

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2309943
Decision Date:	01/11/2024	Hearing Date:	11/24/2023
Hearing Officer:	Casey Groff, Esq.	Record Closed	11/27/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Silvia DeGale, 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:	Approved	Issue:	Eligibility; Over 65; Annual Renewal
Decision Date:	01/11/2024	Hearing Date:	11/24/2023
MassHealth's Rep.:	Silvia DeGale	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	Yes

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 10/4/24, 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 10/18/24. See 130 CMR 502.007(C)(2) and Exhibit 1. Appellant filed this appeal in a timely manner on 10/16/23. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of coverage is valid grounds for appeal. See 130 CMR 610.032. A hearing took place on 11/24/23. See Exh. 3. At the conclusion of the hearing, the record was left open until 11/27/23 for additional evidence. See Exh. 5.

Action Taken by MassHealth

MassHealth sought to terminate Appellant's coverage because it determined that Appellant did not submit an annual 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 within the required timeframe.

Summary of Evidence

The MassHealth eligibility representative appeared at the hearing by telephone and testified that Appellant is currently over the age of 65 and lives in the community. Appellant had been continuously enrolled in MassHealth Standard for individuals under the age of 65 since 2009. The representative testified that the last renewal Appellant submitted was in 2012 and that he was overdue for completing a renewal. On 10/4/23, MassHealth issued a letter seeking to terminate Appellant's benefit because he did not submit a renewal within the required timeframe. Specifically, the 10/4/23 letter stated that Appellant did not qualify for MassHealth because he "did not complete the annual eligibility renewal within the allowed time and we were not able to renew coverage based on available federal and state data sources . . . [and that his] coverage is ending on October 18, 2023." See Exh. 1. Appellant timely appealed this notice.¹ The MassHealth representative explained that, as of 10/4/23, Appellant had turned 65 and therefore would no longer qualify for his existing "under 65" benefit and needed to complete a MassHealth senior application, otherwise referred to as a "SACA."

Appellant appeared at the hearing and testified that, when he received the notice on 10/4/23, he was confused as to why he was being terminated. Appellant testified that he never received a renewal, nor was he informed by MassHealth that one was required by a certain date. Appellant noted that he had upcoming medical procedures and wanted to ensure that he had coverage.

When asked to describe any notices MassHealth sent preceding its 10/4/23 termination notice, the representative reviewed both MassHealth's "HIX" (Health Insurance Exchange) and "MA-21" systems, which contain case information for members that are, respectively, under the age of 65 and those 65 and older. Based on her review, and through documents produced during a record-open period, the MassHealth representative provided the following information:

According to HIX, MassHealth sent Appellant a "Request for Information" on 2/14/23 seeking proof of residency due by 5/15/23. See Exh. 5. The MassHealth representative indicated that proof of residency was not received. On 3/9/23, MassHealth sent Appellant a letter notifying him that he was approved for MassHealth Standard with Medicare Buy-In starting 9/28/2017. See Exh. 7. The notice indicated that the approval was based on information showing Appellant was in a household size of one (1) with monthly income at 74.92% of the federal poverty level (FPL). Id. In addition, on 3/12/23, MassHealth sent Appellant another approval notice stating that MassHealth, pursuant to information received via autorenewal, determined Appellant's coverage was being renewed for another year, and that he did not need to take further action. See Exh. 8, pp. 1-2. The MassHealth representative stated that the 3/12/23 renewal was the

¹ As a result of filing a timely appeal, Appellant's termination date of 10/18/23 was held pending the outcome of this appeal.

last notice sent from HIX until the 10/4/23 termination notice. All notices from HIX, including the 10/4/23 termination notice, were sent to Appellant's correct current² address.

Next, the MassHealth representative testified that the MA-21 system showed that, on 5/12/23, MassHealth generated a letter informing Appellant that he needed to complete a senior renewal that was due in September of 2023. The MassHealth representative noted, however, that the 5/12/23 notice was sent to Appellant's old address. She explained that this was due to a MassHealth system error when transferring Appellant's case information from HIX to MA-21. Due to the error, the system reverted to Appellant's his old address, which is where MassHealth sent the renewal and explains why Appellant did not receive it. The MassHealth representative indicated at hearing that she updated MA-21 to reflect Appellant's correct address and would send him a senior renewal that he would need to complete and return to MassHealth.

