

# Keeping Your MassHealth Benefits After Incarceration

## >>> Overview

You may receive a notice in the mail that your MassHealth eligibility cannot be determined without providing further information about your incarceration status. We've attached some helpful information on why this may happen and what to do if it happens to you.

## >>> Applying for MassHealth After Incarceration

To apply for MassHealth coverage, individuals fill out the [Massachusetts Application for Health and Dental Coverage and Help Paying Costs](#).

**MassHealth will not provide coverage to people who are incarcerated.** In the application, they will determine if you are incarcerated in Section 1, Question 20: "**Is anyone on this application in prison or jail?**" See below.

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20. Is anyone on this application in prison or jail?  Yes  No  
Please select **No** if this person will be released in the next 60 days.  
If **Yes**, who? Enter the name here: \_\_\_\_\_  
If **Yes**, is this person awaiting trial?  Yes  No

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### **YOUR ANSWER MATTERS.**

If you check the **YES** box on Section 1, Question 20, **you will be *denied* MassHealth benefits based on your incarceration status.**

- **Note:** If you are no longer incarcerated or will be released in the next 60 days, update your application and check the correct **NO** box.

If you check the **NO** box on Question 20, **MassHealth will attempt to verify incarceration status from federal or state data sources.**

**PROBLEM: If you check NO on Question 20 but records show that you are still incarcerated, you will receive a notice labeled "Request for Information."**

**For additional help, contact Massachusetts Law Reform Institute at [iwanner@mlri.org](mailto:iwanner@mlri.org)**

# Keeping Your MassHealth Benefits After Incarceration

## Contents of a Request for Information Letter

- A request for information letter will inform you that your application has been received but a **final eligibility decision cannot be made until further information is provided.**
- The notice will ask you to submit proof that you are not incarcerated.
- Once this notice is received, you have **90 days to submit proof that you are not incarcerated.**
- During the 90 days, you will have **temporary MassHealth eligibility.** You will be enrolled in MassHealth and can receive MassHealth benefits if you are otherwise eligible for the program.

## How to Respond to a Request for Information Letter

**SOLUTION: The easiest way to verify that you are not incarcerated is to submit the Affidavit to Verify Incarceration Status.**

### For Further Information & Assistance:

- [MassHealth Website:](https://www.mass.gov/info-details/contact-masshealth-information-for-members)  
<https://www.mass.gov/info-details/contact-masshealth-information-for-members>
- MassHealth Customer Service: (800)-841-2900

**If you do not respond to the request for information in the 90-day-period, you will receive a denial notice with the date that your benefits will end.**

**If you encounter any problems in this process and require additional assistance, you can contact Massachusetts Law Reform directly:**



[iwanner@mlri.org](mailto:iwanner@mlri.org)

**Affidavit to Verify Incarceration Status**

When you send us this form, please include a copy of the letter that we sent you asking for proof of your incarceration status. The letter is called a "Request for Information."

**STEP 1 Tell us about yourself. Please print.**

First name Middle initial Last name

Date of birth (MM/DD/YYYY) / / Ref ID (optional)

Social Security number MassHealth ID (optional)

**STEP 2 Read and sign this form.**

Please circle the correct option below, sign, and date. Then return this form to us.

- I am not incarcerated.
- I was recently released from prison. Date released / /
- I am incarcerated.
- \* Are you awaiting trial? Yes  No

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge. I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Signature of applicant, member, or authorized representative signature Date

**STEP 3 Return this signed form in one of these 3 ways.**

1. **FAX:** (857) 323-8300  
2. **Mail:** Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780  
3. **In person:**

MassHealth Enrollment Centers	Health Connector Walk-in Centers
45 Spruce Street Chelsea, MA 02150	21 Spring Street, Suite 4 Taunton, MA 02780
100 Hancock Street, 6th Floor Quincy, MA 02171	367 East Street Tewksbury, MA 01876
88 Industry Avenue, Suite D Springfield, MA 01104	The Schrafft Center 529 Main Street, Floor M Charlestown, MA 02129
	133 Portland Street Boston, MA 02114
	63 Main Street Brookton, MA 02301
	146 Main Street Worcester, MA 01608

**Questions?** Call the Health Connector at (877) MA ENROLL, (877) 623-6765 or TTY: (877) 623-7773. Or call MassHealth at (800) 841-2900 or TTY: (800) 497-4648.

AFF-6 (11/19)

## Affidavit to Verify Incarceration Status



English



Español