

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Numbers:	2403036
Decision Date:	6/20/2024	Hearing Date:	04/04/2024
Hearing Officer:	Scott Bernard	Record Open to:	05/08/2024

Appearance for Appellants:



Appearance for MassHealth:

Jeffrey Arnold (Quincy MEC) *via* telephone

Interpreter:



*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:	Under 65/Failure to Complete Renewal Application
Decision Date:	6/20/2024	Hearing Date:	04/04/2024
MassHealth's Rep.:	Jeffrey Arnold	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	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 separate notices dated February 7, 2024, MassHealth informed the appellant and her younger son that their MassHealth coverage would end on February 21, 2024, because they did not complete the annual eligibility review within the time allowed and MassHealth was not able to renew their coverage based on available federal and state data sources. (See 130 CMR 502.007(C)(2); Exhibit (Ex.) 1A, 1B). The appellant (on behalf of herself and her younger son) filed appeals in a timely manner on February 22, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

The record was kept open until May 8, 2024 in order to allow the appellant an opportunity to submit the renewal application after which it closed.

Action Taken by MassHealth

MassHealth terminated coverage for the appellant, and her younger son because they 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 and her younger son did not complete the annual eligibility renewal.

Summary of Evidence

MassHealth was represented by an eligibility worker from the Quincy MassHealth Enrollment Center (MEC) and the appellant represented herself and her minor son. At the appellant's request, BOH arranged for interpretation in the appellant's preferred language. All individuals appeared at the hearing by telephone.

According to the MassHealth Medicaid Management Information System (MMIS), the appellant is under the age of 65 years old, and her younger son is under the age of 18 years old. (Ex. 3A; Ex. 3B). The appellant is not a citizen, and her younger son is a citizen. (Ex. 3A; Ex. 3B). Until February 21, 2024, the appellant received MassHealth Limited, and her younger son received MassHealth Standard. (Ex. 3A; Ex. 3B).

The MassHealth representative stated that the appellant lives in a household of four individuals, including herself, her younger son, her husband, and her older son. (Testimony). In early December 2023, MassHealth sent the appellant a pre-populated renewal application for her and the three other members of her household. (Testimony). MassHealth did not receive the completed renewal within 45 days of the request. On February 7, 2024, MassHealth issued separate notices to the appellant and her younger son informing them that their respective MassHealth benefits would end on February 21, 2024 because they did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available state data sources. (Testimony; Ex. 1A; Ex. 1B).

The MassHealth representative stated that a week prior to the hearing, he mailed a renewal form to the appellant's address and that all the appellant needed to do was sign and return it to MassHealth so that MassHealth could process the renewal and determine eligibility. (Testimony). The MassHealth representative stated that the renewal application was for all four members of the household. (Testimony). There was also a stamped return envelope. (Testimony).

The appellant confirmed receiving this renewal application and was concerned that there was a lot of information in the renewal that she needed fill in. (Testimony). The MassHealth representative responded by stating that the application was pre-populated, which meant that it was mostly complete already. (Testimony). The appellant just needed to review the information and if there was any information that was incorrect or not accurate she could report the correct information in the blank space to the right. (Testimony). If the information was correct she could leave it alone. (Testimony). The appellant agreed to submit this completed application by May 8, 2024.

(Testimony).

On June 20, 2024, a MassHealth team leader informed the hearing officer that the MassHealth representative at the hearing was no longer with MassHealth but his supervisor reported that the appellant submitted the annual renewal on April 10, 2024, MassHealth processed it on April 12, 2024 and all requested verifications were received at MassHealth by April 26, 2024. (Ex. 5).

