

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |            |                        |            |
|-------------------------|------------|------------------------|------------|
| <b>Appeal Decision:</b> | Approved   | <b>Appeal Number:</b>  | 2312866    |
| <b>Decision Date:</b>   | 1/31/2024  | <b>Hearing Date:</b>   | 01/12/2024 |
| <b>Hearing Officer:</b> | Emily Sabo | <b>Record Open to:</b> | 01/19/2024 |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jamie Mederios, Charlestown 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

|                           |   |                          |                       |
|---------------------------|---|--------------------------|-----------------------|
| <b>Appeal Decision:</b>   | Approved  | <b>Issue:</b>            | Eligibility; Under 65 |
| <b>Decision Date:</b>     | 1/31/2024   | <b>Hearing Date:</b>     | 01/12/2024            |
| <b>MassHealth's Rep.:</b> | Jamie Mederios  | <b>Appellant's Rep.:</b> | Pro se                |
| <b>Hearing Location:</b>  | Charlestown<br>MassHealth<br>Enrollment Center<br>(Telephone) | <b>Aid Pending:</b>      | 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 November 30, 2023, MassHealth stated it was terminating the Appellant's MassHealth Standard benefits, effective December 14, 2023, because MassHealth did not receive a renewal application from the Appellant (see 130 CMR 502.007(A) and Exhibit 1). The Appellant filed this appeal in a timely manner on December 11, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the Appellant that it was terminating his MassHealth Standard benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007(A), in terminating the Appellant's MassHealth Standard benefits for failing to submit a renewal application.

### Summary of Evidence

The Appellant appeared at the hearing telephonically and verified his identity. The Appellant testified that he is an adult between the ages of 21-64, who is a MassHealth Standard member. The Appellant testified that he never received a renewal application from MassHealth. The MassHealth representative testified that the Appellant provided MassHealth with a new address in October 2023, but that MassHealth sent the Appellant's renewal application to a prior address. The record was held open until January 19, 2024, for the Appellant and MassHealth representative to complete the renewal over the phone. On January 25, 2024, the Hearing Officer followed up with the parties to inquire as to the status of the matter. On January 26, 2024, the MassHealth representative responded that after the hearing he had phoned the Appellant and transferred him to the application assister. The MassHealth representative reported that the Appellant phoned him afterward and said that he was having problems with the MassHealth renewal application. The MassHealth representative indicated that MassHealth did not receive a completed renewal from the Appellant.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 (Testimony; Exhibit 4).
2. The Appellant did not receive a renewal application from MassHealth (Testimony).
3. The Appellant notified MassHealth of his changed address in October 2023 (Testimony).
3. MassHealth sent a termination notice, dated November 30, 2023, to the Appellant's updated address stating that it was based on him not submitting a renewal application (Testimony; Exhibit 1).

## Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 502.007 are as follows:

### 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.

(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) If the data match results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process.

(b) In addition, if the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(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 paper prepopulated renewal application, log onto his or her MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

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. If verification through electronic data match is unsuccessful, the MassHealth

agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

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).

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows.

1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(3) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility.

(a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.

2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.

3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.007.

Based on the evidence presented at hearing, I find that the Appellant did not receive a renewal application from MassHealth. Therefore, I find that MassHealth erred in terminating the Appellant's MassHealth Standard benefits for not submitting a renewal application. Therefore, the appeal is approved. I direct MassHealth to rescind the November 30, 2023, termination notice and review the Appellant's eligibility in accordance with 130 CMR 502.007(C).

## **Order for MassHealth**

Rescind the November 30, 2023, termination of benefits notice. Review the Appellant's eligibility in accordance with 130 CMR 502.007(C), and if further information is sought, follow the procedures outlined in 130 CMR 502.007(C).

## **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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

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