

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2402476
Decision Date:	5/1/2024	Hearing Date:	03/18/2024
Hearing Officer:	Susan Burgess-Cox	Record Open to:	4/26/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jenna Lanzillo



*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:	Eligibility
Decision Date:	5/1/2024	Hearing Date:	03/18/2024
MassHealth's Rep.:	Jenna Lanzillo	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	Aid Pending:	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 February 5, 2024, MassHealth notified the appellant that his MassHealth Standard Coverage will end on February 19, 2024 as they did not receive a renewal application to continue coverage. (130 CMR 502.007; Exhibit 1). The appellant filed a timely appeal on February 15, 2024. (130 CMR 610.015; Exhibit 2). An agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage as of February 19, 2024 as they did not receive a renewal application to continue coverage. (130 CMR 502.007).

Issue

Whether MassHealth was correct in terminating the appellant's coverage as of February 19, 2024.

Summary of Evidence

MassHealth sent the appellant a renewal application for health and dental coverage. The renewal application submitted to the agency was incomplete. After filing the appeal and prior to the hearing, the appellant submitted a renewal application to the Board of Hearings. (Exhibit 4). The MassHealth representative reviewed this submission and determined that the application was still incomplete. The appellant testified that he is bedridden and has others assist him with the submission of such documents. The individual who provides this assistance was not at the hearing. The record was held open to provide the appellant the opportunity to present additional evidence. (Exhibit 5).

During the record open period, MassHealth received a complete renewal application. (Exhibit 6). MassHealth processed the application and approved the appellant for MassHealth Standard as of April 6, 2024. (Exhibit 6).

Findings of Fact

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

1. MassHealth issued sent the appellant a renewal application for health and dental coverage.
2. The renewal application submitted to the agency was incomplete.
3. MassHealth terminated the appellant's coverage as of February 19, 2024.
4. During the appeal, the appellant submitted a complete renewal application.
5. On April 16, 2024, MassHealth accepted and processed the renewal application.
6. MassHealth determined the appellant eligible for MassHealth Standard as of April 6, 2024.

Analysis and Conclusions of Law

MassHealth reviews eligibility once every 12 months. (130 CMR 502.007(A)). 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. (130 CMR 502.007(A)). MassHealth updates eligibility based on information received as a result of such review. 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 MassHealth requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity. (130 CMR 502.007(A)).

In this case, MassHealth reviewed eligibility through a written update on a prescribed form. When the agency sends a household a prescribed form, the head of household is 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. (130 CMR 502.007(C)(2)(b)).

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. (130 CMR 502.007(C)(2)(b)1.). 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.).

Pursuant to 130 CMR 502.006(B), MassHealth benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036. (130 CMR 502.006(B)).

In this case, the agency took the proper steps to process a renewal application, the appellant did not complete the renewal application within 45 days, resulting in the agency terminating coverage no sooner than 14 days from the date of the termination notice. (130 CMR 502.006; 130 CMR 502.007). That decision was correct. However, during the course of the appeal, the appellant provided the renewal application.

The regulations governing the fair hearing process state that the effective date of any adjustments to a member's eligibility is the date on which all eligibility conditions are met, regardless of when the supporting evidence was submitted. (130 CMR 610.071(A)(2)). As the appellant presented the renewal application during the course of the appeal, the effective date of the adjustment is the date in which the information was due in February 2024. Therefore, MassHealth should rescind the notice on appeal and approve coverage back to the date of termination, February 19, 2024 rather than the date in April noted by the MassHealth representative during the record open

period.

This appeal is approved.

Order for MassHealth

Rescind the notice on appeal and determine the appellant eligible for MassHealth Standard as of February 19, 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186