

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402667
Decision Date:	06/11/2024	Hearing Date:	03/29/2024
Hearing Officer:	Scott Bernard	Record Open to:	05/02/2024

Appearance for Appellant:




Appearance for MassHealth:

Sherri Paiva (Taunton 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

Appeal Decision:	Denied	Issue:	Under 65/Failure to Complete Renewal Application
Decision Date:	06/11/2024	Hearing Date:	03/29/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center	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 January 31, 2024, MassHealth informed the appellant that her MassHealth coverage would end on February 14, 2024 because she did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available federal and state data sources. (See 130 CMR 502.007(C) and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on February 15, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant's request, the record was kept open until May 2, 2024, to allow the appellant an opportunity to submit a renewal application at which time the record closed. (Ex. 5).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage because she did not complete the annual eligibility renewal within the allowed time.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007(C), in

determining that the appellant did not complete the annual eligibility renewal.

Summary of Evidence

The hearing was held by telephone. An eligibility worker for the Taunton MassHealth Enrollment Center (MEC) represented MassHealth and the appellant represented herself.

According to the MassHealth Medicaid Management Information System (MMIS), the appellant is under the age of 65. (Ex. 3). MMIS indicated that from February 20, 2021 through February 14, 2024 the appellant received MassHealth Standard as a disabled person with a Buy-In. (Ex. 3). The MassHealth representative stated that the appellant lives in a household of one. (Testimony). The appellant's last reported income was \$1,562.00 per month from Social Security Disability Insurance (SSDI), which placed her under 133% of the Federal Poverty Level (FPL) for a household of one. (Testimony). The MassHealth representative testified that in a letter dated December 11, 2023, MassHealth notified the appellant that she needed to complete her annual eligibility renewal within 45 days. (Testimony). After the expiration of 45 days, MassHealth had not received a completed renewal from the appellant. (Testimony). For that reason, MassHealth sent the appellant a notice on January 31, 2024 informing her that her MassHealth coverage would end by February 14, 2024 because she did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available federal and state data sources. (Ex. 1; Testimony). The appellant appealed this notice on February 15, 2024, by which time the appellant MassHealth coverage had ended. (Ex. 2; Ex. 3). The MassHealth representative stated that the appellant's coverage remained closed and that the appellant still needed to submit an eligibility renewal. (Testimony). Once she did so, MassHealth would make a new eligibility determination. (Testimony).

The appellant confirmed that the address to which MassHealth sent the December 11, 2023 letter was correct. (Testimony). The appellant stated that she did not receive the December 11, 2023 letter. (Testimony). The last letter she did receive from MassHealth was in September 2023, and this letter informed her that she did not need to do anything. (Testimony). The appellant asked that she be given more time to submit the renewal application and she agreed to do so by May 2, 2024. (Testimony). The appellant asked for and the MassHealth representative listed the addresses for the MECs that were nearest to the appellant's address. (Testimony). The appellant was unsure as to the exact time she would be able to get to the MECs to complete the renewal but that she would be able to do so by May 2, 2024. (Testimony).

On May 2, 2024, the MassHealth representative emailed the hearing officer stating that as of that date MassHealth had not received a renewal application from the appellant. (Ex. 5).

Findings of Fact

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

1. The appellant is under the age of 65. (Ex. 3).
2. The appellant lives in a household of one. (Testimony).
3. From February 20, 2021 through February 14, 2024 the appellant received MassHealth Standard as a disabled person with a Buy-In. (Ex. 3).
4. The appellant's last reported income was \$1,562.00 per month from SSDI, which placed her under 133% of the FPL for a household of one. (Testimony).
5. In a letter dated December 11, 2023, MassHealth notified the appellant that she needed to complete her annual eligibility renewal within 45 days. (Testimony).
6. The appellant confirmed that MassHealth sent the December 11, 2023 letter to the correct address but stated that she did not receive that letter. (Testimony).
7. The appellant did not return a completed eligibility renewal to MassHealth within 45 days of December 11, 2023. (Testimony).
8. On January 31, 2024, MassHealth sent the appellant a notice informing her that her MassHealth coverage would end by February 14, 2024 because she did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available federal and state data sources. (Ex. 1; Testimony).
9. The appellant appealed the January 31, 2024 notice on February 15, 2024 by which time her coverage had ended. (Ex. 2; Ex. 3).
10. As of the date of the hearing, the appellant's coverage remained closed because the appellant still needed to submit an eligibility renewal. (Testimony).
11. The appellant asked that she be given more time to submit the renewal application and she agreed to do so by May 2, 2024. (Testimony).
12. On May 2, 2024, the MassHealth representative emailed the hearing officer stating that as of that date MassHealth had not received a renewal application from the appellant. (Ex. 5).

Analysis and Conclusions of Law

MassHealth reviews eligibility at least once every 12 months. (130 CMR 502.007(A)). MassHealth updates eligibility based on information received as a result of such review. (Id.). MassHealth reviews in several different ways: by information matching with other agencies, health insurance carriers, and information sources; through a written update of the member's circumstances on a prescribed form; through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or based on information in the member's case file. (Id.).

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 household of the need to complete the renewal application. (130 CMR 502.007(C)(2)(a)). 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 MassHealth to complete the renewal application telephonically. (130 CMR 502.007(C)(2)(b)). If the renewal application is not completed within 45 days, the MassHealth agency uses information received from electronic sources, if available, and redetermines eligibility; or if information is not available from electronic sources, terminates MassHealth coverage. (130 CMR 502.007(C)(2)(b)(2)).

On December 11, 2023, MassHealth sent the appellant a letter informing her that she needed to complete and return an eligibility renewal form to MassHealth within 45 days of that date. MassHealth did not receive the requested eligibility renewal from the appellant by January 25, 2024, which was 45 days after December 11, 2023. For that reason, MassHealth notified the appellant in writing on January 31, 2024 that her coverage would end by February 14, 2024 because she did not submit the eligibility renewal. Even though the appellant did submit a timely appeal on February 15, 2023, the appellant's MassHealth coverage had already closed on February 14, 2024 and remained closed as of the date of the hearing. At the hearing, the appellant stated that she did not receive the December 11, 2023 letter from MassHealth. The appellant asked that she be given more time to submit a completed eligibility renewal and agreed to do so by May 2, 2024. The appellant, however, did not submit the eligibility renewal application by that date.

For the above reasons, the appeal is DENIED.

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.

Scott Bernard

Hearing Officer
Board of Hearings

cc:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA
02780