

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404335
Decision Date:	07/12/2024	Hearing Date:	04/26/2024
Hearing Officer:	Emily Sabo	Record Open to:	05/24/2024

Appearance for Appellant:



Appearance for MassHealth:

Nivdarla Anselme, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility—Over 65
<b>Decision Date:</b>	07/12/2024	<b>Hearing Date:</b>	04/26/2024
<b>MassHealth's Rep.:</b>	Nivdarla Anselme	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	Yes

### 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 March 8, 2024, MassHealth notified the Appellant that it was ending his MassHealth benefits and would no longer pay for his Medicare premium, coinsurance and deductibles because he did not return his eligibility review form (Exhibit 1 (citing 130 CMR 502.007 and 130 CMR 516.006)). The Appellant filed this appeal in a timely manner on March 20, 2024. 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefits, effective March 22, 2024.<sup>1</sup>

### Issue

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<sup>1</sup> The Appellant's benefits were protected in "aid pending" during the pendency of this appeal.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.007, in determining that the Appellant did not complete the eligibility renewal and terminating his benefits.

## Summary of Evidence

The hearing was held telephonically. The Appellant verified his identity. The MassHealth representative testified as follows: the Appellant is an adult over the age of 65 and has a household size of one. The Appellant was sent an eligibility renewal form on January 18, 2024. The MassHealth representative testified that the Appellant's income is \$1,119/month, the source of which is Social Security income. The MassHealth representative testified that the Appellant needed to complete a review form. The MassHealth representative testified that MassHealth's records indicated that he had a checking and savings account, and a vehicle. The MassHealth representative testified that from 2015-2021, his MassHealth benefit renewed automatically.

The record was held open until May 10, 2024, for the Appellant to complete and submit the renewal form, and until May 24, 2024, for MassHealth to review and respond. The MassHealth representative stated that MassHealth did not receive a renewal from the Appellant. Exhibit 7.

## Findings of Fact

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

1. The Appellant is an adult over the age of 65 and has a household size of one. Testimony; Exhibit 4.
2. The Appellant has a monthly income of \$1,119/month, the source of which is Social Security income. Testimony.
3. MassHealth did not receive a renewal application from the Appellant. Testimony; Exhibit 7.

## Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 516.007 provide the following regarding eligibility reviews:

### 516.007: 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 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. The MassHealth agency updates eligibility based on information received as the 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; 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; 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) The MassHealth agency will notify the member if eligibility has been reviewed using the automatic renewal process.

(b) If the member's coverage type changes to a more comprehensive benefit, the start date for the new coverage is determined as described at 130 CMR 516.006.

(2) MassHealth Eligibility Renewal Application. If the 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.

(a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.

(b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.

1. 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.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. 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. Eligibility may be established retroactive to the date of termination,

if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

(3) Review Form for Individuals in Need of Long-term-care Services in a Nursing Facility. If the individual is in need of long-term-care services in a nursing facility 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 written update of the member's circumstances on a prescribed form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the prescribed review form.

(b) The member will be given 45 days to return the review form to the MassHealth agency.

1. 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.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. 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. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

(4) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 516.004 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 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 him or her of the start date for the new benefit. The effective date of the change is the date of the redetermination of eligibility.

(130 CMR 516.007)

Pursuant to 130 CMR 516.001: Application for Benefits, MassHealth "requests responses to all of the unanswered questions necessary to determine eligibility." 130 CMR 516.001(A)(3)(b). Further, under 130 CMR 516.003: Verification of Eligibility Factors, MassHealth "requires verification of eligibility factors including income [and] assets."

Here, because MassHealth has not yet received a completed renewal application,<sup>2</sup> MassHealth did not err in denying the Appellant benefits. 130 CMR 516.007(C)(2)(b)2. Therefore, the appeal is denied.

## Order for MassHealth

None. End Aid pending.

## 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

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<sup>2</sup> Based on the information presented at hearing, the Appellant may be financially eligible for the Medicare Savings Plan—Qualified Medicare Beneficiaries. The Appellant may also wish to contact the Serving the Health Insurance Needs of Everyone (SHINE) program. The SHINE program provides free health insurance information to all Medicare beneficiaries. To find a SHINE counselor, call MassOptions at (800) 243-4636; or visit [mass.gov/info-details/find-a-shine-counselor](https://mass.gov/info-details/find-a-shine-counselor).

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129