

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                  |                        |            |
|-------------------------|------------------|------------------------|------------|
| <b>Appeal Decision:</b> | Approved in part | <b>Appeal Number:</b>  | 2401771    |
| <b>Decision Date:</b>   | 04/18/2024       | <b>Hearing Date:</b>   | 02/27/2024 |
| <b>Hearing Officer:</b> | Mariah Burns     | <b>Record Open to:</b> | 03/26/2024 |

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jo-Ann Donovan, Charlestown MassHealth  
Enrollment Center



*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 in part | <b>Issue:</b>            | Under 65; Eligibility; Notice |
| <b>Decision Date:</b>     | 04/18/2024       | <b>Hearing Date:</b>     | 02/27/2024                    |
| <b>MassHealth's Rep.:</b> | Jo-Ann Donovan   | <b>Appellant's Rep.:</b> | Pro se                        |
| <b>Hearing Location:</b>  | Remote           | <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 December 12, 2023, MassHealth terminated the appellant's MassHealth Standard benefits because the appellant did not submit a renewal application. *See* 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on February 2, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard benefits.

### Issue

The appeal issue is whether MassHealth gave the appellant proper notice before terminating her MassHealth Standard benefits.

### Summary of Evidence

The appellant is an adult under the age of 65. MassHealth was represented by a worker from the

Charlestown MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence provided at hearing.

The appellant previously received MassHealth Standard through a parent's SSI benefits since at least 2004. The MassHealth representative reported that the appellant's benefits were being managed through the PACES computer system, which is in the process of being deactivated. Because of this, the appellant was required to submit a renewal application for benefits through MassHealth's HIX system. However, the MassHealth representative reported that she did not see any indication in MassHealth's system that the appellant was ever sent notice of the obligation to reapply for benefits. MassHealth regardless issued a notice on December 12, 2023, terminating the appellant's benefits with an effective date of December 26, 2023. The MassHealth representative agreed that the appellant should have been sent a renewal notice and that her benefits should not have been terminated without one.

The appellant reported that she did not know about her obligation to reapply for MassHealth benefits. She also conceded that she did not update her address changes with MassHealth because she was unaware of any need to.

The appeal record was kept open until March 26, 2024, for the appellant to submit a renewal application and for MassHealth to process and evaluate. On April 2, 2024, the MassHealth representative reported that the appellant submitted her renewal and was deemed ineligible for MassHealth benefits due to her income. She also stated that MassHealth would not apply retroactive coverage between the termination and eligibility determination dates because of the appellant's failure to provide an updated address.

## **Findings of Fact**

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

1. The appellant is an adult under the age of 65. Testimony, Exhibit 4.
2. Prior to December 26, 2023, the appellant was receiving MassHealth Standard benefits in the PACES system through a parent's SSI benefits. Testimony, Exhibit 4.
3. The PACES system is in the process of being decommissioned, and members whose benefits have been managed through this system must be transferred over to the HIX system by submitting a renewal application. Testimony.
4. On December 12, 2023, MassHealth issued a notice informing the appellant that her MassHealth Standard benefits were being terminated on December 26, 2023, for failure to submit a renewal application. Exhibit 1.

5. The appellant submitted a timely request for fair hearing on February 2, 2024. Exhibit 2.

6. MassHealth did not send the appellant notice of her obligation to submit a renewal application to continue with her benefits prior to terminating them on December 26, 2023. Testimony.

## Analysis and Conclusions of Law

MassHealth may review a member's eligibility based on a "member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide information within the requested time frames." 130 CMR 502.007(A). The agency first attempts an automatic renewal "based on electronic data matches with federal and state agencies." *Id.* at 502.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(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 household of the need to complete the renewal application.

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto their 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).

130 CMR 502.007(C)(2).

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”

In this case, the appellant reported that she never received notice informing her of her obligation to renew her MassHealth application. MassHealth confirmed that its system shows no indication that a renewal notice was ever sent to the appellant. Although the appellant’s prior coverage may not have been administered directly by MassHealth, MassHealth took the action to terminate the appellant’s coverage without confirmation that she received adequate notice of her need to submit a renewal. MassHealth’s argument that the appellant’s failure to notify the agency of an address change is unconvincing. The issue is not that MassHealth unknowingly sent a notice to an address no longer associated with the appellant, but that MassHealth failed to send notice at all. It is true that the appellant is obligated to notify MassHealth of any change in address, but a member’s failure to do so does not alleviate MassHealth’s requirement to send that member a renewal application to whatever address the agency has on file. *See* 130 CMR 501.010.(B). In fact, at hearing, the MassHealth representative agreed that the appellant’s benefits should not have been terminated without MassHealth sending a renewal notice.

Thus, I find that the MassHealth notice issued on December 12, 2023, terminating the appellant’s benefits was done so in error. MassHealth must reinstate the appellant’s MassHealth Standard benefits retroactive to the termination date of December 26, 2023. As MassHealth reported that the appellant submitted a renewal application and an eligibility determination was made, the appellant’s benefits should remain in place until at least ten days after the issuance of any notice generated from that eligibility determination. *See* 130 CMR 610.015(A).<sup>1</sup>

For the foregoing reasons, the appeal is hereby APPROVED. The appellant’s rights to appeal the new determination notice are preserved.

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<sup>1</sup> At hearing, the MassHealth representative reported concern that it would not be possible to reinstate the appellant’s coverage to December given the decommissioning of the prior computer system managing her benefits. However, it is through no fault of the appellant that her coverage was prematurely terminated, and MassHealth should be able to accommodate this ruling in HIX.

## **Order for MassHealth**

Reinstate the appellant's MassHealth Standard benefits retroactive to the termination date of December 26, 2023, until at least ten days after the issuance of the eligibility determination notice made on or around April 2, 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.

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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:

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