Findings of Fact

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

1. The appellant lives in a household of four consisting of herself, her younger son, her elder son, and her husband. (Testimony).
2. The appellant is under the age of 65 years old, and her younger son is under the age of 18 years old. (Ex. 3A; Ex. 3B).
3. The appellant is not a citizen, and her younger son is a citizen. (Ex. 3A; Ex. 3B).
4. Until February 21, 2024, the appellant received MassHealth Limited, and her younger son received MassHealth Standard. (Ex. 3A; Ex. 3B).
5. In early December 2023, MassHealth sent the appellant a pre-populated renewal application for her and the three other members of her household. (Testimony).
6. MassHealth did not receive the completed renewal within 45 days of the request. (Testimony).
7. On February 7, 2024, MassHealth issued separate notices to the appellant and her younger son informing them that their respective MassHealth benefits would end on February 21, 2024 because they did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available state data sources. (Testimony; Ex. 1A; Ex. 1B).
8. One week prior to the hearing, the MassHealth representative mailed a pre-populated renewal form with a self-addressed stamped envelope to the appellant's address. (Testimony).
9. The renewal listed the four members of the appellant's household. (Testimony).
10. The appellant needed to sign and return the renewal to MassHealth so that MassHealth could process the renewal and determine the household's eligibility. (Testimony).
11. The appellant confirmed that she received the renewal form, and agreed to submit the

completed and signed form to MassHealth by May 8, 2024. (Testimony).

12. On June 20, 2024, a MassHealth team leader informed the hearing officer that the MassHealth representative at the hearing was no longer with MassHealth but his supervisor reported that the appellant submitted the annual renewal on April 10, 2024, MassHealth processed it on April 12, 2024 and all requested verifications were received at MassHealth by April 26, 2024.

Analysis and Conclusions of Law

MassHealth reviews eligibility annually through various methods, including data matching and member updates. (130 CMR 502.007(A)). If electronic data matches are inconclusive or suggest reduced benefits, households must complete a renewal application within 45 days of notification; otherwise, MassHealth will reassess based on available information, or if information is not available from electronic sources, terminate coverage. (130 CMR 502.007(C)).

In early December 2023, MassHealth sent the appellant letters informing her that she needed to complete and return an eligibility renewal form for herself and her son to MassHealth within 45 days. MassHealth did not receive the requested eligibility renewal from the appellant within 45 days. For that reason, MassHealth notified the appellant and her younger son in separate notices dated February 7, 2024 that her coverage and that of her younger son would end by February 21, 2024. Based on these facts, MassHealth properly terminated the appellant and her son's coverage for failure to submit a renewal in a timely manner.

The appellant submitted a timely appeal of those termination notices on February 22, 2023. (130 CMR 610.015(B)). At the hearing, the MassHealth representative stated that he sent the appellant another pre-populated renewal form a week prior to the hearing and the appellant confirmed receiving that renewal form. After the MassHealth representative explained that the appellant just needed to sign and return the renewal, the appellant agreed to do so by May 8, 2024. The record was therefore left open until that date. (See 130 CMR 610.071). On June 20, 2024, MassHealth confirmed that the appellant submitted the eligibility review form by April 12, 2024 and also submitted verifications MassHealth subsequently requested by April 26, 2024. The appellant complied with the terms of the record open agreed upon at the hearing.

The hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. (130 CMR 610.071(A)(2)).

During the record open period, the appellant submitted the requested review form and all information requested by MassHealth to process her application. It is concerning that

MassHealth did not inform the hearing officer in April, 2024 that the review form was submitted and that MassHealth processed the appellant's case. Rather MassHealth did not inform the hearing officer of this until the hearing officer reached out in June, 2024. The appeal was still pending at BOH in April, 2024 and the appellant could have potentially lost appeal rights on an April, 2024 MassHealth notice, believing that an appeal would not be necessary since the case was still pending before BOH. Because all requested information was submitted during the appeal process, MassHealth shall reinstate the appellant's and her child's MassHealth benefits retroactive to the termination date of February 21, 2024 pursuant to 130 CMR 610.071(A)(2). If the substantive notice issued in April, 2024 was a denial, then MassHealth shall reissue such notice so that the appellant has appeal rights on the notice. If the substantive notice issued in April, 2024 was an approval, MassHealth need only make the coverage retroactive to February 21, 2024.

The appeal is APPROVED.

Order for MassHealth

Reopen the appellant's coverage back to the termination date of February 21, 2024 and re-issue the substantive notice of eligibility from April, 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.

Scott Bernard
Hearing Officer
Board of Hearings

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171