

## Applying for MassHealth Commonwealth

Prepared by the MA Family-to-Family Health Information Center @ Federation

Phone: 1-800-331-0688, ext. 301; e-mail: [massfv@fcsn.org](mailto:massfv@fcsn.org), on the web at [www.massfamilyvoices.org](http://www.massfamilyvoices.org)

**MassHealth** is the name of the Massachusetts Medicaid program. There are many kinds of MassHealth.

If you have a child with a disability, chronic illness or other special health need, even if you have other health insurance, and

- 1) Your child is a citizen
- 2) Your family income is more than 150% of the Federal Poverty Level (see examples below)
  - a. For a family of 3, more than \$27,804
  - b. For a family of 4, more than \$33,528
  - c. For a family of 5, more than \$39,264

MassHealth Commonwealth can help you pay for health services for your child. **Note:** There is a monthly cost for Commonwealth. The amount you pay depends on your income.\*

### MassHealth Covered Services

See the full chart of covered services at <http://bit.ly/ap6nDs>.

Read the descriptions of the six behavioral health services at <http://bit.ly/9xPDVc>.

### TO APPLY

- 1) Get a Medical Benefit Request. This is the single application for all MassHealth programs
  - a. On the web at [www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mbr.pdf), or
  - b. Call 1-888-665-9993, or
  - c. Apply on-line at a Virtual Gateway. To find a Virtual Gateway
    - i. Ask a hospital, or
    - ii. Go to a Community Health Center. Find the Health Center near where you live at [www.massleague.org/CHC/FindHealthCenter.php](http://www.massleague.org/CHC/FindHealthCenter.php)
- 2) Fill out the application.\*
- 3) Fill out a MassHealth Child Disability Supplement. Find this form at [www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads\\_child.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mads_child.pdf)
- 4) Fill out a MassHealth Medical Records Release form for every health provider your child sees.
  - a. Find this form at [www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh\\_mrr.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/appforms/mh_mrr.pdf).
  - b. Fill out one form for each health provider by name. If your child is in Early Intervention or has an IEP or 504 plan at school, include the EI providers' and/or teachers' names too. Don't note just the primary care office, EI program, school, hospital, or clinic.
- 5) Gather:
  - a. A copy of your child's birth certificate or other proof of citizenship
  - b. Two recent pay stubs for all jobs
  - c. A copy of your child's IFSP, IEP or 504 plan, and any clinical notes from the doctors
- 6) **Make a copy of everything before you mail it. Mail registered, return receipt.**
- 7) **Mail the MBR, birth certificate, pay stubs to:**  
 MassHealth Enrollment Center  
 Central Processing Unit  
 P.O. Box 290794  
 Charlestown, MA 02129-0214
 

<b>Mail the Disability Supplement, Medical Releases and Clinical documentation to:</b>
Disability Evaluation Services
P.O. Box 2796
Worcester, MA 01613-2796

\*The Massachusetts Family-to-Family Health Information will help you with the application. Help is free and confidential. We can also provide an estimate of how much Commonwealth will cost, and the services your child can get. Call 1-800-331-0688, ext. 301. Funded by a grant from the Maternal & Child Health Bureau.