

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2307486

Decision Date: 10/31/2023

Hearing Date: 09/29/2023

Hearing Officer: Alexis Demirjian

Record Open to:

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lesley Garcia, Tewksbury 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:	Over 65; Termination; Failure To Complete Renewal
Decision Date:	10/31/2023	Hearing Date:	09/29/2023
MassHealth's Rep.:	Ms. Garcia	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 July 30, 2023, MassHealth denied the appellant's application for MassHealth benefits because the appellant did not complete the annual eligibility renewal within the allotted time and MassHealth was unable to renew coverage based on available federal and state data sources. (see 130 CMR 502.007 and Exhibit 3). The appellant filed this appeal in a timely manner on August 18, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal to the Board of Hearings. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant failed to complete the annual renewal.

Summary of Evidence

Prior to the appellant's renewal, the appellant turned aged [REDACTED]. On or about April 6, 2023, the appellant received an eligibility renewal application and submitted the application but did not submit information corroborating his income or assets for verification. On or about April 23, 2023, MassHealth sent the appellant a notice informing him that he must submit the financial verifications and warning him that if he did not submit the information his coverage may be terminated.

The appellant does not dispute that he failed to provide the information requested by MassHealth. The appellant asserts that he has received information from the state that he has been subject to a data breach. The appellant maintains that he has not received reassuring information from the state regarding the breach, thus he does not feel comfortable providing financial information to the state.

Findings of Fact

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

1. The appellant is over 65 years of age. (Testimony)
2. In April of 2023, the appellant received his eligibility renewal application. (Testimony)
3. The appellant will not submit the required financial information to determine his eligibility. (Testimony)

Analysis and Conclusions of Law

Pursuant to 130 CMR 515.007

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's changes 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 the 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; or

(4) based on information in the member's case file.

(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; or
- (3) the member is no longer eligible for MassHealth.

(C) Eligibility Reviews. MassHealth reviews eligibility in the following ways.

(1) Automatic Renewal. Households, whose continued eligibility can be determined based on electronic data matches with federal and state agencies, will have their eligibility automatically renewed.

- (a) The MassHealth agency will notify the member if eligibility has been reviewed using the automatic renewal process.
- (b) If the member's coverage type changes to a more comprehensive benefit, the start date for the new coverage is determined as described at 130 CMR 516.006.

(2) MassHealth Eligibility Renewal Application. If the individual is residing in the community and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a MassHealth eligibility review form must be completed.

- (a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.
- (b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.
 1. If the review 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 review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.
 3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.
- (c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

In this matter, it is not in dispute that that the appellant has failed to furnish financial information necessary to determine his eligibility. Additionally, MassHealth is unable to verify the appellant's eligibility by using matching data from other sources. Since the appellant will not provide necessary information to MassHealth to determine eligibility and continues to refuse to do so, the termination of the appellant's coverage was appropriate.

For those reasons, 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

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