How to Ask for a Hearing

Your Right to Appeal.

If you disagree with the action taken by MassHealth or the Health Connector, you have the right to appeal and ask for a hearing before an impartial hearing officer. You can also request a hearing if you did not receive a notice telling you about the action that was taken.

How to Appeal.

To ask for a hearing, fill out this hearing request form and send it to the **Appeal Processing Center, P.O. Box 4405, Taunton, MA 02780** or fax it to **617-887-8770**. You can also submit this form online by logging in to your account at MAhealthconnector.org. For information about appealing by phone, please call the customer service phone number listed on the notice you received. Please keep a copy of your request for hearing form for your information.

You must send your completed, signed request within 30 days from the date of the notice of our action. If you did not receive a written notice of the action to be taken, or MassHealth or the Health Connector did not take an action on your application, you must send your request 120 days from the date of the intended action.

If You Are Now Getting Benefits.

You may be eligible to continue getting benefits while your appeal is being decided. If you get benefits during your appeal, and then you lose your appeal, you may have to pay back the cost of the benefits you received during this time period. If you do not want to continue getting benefits during your appeal, please check the first line in the "Other Information" section of the form. If you do not get benefits during your appeal, and then you win your appeal, we will restore your benefits. If you are now getting MassHealth, you will keep your benefits if your hearing request form is received before the date the action is taken or, if later, within 10 calendar days of the mailing date of MassHealth's notice to you.

Date of Hearing.

At least 15 days before the hearing, we will send you a notice telling you the date, time, and place of the hearing. Your hearing may be conducted by phone. If you want to have the hearing scheduled as soon as possible, please check the line on the back of the form to request an expedited hearing. We will determine if you qualify for an expedited hearing. You can request a hearing be rescheduled, but you must have good cause to reschedule. If you do not reschedule or appear on time to the hearing without documented good cause, your appeal will be dismissed.

Your Right to Be Helped at the Hearing.

At the hearing, you may have a lawyer or other person represent you, or you may represent yourself. We will not pay for anyone to represent you. You may contact a local legal aid service or community agency to see if you can receive advice or representation at no cost. A hearing request can also be filed on your behalf by an individual authorized to make health care decisions for you. Please attach a copy of the document authorizing someone to file a hearing request on your behalf (for example, Power of Attorney, Guardian, Health Care Proxy).

If You Need an Interpreter or Assistive Device.

If you do not understand English or if you are hearing or sight impaired, we will provide an interpreter or assistive device at the hearing at no cost to you. Please tell us what you need in the "Other Information" section of the form.

Your Right to Review Your Case File.

You and/or your representative can review your case file before the hearing. If you wish to review your case file, please call the MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997) or the Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773) or go online to MAhealthconnector.org to create and view your account.

Your Right to Ask to Subpoena Witnesses and Your Right to Question.

You or your representative may write to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and cross-examine witnesses at the hearing. This means you can ask questions of witnesses. The hearing officer will make a decision based on all evidence presented at the hearing.

Impact on Other Household Members.

Please note that an appeal decision for one household member may result in a change in eligibility for other household members. If that happens, any affected household members will receive a new eligibility notice explaining the changes.

Hearing Request Form

First Name | Middle Initial | Last Name

Mailing address | City | State | Zip

Phone number | Member ID | Date of Birth

Reason For Your Appeal (Check any reason(s) that may apply.)

☐ Income ☐ Citizenship/Immigration status ☐ Access to other insurance ☐ Family size

☐ Residency ☐ Incarceration status ☐ Other: _____

Please explain why you are appealing. Attach any documents that support your reason.

_____

_____

Other Information (Please check all that may apply.)

☐ I do not wish to keep getting benefits during the appeal process. If you get benefits during your appeal, and then you lose your appeal, you may have to pay back the cost of the benefits you received during this time period. If you check this line, and you win your appeal, we will restore your benefits.

☐ I need an interpreter. My language is _____
(We will provide the interpreter for the hearing.)

☐ I need an assistive device to communicate at a hearing._____
(Describe what type of device you need, and we will provide an assistive device for the hearing.)

☐ I want an expedited hearing.

Appeal Representative, if any

First Name | Last Name | Title

Mailing address | City | State | Zip | Phone Number

Signature

The information on this form is true and accurate, to the best of my knowledge. I authorize the Exchange to provide me with my individual information, including federal and state tax information used in the determination of my eligibility, for purposes of this appeal process.

Signature (Sign) | Date | First and Last Name (Print)

If this is signed by someone other than an appellant 18 years of age or older who has authority to file, please attach a copy of your authority to file the appeal on behalf of the appellant (for example, a copy of your power of attorney document or evidence of court appointment as a personal representative).