



**Office of Medicaid Board of Hearings**

**MassHealth Member Appeal Process**

**2021**

**What do you need as a member to appeal a prior authorization denial by MassHealth?**

The Board of Hearings must receive a completed, signed request for hearing form and a copy of the notice from MassHealth from the member within 30 calendar days from the date they received the notice of action (date on notice).

The form (link below) will be mailed directly to the member with the notice of action:

<https://www.mass.gov/how-to/how-to-appeal-a-masshealth-decision>

**Where and how can the member return the request for hearing form after completion?**

**Mail Process**

1. The member will fill out the Fair Hearing Request Form
2. They should make a copy of the notice and completed request for hearing form for their records
3. The member can then send the completed request for hearing form to the Office of Medicaid, Board of Hearings in person, by mail or fax<sup>1</sup> at:

**Mail**

Office of Medicaid, Board of Hearings  
100 Hancock St.  
6th Floor  
Quincy, MA 02171

**Fax**

1. The member will fill out the Fair Hearings Request form
2. The member can fax the form to the Office of Medicaid, Board of Hearings at [\(617\) 887-8797](tel:6178878797)

**What happens next?**

After the member submits a request for a hearing, the Board of Hearings will send a written scheduling letter of the hearing date, time, and place at least 10 calendar days before the scheduled hearing date.

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<sup>1</sup> Individuals with difficulty completing the form can file a request for hearing by telephone through MassHealth Customer Service at 1 800 841-2900.



**Who should attend the hearing?**

At the hearing, the member may represent themselves or be represented by a lawyer or other representative at their own expense. Members may contact a local legal service or community agency to get advice or representation at no cost. To get information about legal service or community agencies, call the MassHealth Customer Service Center.

**What if a member cannot attend a hearing?**

If the member cannot come to the hearing for good cause, or if they need a telephone hearing and did not specify on the request for hearing form, they must call the Office of Medicaid, Board of Hearings before the hearing date.

- Main: [\(617\) 847-1200](tel:6178471200)
- Toll free: [\(800\) 655-0338](tel:8006550338)

Failure to appear without having good cause, or having previously rescheduled the hearing, will result in the dismissal of their appeal.

The member and representative can review your MassHealth case file before the hearing. To do so, call the MassHealth / DentaQuest Customer Service Center at:

- Toll free: [\(800\) 207-5019](tel:8002075019)

**Office of Medicaid, Board of Hearings Contact Information:**

**Mailing Address**

Office of Medicaid, Board of Hearings  
100 Hancock St.  
6th Floor  
Quincy, MA 02171

**Questions?**

Applicants, members, and appeal representatives with questions about a fair hearing, should contact:

**Contact by Phone**

- Main: [\(617\) 847-1200](tel:6178471200)
- Toll free: [\(800\) 655-0338](tel:8006550338)

**Contact by Fax:** [\(617\) 887-8797](tel:6178878797)



**Where can I find the MassHealth Fair Hearing Rules?**

130 CMR 610.000: MassHealth: Fair Hearing Rules can be found at:

<https://www.mass.gov/regulations/130-CMR-610000-masshealth-fair-hearing-rules>