

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402676
Decision Date:	05/28/2024	Hearing Date:	03/22/2024
Hearing Officer:	Casey Groff, Esq.	Record Open to:	03/29/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kimberly Daughtry, Springfield 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:	Eligibility; Under 65; Renewal
Decision Date:	05/28/2024	Hearing Date:	03/22/2024
MassHealth's Rep.:	Kimberly Daughtry	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	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 2/9/24, MassHealth notified Appellant that his Standard benefit would end on 2/23/24 because MassHealth had not received his "renewal application to continue [his] health coverage. 130 CMR 502.007(A)." See Exh. 1. Appellant filed this appeal in a timely manner on 02/22/2024. See 130 CMR 610.015(B) and Exhibit 2. Termination of coverage is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's Standard benefit on 2/23/24 because he did not complete a renewal application by the required submission deadline.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's Standard benefit for failure to submit a renewal application within the required timeframe.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is under the age of 65 and had been receiving a MassHealth Standard benefit. On 11/16/23, MassHealth notified Appellant that he needed to submit a renewal application to MassHealth by 12/31/23 to determine continued eligibility for benefits. MassHealth testified that it did not receive a renewal from Appellant, as requested. Through a notice dated 2/9/24, MassHealth notified Appellant that it would be ending his MassHealth coverage on 2/23/24 because it had not received his “renewal application to continue [his] health coverage. 130 CMR 502.007(A).” See Exh. 1. As of the hearing date, MassHealth had not received a completed renewal from Appellant.

Appellant appeared at the hearing by telephone and testified that after he received the renewal notice, he had to temporarily move out of his building due to health reasons / pest issues. As a result, he has been homeless, temporarily living out of his car or in a shelter, and all his documents have been misplaced. Appellant testified that he was unable to meet the renewal deadline because of these difficulties and would like his coverage reinstated. Appellant indicated that because he is aware his coverage ended, he has not had any doctor’s appointments or incurred any medical expenses since his coverage ended.

The MassHealth representative indicated that she would assist Appellant after the appeal in getting him to the correct unit where he could complete a renewal over the phone. Until all renewal information was received, however, MassHealth could not reinstate his benefit. Once he completes the renewal process, MassHealth can then reinstate his benefit, assuming all eligibility criteria are met, with an effective benefit date 10 days prior to completion of the renewal. If he were to complete the renewal within the next week, he should not have any issues given that he has not yet incurred medical expenses.

Following the hearing, the record was left open for a week for Appellant to complete the renewal and allow MassHealth to respond as to the status of his benefit. See Exh. 6. At the close of the record open period, MassHealth confirmed that, after making efforts to assist Appellant with the renewal, he had not completed the renewal and needed to submit proof of identity.¹

Findings of Fact

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

1. Appellant is under the age of 65 and had been receiving a MassHealth Standard benefit.

¹ The representative stated that Appellant was aware of the outstanding information need by MassHealth to redetermine eligibility and the necessary proof of identity.

2. On 11/16/23, MassHealth notified Appellant that he needed to submit a renewal application to MassHealth by 12/31/23 to determine continued eligibility for benefits.
3. Through a notice dated 2/9/24, MassHealth notified Appellant that it would be ending his coverage on 2/23/24 because it had not received his “renewal application to continue [his] health coverage. 130 CMR 502.007(A).” See Exh. 1.
4. As of the hearing date, MassHealth had not received a completed renewal from Appellant.
5. Following the hearing, the record remained open for a week for Appellant to complete the renewal.
6. As of the renewal end date, Appellant had not completed the renewal.

Analysis and Conclusions of Law

Pursuant to 130 CMR 501.010(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...”. As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

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

....

(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.

See 130 CMR 502.007; see also 130 CMR 516.007 (setting forth the same requirements for MassHealth eligibility determinations for individuals aged 65 and over).

When MassHealth either cannot determine a member’s continued eligibility through electronic data matches or when information is obtained but would change the member’s eligibility to a

less comprehensive benefit, MassHealth outlines the following renewal process:

- (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 ... renewal application, ...
 - 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. ...
 - 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).***

See 130 CMR 502.007(C)(emphasis added)

In the instant case, MassHealth notified Appellant on 11/16/23 that he needed to submit a renewal by 12/31/23 in order to determine his continued eligibility for his Standard. Appellant received the notice but lost it and was unable to complete the renewal by the deadline. In accordance with 130 CMR 502.007(A), MassHealth appropriately notified Appellant, pursuant to its 2/9/24 notice that his coverage would end on 2/23/24 for non-completion of the renewal. See Exh. 1. At hearing, Appellant requested that MassHealth reinstate his benefit; however, as of the hearing date, he failed to complete the renewal. The record was left open for a week for Appellant to complete the renewal. On the record close date, Appellant had not submitted all renewal information needed for MassHealth to redetermine eligibility for benefits.

In accordance with the above-mentioned regulations, MassHealth did not err in determining coverage pursuant to its 2/6/24 notice. 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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88
Industry Avenue, Springfield, MA 01104