

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2208394
Decision Date:	2/3/2023	Hearing Date:	12/08/2022
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Appellant, pro se (by telephone)

Appearance for MassHealth:
Chanthy Kong, Tewksbury MEC (by
telephone)



*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:	Dismissed	Issue:	Eligibility Renewal
Decision Date:	2/3/2023	Hearing Date:	12/08/2022
MassHealth's Rep.:	Chanthy Kong	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 October 9, 2022, MassHealth informed the Appellant that, based on available federal and state data resources, he did not qualify for MassHealth benefits. The Appellant had the option to complete the annual eligibility renewal application within 90 days from October 23, 2022 for eligibility to be reconsidered. (See, 130 CMR 502.007(C); Ex. 1). The appellant filed this appeal in a timely manner on November 5, 2022 (See, 130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (See, 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the Appellant that he did not qualify for MassHealth benefits because he did not submit the annual eligibility renewal application.

Issue

The appeal issue is whether MassHealth was correct in terminating the Appellant's benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: On October 9, 2022, MassHealth sent a notice of termination to the Appellant stating that, based on available federal and state data sources, he did not qualify for MassHealth benefits. Thus, the Appellant would need to complete the annual eligibility form immediately in order to continue with coverage because his benefits ended on October 23, 2022. (See, Exhibit 1). The Appellant appealed the termination notice on November 5, 2022. (See, Exhibit 2). The MassHealth representative explained to the Appellant that he could renew his application by telephone, mail or online.

The Appellant appeared at the hearing by telephone and testified that he received a form from MassHealth that he submitted, including three (3) paystubs. He further testified that he could not recall what date he submitted said paystubs. The Appellant explained that he did not have the pertinent documentation in front of him as he was at his place of employment at the time of the hearing, however, he could re-submit his paystubs if MassHealth did not receive them. The MassHealth representative stated that the Appellant would also need to complete the annual eligibility form to renew his benefits and gave the Appellant the applicable telephone number to do so by telephone. The Appellant made inquiry as to what documents MassHealth required. The MassHealth representative responded that, similar to his previous application he would need his income verified. Further, since it was nearing the end of the calendar year at the time of the hearing, the Appellant would need to send MassHealth his most recent paystubs. The Appellant responded that he would do so immediately as he was concerned about losing coverage.

Findings of Fact

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

1. On October 9, 2022 MassHealth sent a notice of termination of benefits to the Appellant.
2. The notice of termination further stated that the Appellant would need to complete an annual eligibility form in order for his eligibility to be reconsidered within 90 days from the coverage end date.
3. The Appellant's coverage ended on October 23, 2022.
4. The Appellant will call MassHealth immediately to complete the annual eligibility form by telephone in order to renew his coverage.

Analysis and Conclusions of Law

The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within the requested timeframes. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or
- (4) based on information in the member's case file.

130 CMR 502.007(A).

The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage type, premium payment, or premium assistance payment; or
- (3) the member is no longer eligible for MassHealth.

130 CMR 502.007(B).

MassHealth reviews eligibility in the following ways:

- (1) Automatic Renewal, for households who continued eligibility can be determined based on electronic data matches with federal and state agencies;
- (2) Prepopulated Renewal Application, for 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;
- (3) Periodic Data Matches.

(See, 130 CMR 502.007(C)).

130 CMR 502.007(C)(2) sets forth the process regarding the prepopulated renewal application and provides as follows:

- (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 into his or her 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).
 2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth's agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

130 CMR 502.007(C)(2).

In the present case, the MassHealth representative explained that the Appellant would need to renew his application by telephone, mail or online immediately because his benefits ended on October 23, 2022. The Appellant agreed to do so by telephone after the hearing. Therefore, this appeal is dismissed.

Order for MassHealth

None.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290