

## TMA Approval notice sample:

Commonwealth of Massachusetts  
Executive Office of Health and Human Services



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

You can get this information large print and braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648



John Q. Public  
100 Main Street  
Boston, MA 02118

Attn: [ARD/ PSI Name]

Re: Notice sent to [Primary Recipient Name]

Dear [Primary Recipient Name],

**MassHealth has learned that your household income has gone up. However, the people listed below can continue to receive MassHealth Standard benefits through a program called Transitional Medical Assistance (TMA).**

- **[Name] [Member ID:] [Member ID] Date of Birth: [DOB] starting on [TMA Start Date] and ending on [TMA End Date]**

As long as you and your household members remain Massachusetts residents, you can keep your current benefits through TMA coverage for a 12 month period starting on the date your household income went up.

This is according to the MassHealth regulations at 130 CMR 505.002 (L).

### **What happens next?**

- The people listed on this notice will continue to get MassHealth Standard benefits in the same way they do today. They should keep using their MassHealth card.
- You will get another letter and a TMA change form from us two months before your TMA coverage ends. Please be sure to follow the instructions in the letter to complete the TMA change form. We will use this information to decide if the people listed above can keep their MassHealth benefits after TMA coverage ends.

Questions? Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) or call 1-800-841-2900 (TTY: 1-800-497-4648)

