

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409111
Decision Date:	8/22/2024	Hearing Date:	07/08/2024
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Appearance for MassHealth:

Jasmine Gomez – MEC Representative

Interpreter:



*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:	8/22/2024	Hearing Date:	07/08/2024
MassHealth's Rep.:	Jasmine Gomez	Appellant's Rep.:	Spouse
Hearing Location:	Telephonic	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 May 31, 2024, MassHealth terminated the appellant's MassHealth Standard coverage effective June 14, 2024, because he did not complete a renewal. (Exhibit 1; 130 CMR 502.007.) The appellant filed this appeal in a timely manner on June 10, 2024, and his benefits are protected pending the outcome of this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) Termination of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's Standard benefits because he did not complete a renewal application.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007, in terminating the appellant's coverage after he had not completed a requested renewal application.

Summary of Evidence

There is no factual dispute in this appeal. The appellant's representative testified that they had received the MassHealth renewal application, but they ignored the paper renewal because they

thought the benefits would be renewed automatically. As of the hearing, the appellant had still not completed a renewal because they believed the renewal could be completed as part of the appeal.

MassHealth's representative testified the appellant needed to complete an application in order to continue receiving benefits, and the agency had been unable to automatically renew his coverage. The appellant's understood that an application needed to be completed, but she asked that a decision be issued so that the appellant's benefits could be protected while they completed the renewal.

Findings of Fact

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

- 1) MassHealth mailed the appellant a renewal application, and the appellant did not complete it because he thought his benefits would be automatically renewed. (Testimony by the appellant's representative.)
- 2) The appellant's coverage could not be automatically renewed, which is why MassHealth mailed out the renewal application. (Testimony by MassHealth's representative.)

Analysis and Conclusions of Law

MassHealth reviews member eligibility once every 12 months. MassHealth attempts to review eligibility electronically matching information with other agencies, health insurance carriers, and information sources. (130 CMR 502.007(A)(1).) If a household's "continued eligibility can be determined based on electronic data matches with federal and state agencies," the household "will have their eligibility automatically renewed." (130 CMR 502.007(C)(1).) If the automatic renewal "results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process." (130 CMR 502.007(C)(1)(a).)

If a household's "continued eligibility cannot be determined based on electronic data matches with federal and state agencies" or if the household's "eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches [the household] will be required to complete a prepopulated renewal application." (130 CMR 502.007(C)(2).)

The appellant's benefits could not be automatically renewed, and MassHealth requested that he complete a renewal application. The appellant did not, therefore MassHealth was correct to terminate his benefits. 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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: [REDACTED]
MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957