

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306722
Decision Date:	12/22/2023	Hearing Date:	11/03/2023
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jamie Zalucki, Springfield 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:	Eligibility; Renewal; Termination of Benefits
Decision Date:	12/22/2023	Hearing Date:	11/03/2023
MassHealth's Rep.:	Jamie Zalucki	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (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 7/14/23, MassHealth notified Appellant that he did not qualify for benefits because he did not complete the annual eligibility renewal within the allowed time and that his coverage would end on 7/28/23. See 130 CMR 502.007 and Exhibit 1. Appellant filed this appeal in a timely manner on 8/4/23. See 130 CMR 610.015(B) and Exhibit 2. Termination of coverage is valid grounds for appeal. See 130 CMR 610.032.

Through a letter dated 8/9/23, the Board of Hearings (BOH) notified Appellant that it scheduled a hearing for his appeal to take place on 9/14/23. See Exh. 3. At the scheduled hearing date and time, Appellant did not appear. See Exh. 4. On 9/20/23, BOH dismissed the appeal for failure to appear. See Exh. 5. On 9/27/23, Appellant requested BOH vacate the dismissal, citing, in part, that he did not receive the notice of hearing and was no longer using his prior mailing address.¹ See Exh. 6. Finding good cause, BOH vacated the dismissal and rescheduled the hearing to take place on 11/3/23. See Exh. 7.

Action Taken by MassHealth

¹ It is noted that all BOH correspondence for this matter was sent to Appellant's updated and current mailing address which Appellant listed on his 8/4/23 fair hearing request.

MassHealth terminated Appellant's coverage on 7/28/23 because Appellant did not submit a renewal by the required deadline.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's coverage for failure to submit an annual renewal for MassHealth benefits within the required timeframe.

Summary of Evidence

The MassHealth eligibility representative that appeared at the hearing testified that Appellant is currently over the age of 65 and lives in the community. On July 8, 2019, Appellant, who was under 65 at the time, was enrolled in a MassHealth Standard benefit for individuals between the ages of 21 and 64. This benefit remained protected during the pendency of the federally mandated Covid-19 Public Health Emergency (PHE). When the PHE lifted in April of 2023, Appellant was no longer eligible for his existing benefit because he was over the age of 65. On May 5, 2023, MassHealth notified Appellant that he was due for a renewal and that he needed to complete and submit a senior renewal to MassHealth by 6/19/23, a copy of which was enclosed with the notice. The MassHealth representative testified that MassHealth did not receive a renewal by Appellant by the deadline of 6/19/23. Through a notice dated 7/14/23, MassHealth notified Appellant that he did not qualify for MassHealth because he did not submit a renewal by the required deadline, and that his under-65 benefit would end on 7/28/23. See Exh. 1.

Appellant appeared at the hearing by telephone and testified that the reason he did not submit the renewal is because he never received the 5/5/23 notice and was unaware that he needed to complete a senior application. Appellant testified that he previously used his mother's address for receiving his mail, including MassHealth notices. His mother, however, since passed away and he had his mail forwarded to his partner's address, where he is currently residing. None of the MassHealth notices were forwarded to his current address. Appellant confirmed that, as of the hearing date, he had not sent MassHealth a senior application.

In response, the MassHealth representative stated she would re-send a senior renewal packet to Appellant's current address. MassHealth's prior notices were sent to Appellant's previous address as Appellant never reported a change in address. Regardless, Appellant must submit a renewal for MassHealth to determine whether he is eligible for a senior benefit. Once received, MassHealth will notify him accordingly.

Findings of Fact

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

1. Appellant is currently over the age of 65 and lives in the community.
2. On July 8, 2019, Appellant, who was under age 65 at the time, was enrolled in a MassHealth Standard benefit for adults between the ages of 21 and 64.
3. When the PHE lifted in April of 2023, Appellant was no longer eligible for his existing benefit because he was over the age of 65.
4. On May 5, 2023, MassHealth notified Appellant that he was due for a renewal and that he needed to complete and submit a senior application to MassHealth by 6/19/23.
5. Through a notice dated 7/14/23, MassHealth notified Appellant that he did not qualify for MassHealth because he did not submit a renewal by the required deadline, and that his under-65 benefit would end on 7/28/23.
6. Appellant did not notify MassHealth that his address had changed, and therefore, Appellant was not aware he had to complete a senior renewal.
7. As of the hearing date Appellant had not provided MassHealth with a completed senior application.

Analysis and Conclusions of Law

Pursuant to 130 CMR 501.010(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...”. As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

502.007: Continuing Eligibility

(A) Annual Renewals. 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 requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. ...

....

(B) Eligibility Determinations. 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.

See 130 CMR 502.007; see also 130 CMR 516.007 (setting forth the same requirements for MassHealth eligibility determinations for individuals aged 65 and over).

When MassHealth either cannot determine a member's continued eligibility through electronic data matches or when information is obtained but would change the member's eligibility to a less comprehensive benefit, MassHealth outlines the following renewal process:

(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 ... renewal application, ...

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. ...

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).***

See 130 CMR 502.007(C)(emphasis added); see also 130 CMR 516.007(C)(2) (the corresponding "over 65" regulation states, in relevant part, that if "the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice).

In the instant case, MassHealth notified Appellant on 5/5/23 that he needed to complete a renewal by 6/19/23 for MassHealth to determine his continued eligibility for benefits. Appellant did not complete the renewal by 6/19/23. In accordance with 130 CMR 502.007(C)(2)(b), MassHealth appropriately notified Appellant, pursuant to its 7/14/23 notice, that because he did not submit his renewal within the required period, his coverage would end on 7/28/23. See Exh. 1. Although Appellant testified that the 5/5/23 letter was never forwarded from his prior address, there was no evidence that Appellant notified MassHealth of a change in address, as required under 130 CMR 501.101(B) (the applicant or member must report to MassHealth, within ten days or as soon as possible, changes that may affect eligibility). As of the hearing date, Appellant had not provided MassHealth with a completed renewal to allow MassHealth to determine whether he qualified for a coverage-type available to individuals 65 or older. There was no error in MassHealth's 7/14/23 notice. 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104