

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2402917
<b>Decision Date:</b>	6/3/2024	<b>Hearing Date:</b>	03/25/2024
<b>Hearing Officer:</b>	Mariah Burns	<b>Record Open to:</b>	04/05/2024

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sarah Santos-Plassman, Charlestown  
MassHealth Enrollment Center



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under 65; Eligibility; Renewal
<b>Decision Date:</b>	6/3/2024	<b>Hearing Date:</b>	03/25/2024
<b>MassHealth's Rep.:</b>	Sarah Santos-Plassman	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated February 9, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant did not submit a renewal application. *See* 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on February 23, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the appellant's benefits for failure to submit a renewal application.

### Issue

The appeal issue is whether MassHealth properly terminated the appellant's benefits.

### Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one. MassHealth was

represented by a worker from the Charlestown MassHealth Enrollment Center. All parties appeared at hearing by telephone. The following is a summary of the evidence and testimony provided at hearing:

On December 13, 2024, MassHealth issued a notice to the appellant informing him of his obligation to renew his application for benefits. On February 9, 2024, having not received the appellant's renewal application, MassHealth informed the appellant of its intention to terminate his benefits effective February 23, 2024.

At hearing, the appellant acknowledged having received the renewal application. The record was kept open until April 5, 2024, for the appellant to submit his renewal. On April 10, 2024, MassHealth reported that it had not received a renewal application for the appellant. As of the issuance of this decision, the Board of Hearings has not been informed that a renewal application was submitted.

## **Findings of Fact**

Based on a preponderance of the evidence, I find the following:

1. The appellant is an adult under the age of 65. Testimony, Exhibit 4.
2. On December 13, 2024, MassHealth sent the appellant notice of his obligation to renew his benefit application, and the appellant received that notice. Testimony.
3. On February 9, 2024, having not received the appellant's renewal application, MassHealth informed the appellant of its intention to terminate his benefits effective February 23, 2024. Exhibit 1.
4. The appellant filed a timely request for fair hearing, and Aid Pending was applied. Exhibit 2.
5. The record was kept open until April 5, 2024, for the appellant to submit his renewal application. Testimony. On April 10, 2024, MassHealth reported that it had not yet received a renewal application for the appellant. Exhibit 5.
6. There is no evidence that the appellant has submitted a renewal application as of the issuance of this decision.

## **Analysis and Conclusions of Law**

MassHealth may review a member's eligibility based on a "member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide information

within the requested time frames.” 130 CMR 502.007(A). The agency first attempts an automatic renewal “based on electronic data matches with federal and state agencies.” *Id.* at 502.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) The MassHealth agency will notify the head of household of the need to complete the renewal application.

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto their MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

2. If the renewal application is not completed within 45 days, the MassHealth agency will

- a. use information received from electronic sources, if available, and redetermine eligibility; or
- b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).

130 CMR 502.007(C)(2).

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”

In this case, MassHealth reported, and the appellant agreed, that MassHealth sent the appellant a renewal application prior to terminating his benefits for failure to submit that renewal. The appellant was further given time during the record open period to submit his renewal application and failed to do so. For those reasons, I find no error with MassHealth's February 9, 2024, notice terminating the appellant's MassHealth Standard benefits.

For the foregoing reasons, the appeal is DENIED. The appellant may submit a new application for MassHealth benefits at any time.

## **Order for MassHealth**

None, other than to remove Aid Pending.

## **Notification of Your Right to Appeal to Court**

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129