

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307043
Decision Date:	1/16/2024	Hearing Date:	09/18/2023
Hearing Officer:	Thomas Doyle	Record Open to:	11/06/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Mul Oeur, Taunton MEC

Interpreter:



*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, Annual Renewal; Over 65
Decision Date:	1/16/2024	Hearing Date:	09/18/2023
MassHealth's Rep.:	Mul Oeur	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 August 3, 2023, MassHealth ended coverage for appellant because appellant did not return the eligibility review form to MassHealth. (Ex. 1). The appellant filed this appeal in a timely manner on August 10, 2023. (Ex. 2). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth ended coverage for appellant.

Issue

The appeal issue is whether MassHealth was correct in ending coverage for appellant because he did not return the eligibility review form to MassHealth.

Summary of Evidence

Appellant, acting pro se, and the MassHealth worker (worker), appeared by phone and were sworn. MassHealth sent appellant a renewal form in June 2023. When MassHealth did not receive a response from appellant, a denial notice was sent to appellant, which is the subject of this appeal. (Testimony). At hearing, appellant testified he had moved his residence, and it appears MassHealth sent the renewal to his old address. The record was left open for the worker to mail to appellant another renewal form. (Ex. 5). At the end of the original record-open period, the worker reported to this hearing officer that appellant returned the renewal form but it was incomplete. (Ex. 6, p. 2). The record was further extended for appellant to complete the renewal form. (Ex. 6, p. 1).¹ After the expiration of the second record-open period, the worker notified this hearing officer that MassHealth did not receive a completed application. (Ex. 6, p. 1).

Findings of Fact

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

1. Appellant was sent an eligibility renewal form in June 2023. (Testimony).
2. The renewal form was sent to the incorrect address for appellant. (Testimony).
3. The record was kept open for appellant to return the renewal application which was mailed to him by the MassHealth worker. (Testimony; Ex. 5; Ex. 6).
4. The record open period was extended for appellant to return a completed renewal form. (Ex. 6).
5. MassHealth did not receive a completed renewal form at the end of the extended record open period. (Ex. 6).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

502.007: Continuing Eligibility

¹ This second record open notice was sent to appellant via his email address, which he provided at hearing.

(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. 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.

515.008: Responsibilities of Applicants and Members

- (A) Responsibility to Cooperate. The applicant or member must 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, including recovery and obtaining or maintaining other health insurance.

Once it was determined that MassHealth had mailed appellant's eligibility renewal form to the wrong address, appellant was mailed another form to complete. It was reported appellant did not fully complete the form so the record open period was extended for appellant to complete the form after he was given further instructions by phone by the MassHealth worker. (Ex. 6, p. 2). Appellant never returned a completed application. Pursuant to the regulations, he failed to cooperate. This 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616