

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2407486
Decision Date:	7/9/2024	Hearing Date:	06/13/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Briana Burgos, 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:	Approved	Issue:	Community Eligibility – over 65
Decision Date:	7/9/2024	Hearing Date:	06/13/2024
MassHealth’s Rep.:	Briana Burgos	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	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 April 29, 2024, MassHealth notified the appellant that his coverage will be ending on May 13, 2024, because he did not complete the annual eligibility renewal within the allowed time frame. See 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on May 7, 2024. See 130 CMR 610.015(B) and Exhibit 2. Aid pending was put in place to protect the appellant’s MassHealth benefits. Any action to suspend, reduce, terminate, or restrict a member’s assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant’s coverage effective May 13, 2024, because he did not return his annual eligibility renewal within the allowed time frame.

Issue

Whether MassHealth erred in terminating the appellant’s coverage because he did not return the annual eligibility renewal within the allowed time frame. See 130 CMR 502.007 and 130 CMR 516.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant was on MassHealth CommonHealth since December 2023. Since the appellant is no longer under 65, he had to submit a senior application, which he did. On April 29, 2024, a termination notice effective on May 13, 2024 was issued by MassHealth's under-65 system because the appellant had not completed his annual eligibility renewal within the allowed time frame. Aid pending was put in place to protect the appellant's MassHealth benefits. The MassHealth representative stated that the appellant was working on completing his application by submitting the required verifications for his eligibility determination in MassHealth's senior application system. At the time of the hearing, the only outstanding verification was a bank statement containing the bank's name.

The appellant stated that he was aware of the outstanding verifications. He said that he called MassHealth in order to discuss the matter but due to long hold times and multiple transfers, he decided to wait for this hearing. He stated that he would provide his bank statement containing the bank's name to MassHealth by the next day. On July 2, 2024, MassHealth confirmed the receipt of the bank statement on June 14, 2024.

Findings of Fact

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

1. The appellant is over the age of 65. (Testimony).
2. The appellant was in MassHealth's under-65 system and had MassHealth CommonHealth since December 2023. (Testimony and Exhibit 4).
3. The appellant submitted a senior application to MassHealth. (Testimony).
4. On April 29, 2024, a termination notice effective on May 13, 2024 was issued by MassHealth's under-65 system because the appellant had not completed his annual eligibility renewal within the allowed time frame. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on May 7, 2024. (Exhibit 2).
6. MassHealth has not yet made an eligibility determination based on the appellant's senior application. (Testimony).

7. The submission of the senior application served the same purpose as the completion of annual eligibility renewal.

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to low and moderate-income individuals and couples. See 130 CMR 515.002(A). The MassHealth regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over the age of 65, as here. See 130 CMR 501.000 through 506.000 (establishing requirements for MassHealth eligibility for persons under the age of 65).

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 515.008. See also 130 CMR 501.010 (setting forth the same responsibilities for individuals under the age of 65).

...(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability. of an Appellant.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

MassHealth may also conduct eligibility reviews 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.

130 CMR 516.007(C); see also 130 CMR 502.007(setting forth the same requirements for MassHealth eligibility determinations for individuals under the age of 65).

Here, MassHealth sent out a termination notice on April 29, 2024, because the appellant had not completed the annual eligibility renewal within the allowed time frame. See 130 CMR 502.007(C)(2); 130 CMR 516.007(C)(3). However, as testified by the MassHealth representative, the appellant had already submitted a senior application to MassHealth. (Testimony). The MassHealth representative testified that the appellant was working on providing the necessary verifications for a determination based on this application. She added that the only outstanding verification at the time of the hearing was a bank statement containing the bank's name. The appellant said that he would submit the required bank statement by the next day, which he did based on MassHealth's confirmation on July 2, 2024. The appellant's submission of a senior application served the same purpose as the completion of the annual eligibility renewal. This application was submitted in advance of the April 29, 2024 termination notice. The termination notice was sent out because an annual eligibility renewal was not reflected in MassHealth's under-65 system. (Testimony and Exhibit 1). As such, MassHealth erroneously terminated the appellant's coverage.

For the foregoing reasons, this appeal is APPROVED.

Order for MassHealth

Remove aid pending and reinstate coverage retroactive to the termination date pending MassHealth's redetermination of the appellant's senior application.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290