

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2407916
Decision Date:	7/8/2024	Hearing Date:	06/18/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Jeremy Silva, Taunton 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:	Long Term Care; Verifications
Decision Date:	7/8/2024	Hearing Date:	06/18/2024
MassHealth's Rep.:	Jeremy Silva	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 May 1, 2024, MassHealth notified the appellant that his coverage will be ending on May 15, 2024, because he did not return his eligibility form to MassHealth. See 130 CMR 516.007 and Exhibit 1. The appellant filed this appeal in a timely manner on May 16, 2024. See 130 CMR 610.015(B) and Exhibit 2. 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 15, 2024, because he did not return his eligibility form.

Issue

Whether MassHealth erred in terminating the appellant's coverage because he did not return the eligibility form to MassHealth within the required timeframe. See 130 CMR 515.008 and 130 CMR 516.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant was represented by his attorney who 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 from March 1, 2022 to May 15, 2024. On May 1, 2024, MassHealth issued a termination notice effective May 15, 2024, because the appellant failed to return the eligibility review form. However, the appellant had submitted a long-term care application on April 26, 2024, which was not processed in a timely manner. The MassHealth representative stated that once he was alerted to the pending application, he flagged it as a conversion case and alerted the manager for conversions. On June 6, 2024, MassHealth processed the appellant's long-term care application with the application date of April 26, 2024. On June 6, 2024, a new notice was sent out by MassHealth requesting verifications for the appellant's long-term care application.

The appellant's attorney stated that the appellant is disabled and has been residing at a nursing facility for approximately [REDACTED]. He said that he helped the appellant with his long-term care application. After the termination notice at issue, he received a withdrawal form from MassHealth with a letter stating that the application has been processed with the date of April 26, 2024. He also received a subsequent notice requesting many verifications with a deadline set in September 2024. He said that he is in process of compiling the requested verifications, but he is unsure of the relationship between the two notices received from MassHealth.

The MassHealth representative explained that the withdrawal form was sent because MassHealth had received the long-term care application and processed it with the application date of April 26, 2024, which was the subject of this appeal. A new determination will be made by MassHealth after all the requested verifications have been received. The MassHealth representative stated that the appellant currently has Health Safety Net while his coverage is being redetermined by MassHealth. Once a redetermination is made, it will be back dated to the application date.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and lives in a long-term care facility. (Testimony).
2. He had MassHealth CommonHealth from March 1, 2022 to May 15, 2024. (Testimony and Exhibit 4).
3. On April 26, 2024, the appellant submitted a long-term care application which was not

processed in a timely manner. (Testimony and Exhibit 5).

4. On May 1, 2024, MassHealth issued a termination notice effective May 15, 2024, because the appellant failed to return the eligibility review form (which was already submitted). (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on May 16, 2024. (Exhibit 2).
6. On June 6, 2024, MassHealth processed the appellant's long-term care application, and a new notice was sent out by MassHealth requesting verifications. (Testimony).
7. The submission of long-term care conversion application served the same purpose as the return of the eligibility review form.

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 [REDACTED] as here.

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 515.008.

...(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).

Here, MassHealth sent out a termination notice on May 1, 2024, because the appellant had not returned the eligibility form. See 130 CMR 516.001(A)(1); 130 CMR 516.007(C)(3); and 130 CMR 515.008. However, as testified by the MassHealth representative and provided as documentary evidence by the appellant's attorney, the appellant had already provided MassHealth with a long-term care application on April 26, 2024. (Testimony and Exhibit 5). The submission of the long-term care conversation application served the same purpose as the return of the eligibility review form. This application was submitted in advance of the May 1, 2024 termination notice but MassHealth failed to process the application in a timely manner. (Testimony and Exhibit 5). As such, MassHealth erroneously terminated the appellant's coverage.

For the foregoing reasons, this appeal is APPROVED.

Order for MassHealth

Rescind the notice dated May 1, 2024 and reinstate coverage retroactive to the termination date pending MassHealth processing of the long-term care application preserving the date of the original 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

CC:

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