

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2300774
Decision Date:	4/5/2023	Hearing Date:	03/20/2023
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Jeffrey Arnold, Quincy MEC



*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:	Termination of Benefits
Decision Date:	4/5/2023	Hearing Date:	03/20/2023
MassHealth's Rep.:	Jeffrey Arnold	Appellant's Rep.:	
Hearing Location:	Remote		

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 August 26, 2022, MassHealth terminated the appellant's MassHealth benefits because the appellant failed to complete his annual renewal within the allowed time (see 130 CMR 502.007 and Exhibit 1). The appellant filed this appeal on January 30, 2022 (see 130 CMR 610.015(B) and Exhibit 2). It was initially dismissed for lack of timeliness, but the appellant submitted a request to vacate on February 24, 2023. Based on the letter, good cause was found at hearing to proceed despite the lack of timeliness. Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage through a notice dated August 26, 2022.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 507.002, and Eligibility Operations Memo 22-10 in terminating the appellant's MassHealth coverage.

Summary of Evidence

At hearing, MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center, while the appellant represented himself alongside his mother. A summary of the testimony is as follows:

On August 26, 2022, MassHealth issued a notice that the appellant was not eligible for MassHealth benefits because he failed to submit an eligibility review form in a timely manner. The appellant's initial eligibility review form was due on October 11, 2021, and the appellant then had 90 days from the date of the August 26th notice to renew his application to ensure he had no gap in coverage. His coverage ultimately terminated on September 9, 2022, he failed to submit a renewal within 90 days and has, as of the time of the hearing, yet to do so.

The appellant testified that he was not caught up with his mail at the time that the notice was issued and that he never received it, although his address had not changed and MassHealth had the correct address for him in their system.¹ He learned that his coverage had terminated some time in October of 2022 when he went to the pharmacy to pick up medicine and learned that it was not covered. The appellant said that he immediately called the MassHealth insurance line, who indicated that he needed to renew his application. He tried to renew the application, but "they" said it was too late, which then led him down the path to appeal the notice and request a fair hearing. The appellant's mother stated that MassHealth paid for a dental cleaning in November of 2022 and that the appellant incurred a separate medical cost of about \$400 that they were asking MassHealth to pay for.

Findings of Fact

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

1. From October 29, 2019 until September 9, 2022, the appellant was active on MassHealth Family Assistance. Testimony, Exhibit 3.
2. On [REDACTED] 2022, the appellant's [REDACTED] birthday, MassHealth issued a notice indicating that the appellant was not eligible for MassHealth benefits because he failed to complete his annual eligibility renewal within the allotted time and his coverage was, thus, unable to be renewed. Testimony, Exhibit 1, Exhibit 3.
3. The appellant failed to submit a renewal of his MassHealth application within the 90 days allowed by regulations and, as of the date of hearing, has yet to submit any renewal. Testimony.

¹ There was some confusion from the appellant's testimony as to whether he never received the notice or if he failed to be diligent about checking his mail. The record is void of any credible evidence that the notice was not sent or was sent to the wrong address and, as such, I find that the notice was sent and received in a timely manner.

4. The appellant did not submit a timely request for fair hearing, but requested that the Board of Hearings rescind the dismissal of his appeal, which was granted on February 24, 2023. Exhibit 2, Exhibit 3.

5. Due to the ongoing COVID-19 pandemic, MassHealth issued multiple Eligibility Operations Memos (EOM) that offered benefit protections to MassHealth members while the Federal Public Health Emergency (FPHE) was in place. The most recent EOM, 22-10, states that “MassHealth is not required to maintain coverage during the FPHE for...CHIP children who turn 19. These members will have benefits reduced or closed based on regular program determination rules.”

6. MassHealth is unable to make a determination regarding the appellant’s eligibility for MassHealth because he has not renewed his application since at least October 11, 2021, and he has since turned 19. Testimony, Exhibit 3.

Analysis and Conclusions of Law

Ordinarily, MassHealth requires that members undergo annual renewals to determine their ongoing eligibility for benefits. 130 CMR 502.007(A). MassHealth can attempt to conduct those renewals automatically without member input, but if a member’s eligibility is unable to be determined with information readily available, the member will be required to complete a renewal application upon notification from MassHealth. 130 CMR 502.007(C).

During the FPHE, although the annual renewals were still required, MassHealth was prohibited from terminating or downgrading the benefits of most members, and indefinitely maintained coverage for certain individuals even if they were technically no longer eligible. EOM 22-10. As of August 2022, MassHealth excluded, among others, “CHIP children who turn 19” from that coverage protection, meaning MassHealth was permitted to “reduce or close benefits [for those members] based on regular program determination rules” from the time that EOM 22-10 was issued. It appears that, as a U.S. citizen under the age of 19 who received MassHealth Family Assistance, the appellant falls into this category, and he is not entitled to the pandemic protections and can have his coverage reduced or closed in the normal course. 130 CMR 505.005(A)(1). MassHealth was therefore within its discretion to require the appellant to submit a renewal to redetermine his eligibility, particularly where he is no longer categorically eligible for Family Assistance as a U.S. citizen who has turned 19. *Id.*

MassHealth members have a responsibility to “cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth.” 130 CMR 501.010(A). MassHealth has the authority to “request corroborative information necessary to maintain eligibility,” and failure to provide such information “within 30 days of receipt of the agency’s request” may result in termination of benefits. *Id.*

Such required cooperation includes a members’ yearly eligibility renewal. If MassHealth is unable to complete an automatic renewal and the member is asked to complete a prepopulated renewal application, the following process governs:

- (a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.
- (b) The head of the household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto 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.

130 CMR 502.007(C)(2).

Here, MassHealth was unable to automatically renew the appellant's eligibility and gave the appellant proper notice of his obligation to complete a prepopulated renewal application. He not only failed to submit the renewal within 45 days of the initial notice and/or within 90 days of the notice at issue in this appeal, but as of the day of the fair hearing, MassHealth still has not received any documentation, verifications, or renewals from the appellant. As such, MassHealth is currently unable to make a determination about the appellant's eligibility and was within its discretion to terminate the appellant's benefits. The appeal is denied.

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171