

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2401757
Decision Date:	3/14/2024	Hearing Date:	03/07/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Raisa Guzman



*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:	Start Date
Decision Date:	3/14/2024	Hearing Date:	03/07/2024
MassHealth's Rep.:	Raisa Guzman	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 December 5, 2023, MassHealth determined the appellant eligible for MassHealth Standard starting on November 25, 2023. (130 CMR 505.000; Exhibit 1). The appellant filed a timely appeal on February 2, 2024. (130 CMR 610.015). An agency determination regarding the scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant eligible for MassHealth Standard starting November 25, 2023. (130 CMR 505.002).

Issue

Whether MassHealth was correct in determining the eligibility start date for the appellant.

Summary of Evidence

The MassHealth representative at hearing testified that the agency sent the appellant an eligibility review and verification (ERV) form on May 16, 2023 with information due on or before June 30, 2023. MassHealth did not receive the renewal form within that time period.

In July 2023, MassHealth received information, likely from state or federal data, and determined the appellant eligible for MassHealth CommonHealth. On July 7, 2023, MassHealth issued a notice informing the appellant about a change in coverage due to a change in circumstances. The appellant's coverage changed from MassHealth Standard to MassHealth CommonHealth with a monthly premium of \$40. This change began in August 2023.

On October 12, 2023, the appellant contacted MassHealth regarding the bills she received for premium payments. During that call, the appellant was informed that her coverage would end if she did not make the premium payments. The MassHealth representative at hearing testified that records from the call indicate that the appellant reported a pregnancy to MassHealth. The appellant gave birth in January 2024. The MassHealth representative on the call informed the appellant that reporting the pregnancy could result in a change in coverage. The MassHealth representative on the call attempted to receive additional information from the appellant but the appellant stated that she was unable to stay on the call. The appellant did not contact MassHealth again until December 5, 2023.

On December 5, 2023, MassHealth obtained information from the appellant and determined the appellant eligible for MassHealth Standard. The MassHealth representative at hearing testified that the agency could only provide coverage 10 days prior to that call as the appellant's former coverage terminated in October 2023 due to nonpayment of premiums. The Board of Hearings did not receive a request for hearing until February 2024.

At hearing, the appellant testified that she did not believe that she should have been responsible for premium payments as she was not charged premiums in the past. Therefore, the appellant contacted MassHealth regarding the premiums due in October 2023. While the appellant acknowledged receipt of premium bills, the appellant testified that she did not receive any other notices from MassHealth so was not aware of the cancellation in coverage. All notices and bills were sent to the same address. The appellant testified at hearing that the address listed on all notices and bills was correct. The appellant testified that she was seeking coverage for an appointment in November 2023.

The MassHealth representative at hearing testified that the agency never received returned mail from the appellant.

Findings of Fact

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

1. On May 16, 2023, MassHealth sent the appellant an eligibility review and verification (ERV) form with information due on or before June 30, 2023.
2. MassHealth did not receive the renewal form within that time period.

3. In July 2023, MassHealth received information and determined the appellant eligible for MassHealth CommonHealth.
4. On July 7, 2023, MassHealth issued a notice informing the appellant about a change in coverage due to a change in circumstances.
5. The appellant's coverage changed from MassHealth Standard to MassHealth CommonHealth with a monthly premium of \$40.
6. This change began in August 2023.
7. On October 12, 2023, the appellant contacted MassHealth regarding the bills she received for premium payments.
8. On October 12, 2023, the appellant reported a pregnancy to MassHealth.
9. On October 12, 2023, the appellant ended the call with the agency before completing the review process for a possible change in coverage due to her pregnancy.
10. The appellant's coverage ended as of October 23, 2023.
11. The appellant contacted MassHealth on December 5, 2023.
12. Based on information received during that call, MassHealth determined the appellant eligible for MassHealth Standard as of November 25, 2023.
13. All notices were sent to the same address.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits for the individual or family. (130 CMR 501.003(A)). MassHealth offers several coverage types: Standard, CommonHealth, CarePlus, Family Assistance, Small Business Employee Premium Assistance and Limited. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 501.003(B)).

The appellant did not dispute the eligibility decision regarding the current coverage type. Instead, the appellant sought MassHealth coverage for an appointment in early November 2023.

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements for Medicaid. (MassHealth Eligibility Operations Memo 23-13, April 2023). Since March 2020, MassHealth 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. (MassHealth Eligibility Operations Memo 23-13, April 2023). These continuous coverage requirements ended April 1, 2023 and the agency began to redetermine eligibility by sending out renewal paperwork to all members. (MassHealth Eligibility Operations Memo 23-13, April 2023). Whenever possible, MassHealth automatically processes a member's renewal by matching their information against state and federal data. (MassHealth Eligibility Operations Memo 23-13, April 2023).

