

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407690
Decision Date:	08/27/2024	Hearing Date:	06/17/2024
Hearing Officer:	Mariah Burns	Record Open to:	07/15/2024

Appearance for Appellant:




Appearance for MassHealth:

Kelly Sousa, Taunton MassHealth Enrollment
Center



*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:	Over 65; Eligibility; Renewal
Decision Date:	08/27/2024	Hearing Date:	06/17/2024
MassHealth's Rep.:	Kelly Sousa	Appellant's Rep.:	
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 denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant did not submit a renewal application. *See* 130 CMR 516.006 and Exhibit 1. The appellant filed this appeal in a timely manner on February 23, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's benefits for failure to submit a renewal application.

Issue

The appeal issue is whether MassHealth properly terminated the appellant's benefits.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of one. MassHealth was

represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the evidence and testimony provided at hearing:

On February 6, 2024, MassHealth sent a notice to the appellant informing him of his obligation to renew his application for benefits. On March 27, 2024, having not received the appellant's renewal application, MassHealth informed the appellant of its intention to terminate his benefits effective April 10, 2024.

At hearing, the appellant stated that the renewal notice may have been lost in the mail. The record was kept open until July 15, 2024, for the appellant to submit his renewal. On August 2, 2024, MassHealth reported that it has received a renewal application for the appellant, but that he is likely to be found to be over the asset limit to qualify for benefits.

Findings of Fact

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

1. The appellant is an adult under the age of 65. Testimony, Exhibit 4.
2. On February 6, 2024, MassHealth sent the appellant notice of his obligation to renew his benefit application, and the appellant received that notice. Testimony.
3. MassHealth did not receive a renewal application from the appellant within 45 days of the notice. Testimony.
3. On March 27, 2024, MassHealth informed the appellant of its intention to terminate his benefits effective April 10, 2024. Exhibit 1.
4. The appellant filed a timely request for fair hearing on May 13, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth members undergo a review of their eligibility every twelve months, per the MassHealth regulations. See 130 CMR 516.006(A). The agency first attempts an automatic renewal "based on electronic data matches with federal and state agencies." *Id.* at 516.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

- (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.

130 CMR 516.007(C)(2).

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”

In this case, MassHealth reported that the appellant was sent a renewal application on February 6, 2024. When the appellant did not submit a renewal by March 27, 2024, the appellant’s benefits were terminated pursuant to 516.007(C)(2)(b)(2). As the appellant provided no evidence that a renewal application was not sent, I am unable to find any error with the issuance of MassHealth’s March 27, 2024, notice terminating the appellant’s benefits.

For the foregoing reasons, this appeal is hereby DENIED.

The appellant may appeal any subsequent notice generated now that he is confirmed to have submitted a renewal application.

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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616