Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2418160
Decision Date:	02/14/2025	Hearing Date:	01/06/2025
Hearing Officer:	Christopher Jones		

Appearances for Appellant:

Appearance for MassHealth: Fabienne Jeanniton – Tewksbury



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

Appeal Decision:	Denied	Issue:	Community Eligibility – under 65; Coverage Start Date
Decision Date:	02/14/2025	Hearing Date:	01/06/2025
MassHealth's Rep.:	Fabienne Jeanniton	Appellant's Reps.:	
Hearing Location:	Telephonic	Aid Pending:	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 October 4, 2024, MassHealth terminated the appellant's benefits because he had not completed an annual eligibility renewal within the time allowed. (Exhibit 1; 130 CMR 502.007(C)(2).) The appellant filed this appeal in a timely manner on November 26, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's coverage because he did not submit a completed renewal application.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007, in terminating the appellant's coverage for not renewing his eligibility.

Summary of Evidence

The appellant is under the age of 65 and had been covered by MassHealth CarePlus since 2018. MassHealth's representative testified that the agency mailed an annual renewal to the appellant on August 13, 2024, and it was due September 27, 2024. On October 4, 2024, MassHealth mailed a termination notice, stating that coverage would be ending October 18, 2024. On October 31, 2024, the appellant attempted to fax a renewal application, but only 10 pages were received. MassHealth's representative testified that there appears to have been three different attempts to fax in the renewal, but only 10 pages were received each time. MassHealth sent a letter informing him that his application was incomplete and asking him to submit a completed application.

The appellant testified that he submitted a completed application earlier in the summer, in August. The appellant recalled receiving the notice terminating his coverage for not completing the renewal, and that was when he faxed in the renewal again. MassHealth's representative explained that the renewal is a 38-page document, and the application they received was only 10 pages. All 38-pages have questions on them that can be updated, so MassHealth needs the entire application to review. MassHealth's representative suggested that the appellant either call customer service to complete the renewal over the phone, come into a local enrollment center, or complete the application online. MassHealth's representative testified that the appellant could go into either the Taunton or Quincy enrollment center, and they will help him as a walk-in to complete an application.

At this point, the appellant's fiancé joined the hearing and testified that she had helped the appellant mail and fax the application twice. She testified that the first time they faxed in the application, they only faxed in 10 pages because that is all of the information MassHealth needed. After the appellant received the notice that his application was incomplete, the appellant's fiancé testified that she faxed in the whole application and mailed the whole application as well. The appellant's fiancé no longer had the receipt from the post office, so she did not know when this was. The appellant's fiancé testified that it has been a while, and the appellant's benefits should have been turned back on. The appellant was unable to complete the application online, and the appellant's fiancé testified that the complete application has been submitted at least 2 or 3 times.

The appellant said he would go into an enrollment center and make sure his application was accepted as complete. However, the appellant requested that MassHealth enter the 3 applications it received into the record and a fair hearing decision be issued. MassHealth's representative submitted 3 PDF files into the administrative record. All of the documents have the same fax time stamp, October 31, 2024, at 7:40 PM. Two of the faxes are identical, the third has some additional pages and the signature page of the application. The application pages that came through are numbered out of 38 pages. Between the 3 faxes, pages 1-6, 8, 11-12, and 37-38 were received, along with the August 13, 2024, notice that the appellant needed to complete a renewal, and pages 3-4 of a new application (ACA-3).

Findings of Fact

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

- 1) The appellant is under the age of 65, and MassHealth mailed out an annual renewal application on or around August 13, 2024. (Testimony by MassHealth's representative; Exhibit 4.)
- 2) When the renewal was not received, MassHealth mailed out a termination notice on October 4, 2024. (Testimony by MassHealth's representative; Exhibit 1.)
- 3) On or around October 31, 2024, the appellant attempted to fax in his renewal application. Three faxes were received by MassHealth, but none of them were an entire application. All combined, pages 1-6, 8, 11-12, and 37-38 out of 38 were received. (Testimony by MassHealth's representative; Exhibits 5-7.)
- 4) The appellant had initially only submitted 10 pages because he and his fiancé believed that was all the information MassHealth actually needed. (Testimony by the appellant's representative.)
- 5) The appellant later mailed and faxed applications to MassHealth, but they were never received at MassHealth. (Testimony by the appellant's and MassHealth's representatives.)

Analysis and Conclusions of Law

MassHealth members must participate in determinations of continuing eligibility, and MassHealth may terminate benefits for failing to provide a renewal application. (See 130 CMR 502.007.) MassHealth must receive an application before it can determine a member's eligibility. An application is defined as

(130 CMR 501.001.)

The date of an "online, telephonic, or in-person application is the date the application is submitted to the MassHealth agency." (130 CMR 502.001(A)(1)(a).) For mailed or faxed applications, the date of application is the "the date the application is received by the MassHealth agency." (130 CMR 502.001(A)(1)(b).)

Because a complete application was never "received by the MassHealth agency," the appellant never completed a renewal application. The appellant and his fiancé believed they had submitted all the information MassHealth needed to determine the appellant's eligibility. However, MassHealth's representative explained that all pages of the renewal application are needed to ensure no changes were made. At no point did MassHealth confirm a completed application was received, and the appellant did not take the opportunity to submit a completed application to the Board of Hearings in preparation for his appeal. The appellant asked that the applications MassHealth had on file be reviewed, and those faxes were incomplete and out of order. MassHealth made no error in terminating the appellant's coverage, and this appeal must be 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.

Christopher Jones Hearing Officer Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957