Pursuant to 130 CMR 502.007(A), MassHealth 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. (130 CMR 502.007(A)).

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. (130 CMR 502.007(C)(2)). MassHealth will notify the head of the household of the need to complete the renewal application. (130 CMR 502.007(C)(2)(a)).

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 MassHealth to complete the renewal application telephonically. (130 CMR 502.007(C)(2)(b)). If the renewal application is not completed within 45 days, MassHealth 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). (130 CMR 502.007(C)(2)(b)2.)

The appellant did not return the paper prepopulated renewal application, log into her MAConnector.org account or call MassHealth to complete the renewal application telephonically within 45 days from the date of a request sent in May 2023. MassHealth likely received information from electronic sources and determined the appellant eligible for MassHealth CommonHealth. On July 7, 2023 MassHealth issued a notice regarding the change

in coverage from MassHealth Standard to MassHealth CommonHealth with a premium of \$40.¹ The appellant did not make the premium payments.

Pursuant, to 130 CMR 506.011(D)(1), if MassHealth has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. The member will be sent a notice of termination before the date of termination. The MassHealth representative testified that the agency issued such notice in October 2023. The appellant did not appeal that notice. While the appellant claimed that she did not receive several notices from MassHealth, she did receive bills and talked to an agency representative about the need to pay premiums or her coverage would be cancelled. Therefore, the appellant was on notice of her coverage being cancelled and did not take action related to any cancellation until December 2023. While the notice terminating coverage is beyond the scope of this appeal as the appellant did not file an appeal until February 2024, this information is being included in this decision as the appellant was challenging the eligibility start date to fill a gap in coverage.²

Pursuant to 130 CMR 506.011(E)(1), after the member has paid in full all payments due, has established a payment plan with MassHealth, or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G), MassHealth will reactivate coverage. While the appellant did not take such action, she did report a pregnancy to MassHealth and was deemed eligible for MassHealth Standard. A person who is pregnant is eligible for MassHealth Standard if the Modified Adjusted Gross Income (MAGI) of the household is less than or equal to 200% of the federal poverty level (FPL). (130 CMR 505.002(D)). Neither party contested the appellant's eligibility for MassHealth Standard. It is likely that the appellant's eligibility for MassHealth Standard was based upon her status as a pregnant individual with income less than or equal to 200% of the FPL as the calculation of the premium for CommonHealth was for an individual with income at 200% of the federal poverty level and both parties acknowledged eligibility related to the appellant's pregnancy. (130 CMR 506.011(B)(2)(b)).

Pursuant to 130 CMR 502.006, the start date for individuals who are pregnant may be retroactive to the first day of the third calendar month prior to the submission of an application or the issuance of a decision regarding eligibility for a more comprehensive coverage. (130 CMR 502.006). As the appellant's coverage changed to a more comprehensive coverage due to her pregnancy, her new coverage may be retroactive up to September 1, 2023.

This new more comprehensive coverage does not require payment of a premium as pregnant

¹ Pursuant to 130 CMR 506.011(B)(2)(b), the full premium formula for adults eligible for MassHealth CommonHealth has a premium of \$40 for family groups with income between 200% and 210% of the federal poverty level.

² Pursuant to 130 CMR 610.015(B), the Board of Hearings must receive a request for hearing 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing. In this case, one can presume that the appellant received notice as she testified as to receiving several other notices from MassHealth.

individuals are exempted from premium payments. (130 CMR 506.011(J)(3)). Therefore, the appellant should not be responsible for premium bills from September 2023 or October 2023. Additionally, the regulations governing delinquent premium payments state that the member's eligibility will not be terminated if, before the date of the termination, a member is eligible for a nonpremium coverage type. (130 CMR 506.011(D)(1)(c)). As pregnant individuals are exempted from premium payments, the appellant's coverage should not have been terminated in October 2023 and the appellant should be deemed eligible for MassHealth Standard as of September 1, 2023. While the agency did not have this information at the time of the coverage termination, they had it at the time of the eligibility decision issued in December 2023 and should have provided MassHealth Standard coverage with a start date of September 1, 2023 at that time.

The decision made by MassHealth was not correct.

This appeal is approved.

Order for MassHealth

Rescind the notice on appeal and determine the appellant eligible for MassHealth Standard as of September 1, 2024.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

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