

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]
[REDACTED]
[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2409100
Decision Date:	08/22/2024	Hearing Date:	7/9/2024
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Tiffany Castellanos, Charlestown



*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:	Eligibility, under 65, renewal
Decision Date:	08/22/2024	Hearing Date:	7/9/2024
MassHealth's Rep.:	Tiffany Castellanos	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (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

By notice dated May 23, 2024, MassHealth terminated Appellant's benefit effective June 6, 2024 for failure to renew. Exhibit 1. Appellant filed this appeal in a timely manner on June 6, 2024 and was eligible to retain the benefits pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit effective June 6, 2024 for failure to renew.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit for failure to renew.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. At the time the appealed notice issued, Appellant was under 65, disabled, and receiving MassHealth Standard. Appellant did not submit an annual renewal for coverage to continue. On May 23, 2024, MassHealth notified Appellant that his benefit would end on June 6, 2024 for failure to submit the renewal application. The representative noted that Appellant's case was open in an older system, but will be transitioning to a newer system. On June 27, 2024, MassHealth, from the new system, mailed a notice to Appellant informing him that he would have through August 11, 2024 to submit a new application.

Appellant appeared by phone and expressed understanding. Appellant had not received the June 27, 2024 notice and asked that a new application be mailed to him. The MassHealth representative agreed to send a new paper application and also went over other options for submission, including online, by phone, or in person at an enrollment center. Appellant testified that his primary care physician would assist him with the application.

Findings of Fact

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

1. Appellant is under the age of 65 and disabled.
2. On May 23, 2024, MassHealth notified Appellant that it would terminate Appellant's coverage on June 6, 2024 for failure to submit the annual eligibility renewal. Exhibit 1.
3. Appellant filed this timely appeal on June 6, 2024 and was eligible to keep the prior benefit level during the appeal. Exhibit 2.
4. Appellant had not yet submitted a renewal application as of the date of hearing.

Analysis and Conclusions of Law

Pursuant to 130 CMR 501.010(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...". 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 in 130 CMR 502.007(C)(2), set forth in pertinent part:

(a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.

(b) The head of the household will be given 45 days from the date of the request to return the ... renewal application, ...

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. ...

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).

MassHealth's Eligibility Operations Memo (EOM) 23-13, issued to address the ending of the Covid-19 protection, provided that a renewal would be reconsidered if received within 90 days of the termination.

Here, it is undisputed that Appellant did not submit a renewal application as of the date of hearing. As there was no error in MassHealth's May 23, 2024 notice, this appeal is denied.

Order for MassHealth

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

Cynthia Kopka
Hearing Officer
Board of Hearings

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