

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512812
Decision Date:	11/24/2025	Hearing Date:	10/01/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Robert Hines



*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 – Over 65 - Verifications
Decision Date:	11/24/2025	Hearing Date:	10/01/2025
MassHealth’s Rep.:	Robert Hines	Appellant’s Rep.:	Pro se with Sister
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	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 08/22/2025, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/05/2025 because he failed to return a completed eligibility review form (130 CMR 502.007; Exhibit 1). The appellant filed this appeal in a timely manner on 09/03/2025 and his benefits are protected pending the outcome of this appeal (130 CMR 610.015; Exhibit 2). Termination of benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth plans to terminate the appellant’s MassHealth benefits.

Issue

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

Summary of Evidence

The MassHealth representative testified that the appellant is over [REDACTED] years of age, he lives in the community. He was eligible for and receiving MassHealth benefits and Medicare Savings Plan (MSP). MassHealth sent the appellant an eligibility review form for him to complete and return it to MassHealth by 08/22/2025. The eligibility review form was not returned and on 08/22/2025, MassHealth informed appellant that it would terminate his benefits on 09/05/2025 for failing to provide a completed eligibility review form and verifications. The appellant continues to receive his benefits pending the outcome of this appeal.

The appellant appeared at the hearing and testified telephonically with the assistance of his adult sister. They testified that the appellant has not provided the eligibility review form to MassHealth. They asked what he needed to do to re-activate his 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 over the age of [REDACTED] and he lives in the community.
2. The appellant was eligible for and received MassHealth Standard benefits with Medicare Savings Plan (MSP).
3. MassHealth sent to the appellant an eligibility review form with instructions that he complete it and return it to MassHealth by 08/22/2025 to prevent a lapse of his benefits.
4. MassHealth did not receive a completed review form by the deadline and on 08/22/2025, informed the appellant that his benefits would terminate on 09/05/2025.
5. On 09/023/2025 the appellant timely appealed the 08/22/2025 termination letter from MassHealth. His benefits are protected pending the outcome of this appeal.
6. A fair hearing took place before the Board of Hearings on 10/01/2025.
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.

MassHealth sent to the appellant an eligibility renewal form for him to complete and return to MassHealth by 08/22/2025 to prevent a lapse of his MassHealth benefits. On 08/22/2025, MassHealth informed the appellant that it planned to terminate his MassHealth benefits on

09/05/2025 because he did not submit a completed eligibility review form to MassHealth by the requested deadline.

A fair hearing was held on 10/01/2025. The appellant informed the hearing officer that he had not submitted a completed eligibility review form. He asked how to reactivate his MassHealth benefits. The MassHealth representative informed him that he could renew her eligibility on the internet, by telephone, or in person at a MassHealth enrollment center.

The appellant acknowledged that he did not submit a completed eligibility review form by the requested deadline. Thus, MassHealth correctly intends to terminate his MassHealth benefits. This appeal is therefore denied.

Order for MassHealth

Release 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104