

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310921
<b>Decision Date:</b>	1/24/2024	<b>Hearing Date:</b>	12/08/2023
<b>Hearing Officer:</b>	Thomas Doyle		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Margaret Anoje, Springfield MEC  
Patricia Lemke, MassHealth LTC Worker



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Annual Renewal
<b>Decision Date:</b>	1/24/2024	<b>Hearing Date:</b>	12/08/2023
<b>MassHealth's Reps.:</b>	Margaret Anoje; Patricia Lemke	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	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 October 11, 2023, MassHealth ended coverage for appellant because appellant did not complete the annual eligibility renewal within the allowed time, and MassHealth was unable to renew coverage based on available federal and state data sources. (Ex. 1). The appellant filed this appeal in a timely manner on November 1, 2023. (Ex. 2). Denial of assistance is valid grounds for appeal. (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, a MassHealth worker (worker), and a MassHealth Long Term Care worker for members over the age of 65, (LTC worker) all appeared by phone and were sworn. Exhibits 1-6 were marked.<sup>1</sup> The worker testified she represented the under 65 department and that appellant was no longer eligible for MassHealth because he did not complete the annual eligibility review. MassHealth sent appellant a notice dated October 11, 2023 telling him of his termination and that his coverage would end October 25, 2023. The notice also informed appellant that if he completes the annual eligibility renewal within 90 days from the coverage ending date, MassHealth would reconsider his eligibility. (Testimony; Ex. 1). The worker stated after the protections that were put in place due to the pandemic ended on April 1, 2023, appellant had to renew his annual eligibility. The worker testified appellant went online to the MassHealth website on June 26, 2023 and he reported changes. When asked why appellant's online changes did not satisfy his renewing his annual eligibility, she stated he did not check off the appropriate box to show this was his annual eligibility renewal.

The LTC worker appeared because appellant turned [REDACTED] years old four days before the MassHealth notice terminating his coverage. She testified this appeal was not within her purview because appellant was under 65 when the notice was issued by MassHealth. She did state there was communication between the nursing home and MassHealth because payment for coverage was needed beginning July 31, 2023. MassHealth told the nursing home it needed a corrected SC-1 and sent the nursing home a conversion packet to be completed. The LTC worker stated none of the information requested was returned to MassHealth by the nursing home. (Testimony).

During his testimony, appellant admitted he did not file an eligibility form. He stated, "I did not file an eligibility form because I was told was it specifically for if I wanted to be in a full time nursing home and I don't." (Testimony).

Appellant testified and made it clear he did not want to be in a nursing home full time. He stated, "I am not seeking to be in a full time nursing home." (Testimony). When appellant was asked when he filed a long term care application he stated, "I didn't". When the LTC worker stated a Medicaid consultant filed the application for him, appellant stated, "not with my permission or knowledge." (Testimony).

## Findings of Fact

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

1. Beginning in March, 2020, because of the Covid-19 public health emergency, MassHealth

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<sup>1</sup> At hearing, the exhibits were incorrectly marked as 1-7.

had protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away. These continuous coverage requirements ended April 1, 2023. (Eligibility Operations Memo 23-13 April 2023).

2. Appellant's protection due to the Covid-19 public health emergency ended in April, 2023. (Testimony).
3. Renewal paperwork is being sent to members in a blue envelope sometime between April, 2023 and April, 2024. (Eligibility Operations Memo 23-13 April 2023).
4. Appellant has his mail forwarded to him. (Testimony).
5. Appellant was sent a termination notice on October 11, 2023 for not completing the annual eligibility renewal within the allowed time. (Ex. 1).
6. Appellant testified he did not file an annual eligibility renewal. (Testimony).

## **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

(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.
- (B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

“At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth has put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away. These continuous coverage requirements ended April 1, 2023. Renewal paperwork will be sent to members in a blue envelope sometime between April 2023 and April 2024. It is crucial that members read all mail from MassHealth and respond to the renewal and any requests for information.” (Eligibility Operations Memo 23-13 April 2023).

At the outset of the hearing, appellant was asked to confirm his mailing address. He stated, “right now the address is in dispute because of an eviction.” He did state all his mail was forwarded to him from his address of record. He did not give another address.<sup>2</sup> As stated *supra*, appellant is obligated to report any changes to MassHealth. Appellant was asked if he ever received a request from MassHealth to complete an annual eligibility renewal. The appellant responded, “To my knowledge, I did not. I did log into the site and do a renewal.” (Testimony). I find appellant’s testimony unpersuasive that he did not receive a renewal from MassHealth. MassHealth sent out renewal paperwork at the end of the public health emergency, and appellant said his mail was forwarded. Also, according to appellant, unprompted, he logged onto MassHealth’s website to complete what he thought was a renewal. The worker testified appellant logged onto MassHealth’s website in June 2023 and made changes, but did not check off the appropriate box indicating it was a renewal. (Testimony). Additionally, later in his testimony, appellant admitted he did not file an eligibility form. He testified, “I did not file an eligibility form because I was told it specifically for if I wanted to be in a full time nursing home and I don’t.” (Testimony).

Appellant admitted he did not complete a renewal form and has not met his burden of proof. The appeal is denied.

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<sup>2</sup> On his Fair Hearing Request Form, dated November 1, 2023, appellant gave the [REDACTED] address. This is appellant’s address on the MMIS, (Ex. 6), the MassHealth notice, (Ex. 1), and the notice of hearing from the Board of Hearings. (Ex. 3).

## 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186