Findings of Fact

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

1. Through two notices, respectively dated 3/9/23 and 3/12/23, MassHealth notified Appellant that he was approved for continued coverage of his Standard plus Buy-In benefit for another year and that he did not need to take any further action. (Exhibits 7 and 8).
2. Both March 2023 notices were sent to Appellant's correct current address and received by Appellant. (Testimony; Exhibits 7-8).
3. On 5/12/23, MassHealth sent a letter to notify Appellant that he needed to complete a senior renewal by September 2023; however, due to system error in transferring Appellant's case from HIX to MA-21, the notice was mailed to Appellant's old address. (Testimony).
4. Appellant never received notice that he needed to complete a senior application or annual eligibility renewal. (Testimony).
5. MassHealth sent Appellant a letter dated 10/4/23 to his correct address indicating that he did not qualify for MassHealth benefits because he "did not complete the annual eligibility renewal within the allowed time and we were not able to renew coverage based on available federal and state data sources.... [and that his] coverage is ending on October 18, 2023." (Testimony; Exhibit 1).

² At hearing, the parties referred to Appellant's actual home address, which was reflected in the notices and confirmed by Appellant as his correct current address.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly sought to terminate Appellant's Standard plus Buy-In benefit for failure to submit an annual renewal within the required timeframe. As a preliminary matter, federal and state regulations require that all state Medicaid agencies, such as MassHealth, provide individuals with advance written notice of any action relating to their eligibility, including notice of a termination, reduction, or suspension of benefits. See 42 C.F.R. § 435.917; see also 130 CMR §§ 502.008, 516.008. The contents of the notice must include, among other required information, a statement of what action the agency intends to take and the effective date of such action; a clear statement of the specific reasons supporting the intended action; and the individual's right to request a hearing. See 42 CFR § 431.210; see also 130 CMR 610.026.

For members that are enrolled in a MassHealth benefit, MassHealth will review eligibility once every 12 months or whenever there is a change in the member's circumstance or change in eligibility rules. Although Appellant's coverage was successfully renewed on 3/12/23, MassHealth appropriately sought to redetermine Appellant's eligibility for benefits in anticipation of him turning 65, which is subject to different eligibility standards than applied to those receiving "under 65" benefits. See 130 CMR 502.007(A). For members that must complete a renewal to maintain coverage, MassHealth has outlined the following notice and redetermination protocol:

(2) Prepopulated Renewal Application. 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.

(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)(2)(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).

Based on the evidence in the record, MassHealth failed to provide Appellant with adequate notice of his need to complete an annual renewal as required under subsections (a) and (b) of 130 CMR 502.007(2), above. At hearing, the MassHealth representative acknowledged that while a 5/12/23 renewal notice was generated, it was mailed to an old incorrect address due to a MassHealth “system error.” Consistent with this evidence, Appellant credibly testified that he never received notice of a renewal and thus was confused when he received the 10/4/23 termination notice.

As indicated in the above regulation, where MassHealth is unable to redetermine eligibility through a data match, as was the case here, MassHealth cannot terminate a member’s existing benefit until it provides the member with 45-days to complete and submit a renewal. See id. Because MassHealth did not complete this prerequisite for redetermining eligibility, it cannot seek to terminate Appellant’s benefit on the basis that he failed to “complete [an annual eligibility renewal within the allowed timeframe.” See Exh. 1. Accordingly, the 10/4/23 termination notice was erroneous and must be rescinded. This appeal is APPROVED.

Order for MassHealth

Remove aid pending. Rescind termination notice dated 10/4/23 and reinstate prior coverage. Mail Appellant a senior renewal application to his current correct address (if not already done) and give him 45-days to return a completed renewal to MassHealth. Proceed to determine eligibility accordingly.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

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