

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2506722
Decision Date:	06/17/2025	Hearing Date:	05/30/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	

Appearance for Appellant:




Appearance for MassHealth:

Katelyn Costello, Benefits and Eligibility
Representative



*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:	Approved	Issue:	Community Eligibility
Decision Date:	06/17/2025	Hearing Date:	05/30/2025
MassHealth's Rep.:	Katelyn Costello	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	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 March 31, 2025, MassHealth determined that the appellant was not eligible for MassHealth as they received information from available state or federal data sources that affect her eligibility. The agency sent the appellant a letter requesting additional information and the appellant did not respond in the time allowed. (130 CMR 502.007(C)(3); Exhibit 1). The appellant filed this appeal in a timely manner on April 16, 2025 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth as they received information from available state or federal data sources that affect eligibility, sent a letter requesting additional information and did not receive a response in the time allowed. (130 CMR 502.007).

Issue

Whether MassHealth was correct in determining that the appellant was not eligible for failure to respond to a letter requesting additional information in the time allowed.

Summary of Evidence

All parties appeared by telephone. The appellant is under the age of 65 and was assisted by an interpreter at the hearing. MassHealth sent a job update form to the appellant. MassHealth did not receive the form in the time allowed so terminated coverage as of April 14, 2025. The appellant filed a request for hearing on April 16, 2025. A hearing was held on May 30, 2025.

On April 30, 2025, MassHealth received a completed job update form. As a result of receiving this form, MassHealth made a redetermination honoring a receipt date of April 30, 2025. The MassHealth representative testified that the agency can only provide coverage 10 days prior to the receipt of a completed form. The application of this policy left a gap in coverage for the appellant. The appellant did not dispute the fact that she did not submit the required form until April 30, 2025. This submission was during the course of the appeal process. The appellant testified that she incurred medical expenses from April 14, 2025 to April 20, 2025 so was seeking coverage as of the termination date.

Findings of Fact

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

1. The appellant is under the age of 65.
2. MassHealth sent the appellant a job update form.
3. MassHealth did not receive the job update form in the time allowed.
4. On March 31, 2025, MassHealth issued a notice terminating coverage as of April 14, 2025, as the agency did not receive the job update form in the time allowed.
5. On April 30, 2025, MassHealth received a completed job update form.
6. MassHealth processed the job update form honoring a receipt date of April 30, 2025.
7. The appellant has a gap of coverage from April 14, 2025 to April 20, 2025.

Analysis and Conclusions of Law

MassHealth reviews eligibility in the following ways.

- (1) Automatic Renewal. Households whose continued eligibility can be determined based on electronic data matches with federal and state agencies will have their eligibility

automatically renewed.

- (a) If the data match results in no change in benefits or in a more comprehensive benefit for all members of the household, MassHealth will notify the head of household that eligibility has been reviewed using the automatic renewal process.
 - (b) In addition, 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 coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).
- (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) MassHealth 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 MassHealth 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, MassHealth 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, MassHealth 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.

In this case, MassHealth conducted an eligibility renewal, the appellant did not submit the form within the required timeframe but did so during the course of the appeal. The regulations governing the fair hearing process state that the effective date of any adjustments to a member's eligibility is the date on which all eligibility conditions are met, regardless of when the supporting evidence was submitted. (130 CMR 610.071(A)(2)). In this case, the appellant presented the required form during the course of the appeal. Therefore, the effective date of any adjustment is the date in which the information was due. MassHealth should process this review as if the information was received within the time allowed.

This appeal is approved.

MassHealth shall rescind the notice on appeal as well as any subsequent notices and make an eligibility decision based upon the date in which the renewal was due.

Order for MassHealth

Rescind the notice on appeal and process the eligibility redetermination utilizing the date that the form was due.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171