicaid, 100 Hancock Street, 6th Floor, Quincy, MA 02171** or fax them to **617-847-1204**. Please keep one copy of the fair hearing request form for your information.

If You Are Now Getting MassHealth: If the Board of Hearings gets your fair hearing request form before the date the action is taken or, if later, within 10 calendar days of the mailing date of MassHealth's written notice to you, you will keep getting MassHealth until a decision is made on your appeal. If you get MassHealth during your appeal, and then lose your appeal, you may have to pay MassHealth back for the cost of MassHealth benefits that you got during this time period. If you do not want to keep getting MassHealth during your appeal, please check **Box A in Section III** on the fair hearing request form. If you do not get MassHealth during your appeal, and then you win your appeal, MassHealth will restore your MassHealth benefits.

Date of Fair Hearing: At least 10 calendar days before the fair hearing, the Board of Hearings will send you a notice telling you the date, time, and place of the hearing. This will give you time to get ready for the hearing. If you want to have a fair hearing scheduled as soon as possible, check Box **B in Section III** on the fair hearing request form for an expedited hearing. If you have good cause for not being able to come to the hearing, or if you need a telephone hearing, you must call the Board of Hearings at **617-847-1200** or **1-800-655-0338** before the hearing date. If you do not reschedule or appear on time at the hearing without documented good cause, your appeal will be dismissed.

Your Right to Be Helped at the Hearing: At the hearing, you may represent yourself or be represented by a lawyer or other representative at your own expense. You may contact a local legal service or community agency to get advice or representation at no cost. To get information about legal service or community agencies, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

If You Need an Interpreter or an Assistive Device: If you do not understand English and/or are hearing or sight impaired, the Board of Hearings will provide an interpreter and/or assistive device for you at the hearing. Please check either **Box C or D, or both, in Section III** on the fair hearing request form if you need an interpreter or assistive device, or call the Board of Hearings at **617-847-1200** or **1-800-655-0338 at least five business days** before the hearing.

Your Right to Review Your Case File: You and/or your representative can review your MassHealth case file before the hearing. To do this, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) before the fair hearing. **Your MassHealth case file is not kept at the Board of Hearings.**

Your Right to Ask to Subpoena Witnesses, and Your Right to Question: You or your representative may write to the Board of Hearings to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and cross-examine witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the fair hearing.

NONDISCRIMINATION NOTICE FOR APPLICANTS AND MEMBERS: Under federal and state law, MassHealth does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, health status, or handicap.

FAIR HEARING REQUEST FORM

FILL OUT ALL SECTIONS THAT APPLY.
PRINT CLEARLY.

SECTION I: Applicant/Member Information

Name of Applicant or Member:

Address:

Telephone No.: ( )

MassHealth I.D. or Social Security Number:

Cardholder's Name on MassHealth card (if different):

SECTION II: Reason for Appeal

I, ,

want a fair hearing because:

Signature:

Date:

SECTION III: Appeal Information (Check the boxes that apply to you.)

- ☐ A. I do not want to keep getting MassHealth during the appeal process.
- ☐ B. I want an expedited hearing.
- ☐ C. I need an interpreter (what language?:) to be provided by the Board of Hearings.
- ☐ D. I need an assistive device to be provided by the Board of Hearings. (Describe what type of assistive device you need. For example: American Sign Language):

SECTION IV: Appeal Representative, if any

My appeal representative is:

Title:

Address:

Telephone No.: ( )

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