

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



Appeal Decision:	Denied	Appeal Number:	2417212
Decision Date:	1/13/2025	Hearing Date:	12/11/2024
Hearing Officer:	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dominique Correa

**Interpreter:**



*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>	Community Eligibility – Under 65
<b>Decision Date:</b>	1/13/2025	<b>Hearing Date:</b>	12/11/2024
<b>MassHealth's Rep.:</b>	Dominique Correa	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	No

### 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 10/24/2024, MassHealth informed the appellant that it would terminate her MassHealth benefits on 11/07/2024 because she failed to return a completed eligibility review form (130 CMR 502.007; Exhibit 1). The appellant filed this appeal in a timely manner on 11/07/2024 (130 CMR 610.015; Exhibit 2). Termination of benefits is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits on 11/07/2024.

### Issue

The issue is whether MassHealth correctly terminated the appellant's benefits for failure to return a completed eligibility review form.

## **Summary of Evidence**

The MassHealth representative testified that the appellant is between 19 and 64 years of age and was eligible for and receiving MassHealth benefits. On 09/02/2024, MassHealth sent the appellant an eligibility review form for her to complete and return it to MassHealth by 10/17/2024. The eligibility review form was not returned and the benefits terminated on 11/07/2024.

The appellant appeared at the hearing and testified telephonically with the assistance of a Haitian Creole-language interpreter. She testified that she has not provided the eligibility review form to MassHealth. She asked what she needed to do to re-activate her MassHealth benefits.

The MassHealth representative responded that she could complete the renewal application on the internet, in person at a MassHealth enrollment center, or by telephone.

## **Findings of Fact**

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

1. The appellant is between the ages of 19 and 64.
2. The appellant was eligible for and received MassHealth Limited benefits.
3. On 09/02/2024, MassHealth sent to the appellant an eligibility review form with instructions that she complete it and return it to MassHealth by 10/17/2024 to prevent a lapse of her benefits.
4. MassHealth did not receive a completed review form by the deadline and on 10/24/2024, informed the appellant that her benefits would terminate on 11/07/2024.
5. On 11/07/2024 the appellant timely appealed the 10/24/2024 termination letter from MassHealth.
6. A fair hearing took place before the Board of Hearings on 12/11/2024.
7. As of the date of the hearing, the appellant has not provided to MassHealth a completed eligibility renewal application.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 502.007(C)(2) address continuing eligibility as follows:

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).

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

On 09/02/2024, MassHealth sent to the appellant an eligibility renewal form for her to complete and return to MassHealth by 10/17/2024 to prevent a lapse of her MassHealth benefits. On 10/24/2024, MassHealth informed the appellant that it planned to terminate her MassHealth benefits on 11/07/2024 because she did not submit a completed eligibility review form to MassHealth by the requested deadline.

A fair hearing was held on 12/11/2024. The appellant informed the hearing officer that she had not submitted a completed an eligibility review form. She asked how to reactivate her MassHealth benefits. The MassHealth representative informed her that she could renew her eligibility on the internet, by telephone, or in person at a MassHealth enrollment center.

The appellant acknowledged that she did not submit a completed eligibility review form by the requested deadline. Thus, MassHealth correctly terminated her MassHealth benefits. This appeal is therefore denied.

## **Order for MassHealth**

None.

## **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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104