

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500640
Decision Date:	3/12/2025	Hearing Date:	02/05/2025
Hearing Officer:	Scott Bernard	Record Open to:	02/12/2025

Appearances for Appellant:



Appearance for MassHealth:

Jennifer Duffy *via* video conference



*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/ Renewal
<b>Decision Date:</b>	3/12/2025	<b>Hearing Date:</b>	02/05/2025
<b>MassHealth's Rep.:</b>	Jennifer Duffy	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<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 December 20, 2024, MassHealth informed the appellant that it was terminating her MassHealth coverage on January 31, 2025, because she did not complete the annual eligibility review within the regulatory time limit; the notice stated further that, based on available federal and state data sources, she did not qualify for MassHealth coverage, but if she completed the annual eligibility renewal within 90 days from the coverage ending date, MassHealth would reconsider her eligibility. (See 130 CMR 502.001 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on January 10, 2025, prior to the proposed coverage ending date, and for that reason receives aid pending this appeal. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant's request, the record was kept open until February 12, 2025, to allow her an opportunity to submit the annual eligibility renewal, after which the record closed. (Ex. 5).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage because she did not complete the annual eligibility review within the regulatory time limit and, based on available federal and state

data sources, she did not qualify for MassHealth coverage.

## **Issue**

The appeal issue is whether MassHealth acted correctly in terminating the appellant's coverage.

## **Summary of Evidence**

MassHealth was represented by a benefits eligibility representative from the Tewksbury MassHealth Enrollment Center (MEC) and the appellant represented herself with the assistance of her daughter. All parties attended the hearing by video conference.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 years old living in a household of one. (Testimony; Ex. 3). The appellant has received MassHealth CarePlus since August 21, 2024. (Testimony; Ex. 3). MassHealth sent the appellant a renewal application on October 30, 2024. (Testimony). The appellant did not return that application by the end of the 45 day due date. (Testimony). MassHealth was not able to redetermine the appellant's eligibility based on available sources either. (Testimony; Ex. 1). For that reason, MassHealth issued the December 20, 2024 notice under appeal. (Testimony; Ex. 1). As of the date of the hearing, nothing has changed. (Testimony). The MassHealth representative stated that the appellant could complete the renewal in a number of ways including by telephone. (Testimony). She could also complete the renewal online or by visiting her nearest MEC to obtain and submit a paper copy of the application. (Testimony). The MassHealth representative also offered to send the appellant a paper application by mail. (Testimony). The MassHealth representative confirmed that the appellant's CarePlus is still active under the protection of the Board of Hearings. (Testimony).

The appellant and her daughter stated the following. The appellant originally had health insurance through her employer, a local school system. (Testimony). In September 2024 the appellant's daughter helped the appellant apply for MassHealth over the telephone. (Testimony). The appellant was approved at that time. (Testimony). The appellant's daughter stated that very soon after that approval, the appellant received the renewal request from MassHealth. (Testimony). Coming so soon after the appellant received the approval, the appellant and her daughter were confused and thought that MassHealth sent the renewal by mistake. (Testimony). For that reason, they did not respond. (Testimony). They acknowledged that this had been a mistake and requested an opportunity to fix the situation. (Testimony).

For that reason, the record was left open until February 12, 2025 (seven days) to allow the appellant an opportunity to submit the renewal application. (Testimony; Ex. 5). On February 13, 2025 the hearing officer contacted the MassHealth representative by email to inquire as to whether the appellant submitted the renewal. (Id.). On February 14, 2025 the MassHealth representative responded that as of that date, the renewal had not been completed. (Id.).

## Findings of Fact

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

1. The appellant is an individual under the age of 65 years old living in a household of one. (Testimony; Ex. 3).
2. The appellant has received MassHealth CarePlus since August 21, 2024. (Testimony; Ex. 3).
3. MassHealth sent the appellant a renewal application on October 30, 2024. (Testimony).
4. Because the renewal request was received very soon after MassHealth approved the appellant's eligibility, the appellant thought that the request was sent by mistake. (Testimony).
5. The appellant did not return that application within the 45 day time frame. (Testimony).
6. MassHealth was not able to redetermine the appellant's eligibility based on available sources either. (Testimony; Ex. 1).
7. For that reason, MassHealth issued the December 20, 2024 notice under appeal. (Testimony; Ex. 1).
8. As of the date of the hearing, nothing had changed. (Testimony).
9. The appellant requested that the record remain open until February 12, 2025 (seven days) to give her an opportunity to submit the renewal. (Testimony; Ex. 5).
10. As of February 14, 2025, the appellant had not submitted a renewal. (Ex. 5).

## Analysis and Conclusions of Law

MassHealth reviews and updates eligibility once every 12 months based on information received, utilizing data matching with other agencies and health insurance carriers, written updates of the member's circumstances on a prescribed form, updates provided in person, by telephone, or through the MAHealthConnector.org account, as well as information in the member's case file (130 CMR 502.007; 130 CMR 502.007(A)). As a result of this review, MassHealth determines whether the member remains eligible for their current coverage type, whether their circumstances necessitate a change in coverage type, premium payment, or premium assistance, or whether they are no longer eligible for MassHealth. (130 CMR 502.007(B)).

MassHealth reviews eligibility through various methods, including electronic data matches with federal and state agencies. (130 CMR 502.007(C)). Households for which continued eligibility

cannot be confirmed through these matches, or whose benefits may decrease for any member, must complete a prepopulated renewal application (130 CMR 502.007(C)(2)). The head of household will be notified of the requirement to submit this renewal application and will have 45 days from the notification date to return the paper renewal application, log into their MAHealthConnector.org account to complete the application online, or call MassHealth to complete the renewal telephonically. (130 CMR 502.007(C)(2)(a), (b)).

The head of household has 45 days to return the prepopulated renewal application, complete it online via MAHealthConnector.org, or call MassHealth to apply by phone. (130 CMR 502.007(C)(2)(b)1). If submitted on time, eligibility will be determined based on the provided information, with verification through electronic data matches; if those matches fail, the agency will request additional verification, and benefits will continue pending that process. (130 CMR 502.007(C)(2)(b)1; 502.003). If the application is not completed within 45 days, MassHealth will either redetermine eligibility using available electronic data, or terminate coverage if no data is available. If the individual submits the application within 90 days of termination and is deemed eligible, coverage may be retroactive to the termination date if requested. (130 CMR 502.007(C)(2)(b)3). If the application is returned without required verifications, a second 90-day period will begin; otherwise, a new application is needed after 90 days. (130 CMR 502.007(C)(2)(b)4, 5).

MassHealth sent the appellant a renewal application on October 30, 2024, giving her 45 days to complete and return it. The appellant did not submit the completed renewal within 45 days. At that point, MassHealth was not able to determine whether the appellant continued to be eligible for MassHealth based on available sources. It then terminated her coverage in accordance with the regulations. The appellant submitted a timely appeal of termination. At the hearing the appellant and her daughter both testified that they would complete the renewal within seven days after the hearing. On February 14, 2025, MassHealth informed the hearing officer that the appellant had still not submitted the renewal application.

Because the appellant has not submitted requested renewal, the appeal is DENIED.

## **Order for MassHealth**

MassHealth should remove aid pending, and if the appellant has not submitted the renewal by the date it removes aid pending, MassHealth should proceed with the termination set forth in the notice dated December 20, 2024.

## 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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Scott Bernard  
Hearing Officer  
Board of Hearings

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