

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512820
Decision Date:	12/31/2025	Hearing Date:	10/01/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	11/10/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Wesley Swan



*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 - Income
Decision Date:	12/31/2025	Hearing Date:	10/01/2025
MassHealth’s Rep.:	Wesley Swan	Appellant’s Rep.:	Pro se
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 09/03/2025, MassHealth informed the appellant that his MassHealth benefits would terminate on 09/05/2025 because MassHealth did not receive a completed annual eligibility renewal within the time allowed (130 CMR 520.007(C)(2) and Exhibit 1). The appellant filed this appeal in a timely manner on 09/22/2025 and he continues to receive his MassHealth benefits pending the outcome of this appeal (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032).

A fair hearing took place on 10/01/2025 (Exhibit 3). All parties appeared telephonically. Exhibits 1-3 were admitted into the hearing record. At the fair hearing the appellant requested that the record remain open for him to submit the requested information. His request was granted, and the record remained open in this matter until 11/03/2025 for the appellant’s submission and until 11/10/2025 for MassHealth’s response (Exhibit 4). Neither party made a submission during the record open period.

Action Taken by MassHealth

MassHealth plans to terminate the appellant’s MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001, in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant previously was eligible for and received MassHealth CommonHealth benefits. The appellant is an adult who is over 65 years of age living in the community. On 07/02/2025, MassHealth informed the appellant that MassHealth required an annual eligibility renew application to be completed and submitted by 08/19/2025. A completed review form was not received by MassHealth, and MassHealth informed the appellant that it planned to terminate his MassHealth benefits on 09/05/2025 for failing to verify financial information, including employment status and income. As of the date of the fair hearing, the appellant has not submitted an eligibility renewal with the requested information.

The appellant appeared at the fair hearing telephonically and testified that he needed additional time to submit the missing verifications. He requested 30 additional days to submit the missing information. His request was granted, and the record remained open in this matter until 11/03/2025 for the appellant's submission and until 11/10/2025 for MassHealth's response (Exhibit 4). Neither party made a submission during the record open period.

Findings of Fact

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

1. The appellant is over 65 years of age. He lives in the community.
2. Prior to the instant notice, the appellant was eligible for and received MassHealth CommonHealth benefits.
3. On 07/02/2025, MassHealth informed the appellant that he needed to complete an annual eligibility renewal application.
4. The completed annual eligibility review form was not received by MassHealth by the deadline.
5. Through a notice dated 09/03/2025, MassHealth informed the appellant that his

MassHealth benefits would terminate on 09/05/2025 because MassHealth did not receive a completed annual eligibility renewal within the time allowed.

6. On 09/22/2025, the appellant filed a timely appeal to MassHealth's termination notice.
7. The appellant's MassHealth benefits are protected pending the outcome of this appeal.
8. A fair hearing took place on 10/01/2025. All parties appeared telephonically.
9. As of the date of the fair hearing, no new application for MassHealth benefits was submitted by the appellant.
10. MassHealth is unable to make a determination of the appellant's eligibility for benefits without a current application on file.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 502.007(C) address continued eligibility for the under-65 population who lives in the community, as follows:

(C) Eligibility Reviews. 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, the MassHealth agency 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) ***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.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows. 1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

(Emphasis added.)

The appellant is an adult who is over 65 years of age and lives in the community. Prior to the events that gave rise to this appeal, the appellant was eligible for and received MassHealth CommonHealth benefits. On 07/02/2025, MassHealth mailed to the appellant an annual eligibility review form for him to complete and return to MassHealth by 08/19/2025. It was not received by then and on 09/03/2025, MassHealth informed the appellant that his benefits would terminate on 09/05/2025. His benefits are protected pending the outcome of this appeal. As of the date of the fair hearing, there has been no completed annual eligibility review form submitted by the appellant.

At the fair hearing, the appellant requested 30 days to submit the requested information. His

request was granted, but the appellant made no submission during the record open period.

MassHealth correctly followed the steps in the above regulations. It informed the appellant that case that a new eligibility renewal was necessary. The appellant has not shown that he submitted a completed annual eligibility review form to MassHealth. MassHealth could not determine the appellant's eligibility without an updated eligibility renewal form. MassHealth will process a new application when it is submitted.

MassHealth complied with its regulations. There is no basis for approving the appellant's benefits without a new application or eligibility review form on file. Accordingly, this appeal is 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