

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2409377
Decision Date:	9/4/2024	Hearing Date:	07/25/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jenna Cullivan (Quincy MEC) *via telephone*



*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:	Under 65/Coverage Gap
Decision Date:	9/4/2024	Hearing Date:	07/25/2024
MassHealth's Rep.:	Jenna Cullivan	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 6, 2024, MassHealth terminated the appellant's MassHealth coverage effective May 20, 2024 because "[t]he person receives Medicaid in another state." (See 130 CMR 501.007 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on June 13, 2024. (See 130 CMR 610.015(B) and Ex. 2). Through a notice dated June 21, 2024, MassHealth approved the appellant's application for MassHealth benefits starting on June 11, 2024. (See 130 CMR 505.002 and Ex. 5). An individual determination regarding the scope and amount of assistance is a valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was eligible for MassHealth Standard with a start date of June 11, 2024.

Issue

The appeal issue is whether the appellant is eligible for an earlier start date for her coverage.

Summary of Evidence

An eligibility worker from the Quincy MassHealth Enrollment Center (MEC) and the appellant attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 years old living in a household of three. (Testimony; Ex. 3). In addition to the appellant, her household includes her spouse and one minor child. (Testimony). The appellant began receiving MassHealth Standard on February 23, 2021. (Testimony; Ex. 3). In May 2024, MassHealth performed a data match through which it learned the appellant was receiving Medicaid in another state. (Testimony). For that reason, MassHealth sent the appellant a termination notice on May 6, 2024, informing her that her MassHealth Standard would end on May 20, 2024. (Testimony; Ex. 1). MassHealth placed an administrative closure on her case on the same date and her coverage ended on May 20. (Testimony; Ex. 1). On June 21, 2024 MassHealth removed the administrative closure because the appellant submitted proof that the out of state Medicaid had ended. (Testimony). On the same date, MassHealth issued a notice informing the appellant she was now eligible for MassHealth Standard with a start date of June 11, ten days prior to the date she submitted the proof that she was no longer receiving Medicaid in another state. (Testimony; Ex. 5). This meant that the appellant has a gap in her coverage from May 20, 2024 until June 11, 2024. (Testimony).

The appellant provided the following testimony. (Testimony). The appellant moved from Connecticut to Massachusetts on [REDACTED] 2021. (Testimony). On March 15, 2021, the appellant contacted the Connecticut Department of Social Services (DSS), the state agency that administers Connecticut's Medicaid program, to inform them of her move and requested that they cancel her insurance. (Testimony). Apparently, Connecticut DSS canceled the appellant's managed care plan but did not terminate her Medicaid coverage. (Testimony). Connecticut DSS continued her coverage for an additional three years without requesting any updated information or notifying her. (Testimony). The appellant stated that Connecticut DSS informed her that they kept her Medicaid coverage active during this time because during the COVID-19 emergency, they were not closing anyone's Medicaid coverage. (Testimony).

Once MassHealth notified her that it was terminating her coverage because of her ongoing Medicaid coverage in Connecticut, the appellant contacted Connecticut DSS. (Testimony). It took several lengthy phone calls and appointments over the course of a month for Connecticut DSS to terminate her Medicaid coverage with them. (Testimony). Only after resolving the coverage situation with Connecticut DSS, was the appellant able to inform MassHealth that she was no longer receiving out-of-state Medicaid benefits. (Testimony).

The appellant stated that during the coverage gap she incurred medical expenses. (Testimony). Specifically, she had a physical examination with her primary care physician on [REDACTED] and a gynecological appointment on [REDACTED]—just days after her coverage ended. (Testimony). Neither

provider notified her at check-in that her MassHealth was inactive. (Testimony). Had she been informed of this she would have canceled the appointments. (Testimony). Unfortunately, the providers did not inform the appellant of the lapse in coverage, they proceeded with the appointments and are now billing her for those appointment. (Testimony).

