

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403045
Decision Date:	5/23/2024	Hearing Dates:	04/02/2024; 05/23/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Omira Canelo, Tewksbury 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
Decision Date:	5/23/2024	Hearing Dates:	04/02/2024; 05/23/2024
MassHealth's Rep.:	Omira Canelo	Appellant's Rep.:	Pro se
Hearing Location:	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 February 9, 2024, MassHealth notified Appellant that MassHealth coverage would terminate on February 23, 2024 because a renewal application was not returned to MassHealth (130 CMR 502.007 and Exhibit 1). Appellant filed this appeal in a timely manner on February 28, 2024 (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032). A hearing was scheduled for April 2, 2024, and was rescheduled and held on May 23, 2024 (Exhibit 3).¹

Action Taken by MassHealth

MassHealth notified Appellant that MassHealth coverage would terminate on February 23, 2024 because a renewal application was not returned to MassHealth.

Issue

¹ On April 1, 2024, Appellant's attorney withdrew representation (Exhibit 3, p.5). The Board of Hearings dismissed the appeal (Exhibit 4, p. 7). Appellant appeared in person for the April 2, 2024 hearing, which was rescheduled to May 23, 2024 and held telephonically.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007 in terminating coverage on February 23, 2024 for failure to return a renewal application.

Summary of Evidence

The MassHealth representative testified that on November 11, 2023 MassHealth sent a renewal application to Appellant which was due back to MassHealth by December 31, 2023. On February 9, 2024, MassHealth issued a notice informing Appellant that his CommonHealth coverage would terminate on February 23, 2024 because Appellant did not return the renewal application (Exhibit 1). The MassHealth representative testified that MassHealth has not received the renewal application. The MassHealth representative testified that Appellant has the option to complete the application by telephone by calling 1-800-841-2900, or online at MAHealthConnector.org, or a paper application can be sent to Appellant, or Appellant can complete the application in person at any of the MassHealth enrollment centers.

Appellant testified that he cannot return the renewal application because he feels that he cannot be part of a scheme to defraud the U.S. Government.

Findings of Fact

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

1. On November 11, 2023, MassHealth sent a renewal application to Appellant which was due back to MassHealth by December 31, 2023.
2. On February 9, 2024, MassHealth issued notice informing Appellant that his CommonHealth coverage would terminate on February 23, 2024 because Appellant did not return the renewal application.
3. MassHealth has not received a renewal application from Appellant.

Analysis and Conclusions of Law

130 CMR 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. The MassHealth agency 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.

(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.

(C) Eligibility Reviews. MassHealth reviews eligibility in the following ways.

(1) Automatic Renewal. Households whose continued eligibility can be determined based on electronic data matches with federal and state agencies will have their eligibility automatically renewed.

(a) If the data match results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process.

(b) In addition, if the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing him or her of the start date for the new coverage. The start date of the new coverage is described at 130 CMR 502.006, except that premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month that the insurance deduction begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

(2) Prepopulated Renewal Application. 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.

(a) The MassHealth agency will notify the head of household of the need to complete the renewal application.

(b) 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 the MassHealth agency to complete the renewal application telephonically.

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. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.
 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).
 3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.
 4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.
 5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.
- (c) If the member's coverage type changes, the start date for the new coverage type is determined as follows.
1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).
 2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).
- (3) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility.
- (a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.
2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.
3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing them of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.008: Notice:

(A) The MassHealth agency provides all applicants and members a written notice of the eligibility determination for MassHealth. The notice contains an eligibility decision for each member who has requested MassHealth, and either provides information so the applicant or member can determine the reason for any adverse decision or directs the applicant or member to such information.

(B) The MassHealth agency also provides members a notice, in accordance with 130 CMR 610.015: *Time Limits*, of any loss of coverage, or any changes in coverage type, premium, or premium assistance payments.

(C) The notices described in 130 CMR 502.008(A) and (B) provide information about the applicant's and member's right to a fair hearing, with the exception of notices about hospital-determined presumptive eligibility, as described in 130 CMR 502.003(H), and notices about federal or state law requiring an automatic change adversely affecting some or all members, as described in 42 CFR 431.220(b). Information about the appeal process is found at 130 CMR 610.000: *MassHealth: Fair Hearing Rules*.

On November 11, 2023, MassHealth sent to Appellant a renewal application which was due back to MassHealth by December 31, 2023. On February 9, 2024, MassHealth issued a notice informing Appellant that his CommonHealth coverage would terminate on February 23, 2024 because Appellant did not return the renewal application (Exhibit 1). MassHealth has not received the

renewal application from Appellant. Appellant has the option to complete the application by telephone by calling 1-800-841-2900, or online at MAHealthConnector.org, or a paper application can be sent to Appellant, or Appellant can complete the application in person at any of the MassHealth enrollment centers.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

Appeals Coordinator: Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957