

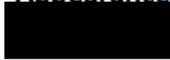
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2402693
Decision Date:	03/22/2024	Hearing Date:	03/18/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for MassHealth:

Maribel Sepulveda



*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; Over 65
Decision Date:	03/22/2024	Hearing Date:	03/18/2024
MassHealth's Rep.:	Maribel Sepulveda	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 January 11, 2024, MassHealth notified the appellant that he was not eligible for MassHealth as he did not complete the annual eligibility renewal within the allowed time and the agency was unable to renew coverage based on available federal and state data sources. (130 CMR 502.007(C)(2); Exhibit 1A). Through a notice dated February 6, 2024, MassHealth determined that the appellant does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan as he is 65 years of age or older and did not complete the correct application for individuals 65 years of age or older. (130 CMR 501.002; Exhibit 1B). The appellant filed a timely appeal for both decisions on February 20, 2024. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth as he did not complete the annual renewal within the time allowed and subsequently determined that he did not complete the correct application for individuals 65 years of age or older. (130 CMR 502.007; 130 CMR 501.002).

Issue

Whether MassHealth was correct in determining that the appellant was not eligible for failure to complete an annual renewal within the time allowed and then not completing the correct application for individuals 65 years of age or older.

Summary of Evidence

The appellant is 65 years of age or older. The appellant was eligible for MassHealth. In November 2023, MassHealth sent the appellant an eligibility review form for seniors and certain people needing long-term care services because records showed that the appellant did or will turn 65 years of age or older and different rules apply to people 65 years of age or older. MassHealth asked the appellant to respond with the completed form and any other documents by December 25, 2023. (Testimony; Exhibit 4). On January 11, 2024, MassHealth issued a notice ending the appellant's coverage as of January 25, 2024 as he did not complete the annual eligibility renewal within the time allowed and the agency was not able to renew coverage based on available federal and state data sources. (Testimony; Exhibit 1A). The notice also states that if the appellant completes the annual eligibility renewal within 90 days from the coverage end date of January 25, 2024, the agency will reconsider his eligibility. (Testimony; Exhibit 1A).

On February 6, 2024, the appellant contacted the agency regarding the termination of his coverage. During that call, the MassHealth agent accidentally entered information into the system for individuals under the age of 65. This error resulted in the system generating the notice on appeal determining that the appellant does not qualify for MassHealth as he is 65 years of age or older and did not complete the correct application for individuals 65 years of age or older. (Testimony; Exhibit 1B). Upon discovering the error, the MassHealth agent made a correction and entered the appellant's information in the appropriate system generating a request for information dated February 8, 2024. (Exhibit 4). The MassHealth representative at hearing testified that the appellant's eligibility for coverage as a member 65 years of age or older is still under review. The appellant has until May 8, 2024 to provide information necessary to determine eligibility as a member 65 years of age or older including a current bank statement. (Testimony; Exhibit 4). The MassHealth representative at hearing testified that this agency error should not result in a gap in coverage if the appellant is deemed eligible for MassHealth as the agency recognized the error and is continuing to process the eligibility review.

Findings of Fact

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

1. The appellant is 65 years of age or older.

2. The appellant was eligible for MassHealth.
3. In November 2023, MassHealth sent the appellant an eligibility review form for seniors and certain people needing long-term care services because their records showed that the appellant did or will turn 65 years of age or older and different rules apply to people 65 years of age or older.
4. MassHealth asked the appellant to respond with the completed form and any other documents by December 25, 2023.
5. On January 11, 2024, MassHealth issued a notice ending the appellant's coverage as of January 25, 2024 as he did not complete the annual eligibility renewal within the allowed time and the agency was not able to renew coverage based on available federal and state data sources.
6. On February 6, 2024, the appellant contacted the agency regarding the coverage termination.
7. During the February 6, 2024 telephone call, the MassHealth agent accidentally entered information into the system for individuals under the age of 65.
8. This agency error resulted in the system generating the notice on appeal on that same day.
9. Upon discovering the error, the MassHealth agent made a correction and entered the appellant's information in the appropriate system generating a request for information dated February 8, 2024.
10. The appellant's eligibility for coverage as a member over the age of 65 is still under review.
11. The appellant has until May 8, 2024 to provide information necessary to determine eligibility including a current bank statement.

Analysis and Conclusions of Law

MassHealth reviews eligibility once every 12 months. (130 CMR 516.007(A)). Eligibility may also be reviewed as a result of a member's changes 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 516.007(A)). MassHealth updates eligibility based on information received as the result of such review. (130 CMR 516.007(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; or
- (4) based on information in the member's case file. (130 CMR 516.007(A)).

MassHealth 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; or
- (3) the member is no longer eligible for MassHealth. (130 CMR 516.007(B)).

MassHealth reviews eligibility in a variety of ways including an automatic renewal and a renewal application. (130 CMR 516.007(C)). If an individual is residing in the community and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a MassHealth eligibility review form must be completed. (130 CMR 516.007(C)(2)). MassHealth will notify the member of the need to complete the MassHealth eligibility review form. (130 CMR 516.007(C)(2)(a)). The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form. (130 CMR 516.007(C)(2)(b)). If the review 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 (C)(2)(b)1.) If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice. (130 CMR 516.007(C)(2)(b)2.)

The published regulations state that if the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. (130 CMR 516.007(C)(2)(b)3.).¹ Eligibility may be established retroactive to the date of termination, if otherwise eligible. (130 CMR 516.007(C)(2)(b)3.). In this case, the appellant contacted the agency to process a review form on February 6, 2024 which was within 30 days from the date of termination, January 25, 2024. Therefore, MassHealth should continue to process the review with the possibility of establishing eligibility retroactive to the date of termination if the appellant is otherwise eligible. (130 CMR 516.007(C)(2)(b)3.). The decision made by MassHealth terminating coverage due to the appellant not completing the correct application was not correct. While the

¹ In addition to the regulatory allowance of up to 30 days to submit the requested review form from the date of termination, in April 2023, MassHealth set forth policy updates to support return to normal operations following the termination of continuous coverage requirements issued by the federal government at the beginning of the COVID-19 public health emergency (PHE). These policy updates include allowing the agency to consider renewal applications up to 90 days if benefits were terminated because the renewal application was not received by the due date. (Eligibility Operations Memo 23-13). If a member submits their renewal application within 90 days of the termination date, and is determined eligible for a MassHealth benefit, the start date will be retroactive to the date of the termination. (Eligibility Operations Memo 23-13). MassHealth will automatically provide this start date to all eligible members that complete their renewal application within 90 days of their benefit termination. (Eligibility Operations Memo 23-13).

agency recognized this error and is taking action to correct the decisions on appeal, this appeal is approved to ensure the possibility of establishing eligibility retroactive to the date of termination, if the appellant is otherwise eligible.

Order for MassHealth

Rescind the notices on appeal and continue to process the eligibility review as if it was received within the time period listed on the original eligibility review request.

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