Findings of Fact

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

1. The appellant is an individual under the age of 65 years old living in a household of three. (Testimony; Ex. 3).
2. In addition to the appellant, her household includes her spouse and one minor child. (Testimony).
3. The appellant moved from Connecticut to Massachusetts on [REDACTED] 2021. (Testimony).
4. The appellant began receiving MassHealth Standard on February 23, 2021. (Testimony; Ex. 3).
5. On March 15, 2021, the appellant contacted Connecticut DSS, the agency that administers Connecticut's Medicaid program, to inform them of her move and requested the cancellation of her insurance. (Testimony).
6. Connecticut DSS terminated the appellant's managed care plan but did not end her Medicaid coverage, which continued without her knowledge. (Testimony).
7. In May 2024, MassHealth performed a data match through which it learned the appellant was receiving Medicaid in another state. (Testimony).
8. MassHealth sent the appellant a termination notice on May 6, 2024, informing her that her MassHealth Standard would end on May 20, 2024 because she was receiving Medicaid in another state. (Testimony; Ex. 1).
9. MassHealth placed an administrative closure on her case on the same date and her coverage ended on May 20. (Testimony; Ex. 1).
10. The appellant incurred medical expenses as a result of medical appointments on [REDACTED] and [REDACTED] 2024. (Testimony).
11. On June 21, 2024 the appellant gave MassHealth verification that her Connecticut Medicaid coverage was terminated and MassHealth reinstated her MassHealth effective June 11, 2024. (Testimony).

Analysis and Conclusions of Law

MassHealth matches files of MassHealth members with other agencies and information sources to update or verify eligibility. (130 CMR 502.007(C)(3)). If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, MassHealth will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice. (130 CMR 502.007(C)(3)(a)). If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match. (130 CMR 502.007(C)(3)(a)1.). If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. (130 CMR 502.007(C)(3)(a)2.). Additional verification from the member will be required. (Id.). If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. (130 CMR 502.007(C)(3)(a)3.). If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated. (Id.).

In May 2024, MassHealth performed a data match and learned that the appellant still had active Medicaid coverage in another state. It is true that MassHealth regulations state that “[p]ersons who are receiving public assistance from another state are not eligible for MassHealth.” (130 CMR 501.007). Yet, since this electronic data match was one that would result in potential termination of benefits, MassHealth should have notified the appellant of the information that was received through the data match and given her a chance to respond within 30 days to confirm if the data was correct. Such notification would have given the appellant the opportunity to close her Connecticut Medicaid coverage without the necessity of terminating her coverage.

The appellant testified credibly that until she received MassHealth’s termination notice she was unaware that Connecticut DSS kept her Connecticut Medicaid coverage active after she moved to Massachusetts in 2021. The appellant testified that she moved to Massachusetts on February 22, 2021. MassHealth records show the appellant started receiving MassHealth on [REDACTED]. The appellant stated that she contacted Connecticut DSS on March 15, 2021 and informed them that she wanted to cancel her insurance on that date. The appellant then heard nothing further about this until MassHealth terminated her coverage.

MassHealth does not dispute that the appellant is a resident of Massachusetts. No evidence was put forward indicating that between 2021 and 2024 the appellant received the benefit of having Medicaid in two different states. Furthermore, the record shows that once she was made aware of the fact that her Connecticut Medicaid coverage was still active, the appellant closed that coverage and was able to provide MassHealth with adequate verification that the coverage was closed such that MassHealth felt that her MassHealth coverage should be restored. Given that the appellant should have been given the opportunity to close her Connecticut Medicaid coverage without being terminated first, the appellant should be reinstated back to May 20, 2024.

For the above stated reasons, the appeal is APPROVED.

Order for MassHealth

Reinstate the appellant's MassHealth coverage from May 20, 2024.¹

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.

Scott Bernard
Hearing Officer
Board of Hearings

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

¹ For the appointments that the appellant had during the period that she was not covered by MassHealth, the appellant can request that the medical providers bill MassHealth for the services she received that would have been covered under MassHealth Standard.