

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2310074 |
| Decision Date: | 1/11/2024 | Hearing Date: | 11/21/2023 |
| Hearing Officer: | Cynthia Kopka | Record Open: | 11/28/2023 |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Corey Rosinski, Charlestown



*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

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|---------------------------|----------------------|--------------------------|--------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility, under 65, renewal |
| Decision Date: | 1/11/2024 | Hearing Date: | 11/21/2023 |
| MassHealth's Rep.: | Corey Rosinski | Appellant's Rep.: | Pro se |
| Hearing Location: | Charlestown (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

By notice dated September 29, 2023, MassHealth terminated Appellant's benefit effective October 13, 2023 for failure to renew. Exhibit 1. Appellant filed this appeal in a timely manner on October 16, 2023. Exhibit 2. 130 CMR 610.015(B). Termination of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through November 28, 2023. Exhibit 4.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit effective October 13, 2023 for failure to renew.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant had been active on MassHealth's CarePlus benefit since 2019. During the Covid-19 public health emergency,

MassHealth had been automatically renewing members on their active benefit. MassHealth notified Appellant that after the public health emergency ended, MassHealth would not be automatically renewing members and would need a renewal application from Appellant.

On September 29, 2023, MassHealth notified Appellant that it would terminate Appellant's coverage on October 13, 2023 for failure to submit the annual eligibility renewal. MassHealth did not receive a renewal from Appellant and was not able to renew coverage based on available federal and state data sources. The MassHealth representative testified that if Appellant submitted a renewal within 90 days of the coverage end date, his eligibility could potentially be retroactively reinstated.

Appellant appeared by phone and testified as follows. Appellant had not submitted the renewal. The MassHealth representative offered to transfer Appellant to the correct department to allow Appellant to renew by phone. Appellant agreed to complete the renewal after hearing and agreed that the appeal would be resolved.

After hearing, the MassHealth representative reported that Appellant completed the renewal and submitted the requested verifications. Appellant is eligible for the Health Connector with a ConnectorCare Plan Type 3A. Exhibit 5.¹

Findings of Fact

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

1. Appellant is under the age of 64.
2. Appellant had been on MassHealth's CarePlus benefit since 2019.
3. On September 29, 2023, MassHealth notified Appellant that it would terminate Appellant's coverage on October 13, 2023 for failure to submit the annual eligibility renewal. MassHealth did not receive a renewal from Appellant and was not able to renew coverage based on available federal and state data sources. Exhibit 1.
4. Appellant filed this timely appeal on October 16, 2023. Exhibit 2.

Analysis and Conclusions of Law

¹ Correspondence sent to Appellant's email address provided at hearing was undeliverable. See Exhibit 6. Appellant did not respond to email forwarded to the email address provided on the fair hearing request form. Exhibit 5.

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. 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.

(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.

130 CMR 502.007.

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 in 130 CMR 502.007(C)(2), set forth in pertinent part:

- (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).

MassHealth's Eligibility Operations Memo (EOM) 23-13, issued to address the ending of the Covid-19 protection, provided that a renewal would be reconsidered if received within 90 days of the termination.

Here, it is undisputed that Appellant did not submit the renewal within the timeframe required by MassHealth. As there was no error in MassHealth's September 29, 2023 notice, 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129