Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2407945
Decision Date:	7/10/2024	**Hearing Date:**	06/18/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Raybryana Dasher, 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:	Denied	**Issue:**	Community Eligibility- under 65
Decision Date:	7/10/2024	**Hearing Date:**	06/18/2024
MassHealth's Rep.:	Raybryana Dasher	**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 March 27, 2024, MassHealth notified the appellant that his coverage will be ending on April 10, 2024, because he did not complete the MassHealth eligibility review form within the allowed time frame. See 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on May 17, 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 April 10, 2024, because he did not return the MassHealth eligibility review form within the allowed time frame.

Issue

Whether MassHealth was correct in terminating appellant's coverage for failure to return the MassHealth eligibility review form within the required time frame. See 130 CMR 502.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton 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 is an adult under the age of [redacted] and has a household size of one. The appellant has had Medicare Savings Program (a.k.a. Senior Buy-In) since March 30, 2020. On February 2, 2024, MassHealth notified the appellant that he had to submit an eligibility review form to MassHealth by March 27, 2024 for determination of continued eligibility for benefits. MassHealth did not receive an eligibility review form as requested. Through a notice dated March 27, 2024, MassHealth notified the appellant that his MassHealth coverage will end on April 10, 2024, because he did not submit an eligibility review form in the time frame allowed. As of the hearing date, MassHealth had not received a completed eligibility review form from the appellant.

The appellant testified that he had applied for MassHealth benefits telephonically. He expected to receive a confirmation letter. He did not receive a confirmation letter, so he reapplied telephonically. He stated that he was disabled and had a household size of one. He testified that he has had Medicare as his primary insurance and Medicare Advantage Plan as his secondary insurance since March 1, 2024.

The MassHealth representative stated that MassHealth had no record of the appellant's telephone calls. She added that the appellant could fill out a paper application at any MassHealth Enrollment Center and receive a receipt for his submission.

Findings of Fact

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

1. The appellant is an adult under the age of [redacted] and has a household size of one. (Testimony).

2. The appellant has had Medicare Savings Program (a.k.a. Senior Buy-In) since March 30, 2020. (Testimony and Exhibit 4).

3. On February 2, 2024, MassHealth notified the appellant that he had to submit an eligibility review form by March 27, 2024, for determination of continued eligibility for benefits. (Testimony).

4. MassHealth did not receive an eligibility review form as requested. (Testimony).

5. On March 27, 2024, MassHealth notified the appellant that his MassHealth benefits will end on April 10, 2024, because he did not submit an eligibility review form within the allowed time frame. (Testimony and Exhibit 1).

6. As of the hearing date, MassHealth had not received a completed eligibility review form from the appellant. (Testimony).

Analysis and Conclusions of Law

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010.

> ….(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 available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.
>
> (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, the availability of health insurance, and third-party liability.
>
> (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 may be terminated.

As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

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.

130 CMR 502.007.

When MassHealth either cannot determine a member's continued eligibility through electronic data matches or when information is obtained but would change the member's eligibility to a less comprehensive benefit, MassHealth outlines the following renewal process:

…..(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).

See 130 CMR 502.007(C)(2).

In the instant case, MassHealth notified appellant on February 6, 2024, that he had to submit an eligibility review form by March 27, 2024, in order for MassHealth to determine his continued eligibility for benefits. The appellant stated without any supportive evidence that he submitted the review form telephonically. See [redacted] ("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). MassHealth does not have any record of such telephone call. As of the date of the hearing, MassHealth had not received a completed eligibility review form from

the appellant.[1] Since the appellant was unable to prove by the preponderance of the evidence that he had submitted an eligibility review form by the date of the hearing, MassHealth appropriately notified the appellant that his coverage would end on April 10, 2024, for his failure to complete the eligibility review form. See 130 CMR 502.007(A).

For the foregoing reasons, this 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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

[1] If MassHealth receives the appellant's eligibility review form, a determination of benefits will be made by MassHealth and the appellant will have separate right of appeal based on that determination.