

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2500897
<b>Decision Date:</b>	06/17/2025	<b>Hearing Date:</b>	2/14/2025
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	5/2/25

**Appearance for Appellant:**



**Appearance for MassHealth:**

Eleanor Kwapien, Springfield MEC

**Interpreter:**

N/A



*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>	Eligibility over 65, Renewal
<b>Decision Date:</b>	06/17/2025	<b>Hearing Date:</b>	2/14/2025
<b>MassHealth's Rep.:</b>	Elenor Kwapien	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote (Tel)	<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 January 2, 2025, MassHealth indicated that it was terminating the Appellant's MassHealth benefits because MassHealth determined that the Appellant did not return the eligibility review form. (see 130 CMR 516.006 and Exhibit 1). The Appellant filed this appeal in a timely manner on January 15, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth indicated that it was terminating the Appellant's MassHealth benefits because MassHealth determined that the Appellant did not return the eligibility review form. (see 130 CMR 516.006 and Exhibit 1)

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.006, in terminating the Appellant's MassHealth benefits because MassHealth did not receive the eligibility review form.

## Summary of Evidence

The Appellant, an individual over the age of 65, received a termination Notice, dated January 2, 2025, because MassHealth determined that the Appellant did not return the eligibility review form. (see 130 CMR 516.006 and Exhibit 1). The Appellant filed an appeal, and a hearing was held on February 14, 2025. (Exhibit 2, Exhibit 3, Testimony) At the Hearing, MassHealth explained that MassHealth required the eligibility review form, and despite a request, MassHealth did not receive the eligibility review form, prompting the Notice terminating the Appellant's MassHealth coverage. (Testimony)

The Record was left open until March 14, 2025 for the Appellant to provide the eligibility review form and until March 28, 2025 for MassHealth to confirm receipt of the eligibility review form. (Exhibit 6). On March 27, 2025, after expiration of the Record Open period for the Appellant, the Appellant submitted a copy of the Record Open Form, with a handwritten note on the back "I am retir [sic] and you have my application already." (Exhibit 7) In response to inquiry posed, on April 2, 2025, MassHealth confirmed no new documentation had been submitted to MassHealth. (Exhibit 8)

In an abundance of fairness to the Appellant, MassHealth reached back out to the Appellant on April 2, 2025. (Exhibit 8) MassHealth agreed to send a 3<sup>rd</sup> copy of the eligibility review form to the Appellant. (Exhibit 8) The Record was extended for the Appellant until April 25, 2025 to return the eligibility review form, and until May 2, 2025 for MassHealth to confirm receipt, with no further enlargements of the Record Open period anticipated. (Exhibit 8)

On April 25, 2025, MassHealth confirmed that the renewal had not been received. (Exhibit 8) In response to inquiry posed, on May 7, 2025, after the expiration of the extended Record Open Period, MassHealth confirmed that no documentation had been received. (Exhibit 8)

## Findings of Fact

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

1. The Appellant, an individual over the age of 65, received a termination Notice, dated January 2, 2025, because MassHealth determined that the Appellant did not return the eligibility review form. (see 130 CMR 516.006 and Exhibit 1).
2. The Appellant filed an appeal, and a hearing was held on February 14, 2025. (Exhibit 2, Exhibit 3, Testimony)
3. MassHealth required the eligibility review form, and despite a request, MassHealth did not receive the eligibility review form, prompting the Notice terminating the Appellant's

MassHealth coverage. (Testimony)

4. The Record was left open until March 14, 2025 for the Appellant to provide the eligibility review form and until March 28, 2025 for MassHealth to confirm receipt of the eligibility review form. (Exhibit 6).
5. On March 27, 2025, after expiration of the Record Open period of for the Appellant, the Appellant submitted a copy of the Record Open Form, with a handwritten note on the back "I am retir [sic] and you have my application already." (Exhibit 7)
6. In response to inquiry posed, on April 2, 2025, MassHealth confirmed no new documentation had been submitted to MassHealth. (Exhibit 8)
7. In an abundance of fairness to the Appellant, MassHealth reached back out to the Appellant on April 2, 2025. (Exhibit 8) MassHealth agreed to send a 3<sup>rd</sup> copy of the eligibility review form to the Appellant. (Exhibit 8) The Record was extended for the Appellant until April 25, 2025 to return the eligibility review form, and until MassHealth to confirm receipt, with no further enlargements of the Record Open period anticipated. (Exhibit 8)
8. On April 25, 2025, MassHealth confirmed that the renewal had not been received. (Exhibit 8)
9. In response to inquiry posed, on May 7, 2025, after the expiration of the extended Record Open Period, MassHealth confirmed that no documentation had been received. (Exhibit 8)

## Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

Despite multiple opportunities provided to the Appellant, the Appellant has not returned the eligibility review form to MassHealth. 130 CMR 516.007(C)(4) states

### 516.007: Continuing Eligibility

#### (C) Eligibility Reviews

(4) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 516.004 to update or verify eligibility.

- (a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the

MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.
2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification will be required.
3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new benefit. The effective date of the change is the date of the redetermination of eligibility.

MassHealth must determine eligibility of an Appellant. In order to determine an Appellant's eligibility, it is incumbent upon an applicant to cooperate with MassHealth, report changes and provide necessary information for a determination:

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

Here, MassHealth required additional information, the eligibility review form, and despite requests for the eligibility review form, ultimately did not receive the information required for the

determination. (Testimony, 130 CMR 516.001(B)) A Notice of termination was sent to the Appellant in accordance with the Regulations. (Exhibit 1, 130 CMR 515.008, 516.006).

The Appellant chose to appeal, and at the February 14, 2025 Hearing, additional time was granted to provide MassHealth the eligibility review form. (Exhibit 6) Upon expiration of the Record Open period for the Appellant, the eligibility review form had not been received. (Exhibit 7)

In an abundance of fairness to the Appellant, MassHealth reached back out to the Appellant on April 2, 2025. (Exhibit 8) MassHealth agreed to send a 3<sup>rd</sup> copy of the eligibility review form to the Appellant. (Exhibit 8) The Record was extended for the Appellant until April 25, 2025 to return the eligibility review form, and until MassHealth to confirm receipt, with no further enlargements of the Record Open period anticipated. (Exhibit 8)

On April 25, 2025, MassHealth confirmed that the renewal had not been received. (Exhibit 8) In response to inquiry posed, on May 7, 2025, after the expiration of the extended Record Open Period, MassHealth confirmed that no documentation had been received. (Exhibit 8)

Here, the Appellant has not cooperated with MassHealth to provide the necessary initial information and corroborative information for MassHealth to make a determination regarding eligibility for MassHealth benefits, despite multiple opportunities to do so. Accordingly, the Appellant has not met the burden to show that MassHealth's termination Notice is invalid. Accordingly, this appeal is DENIED.

## **Order for MassHealth**

End 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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Patrick Grogan  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88  
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