

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410490
Decision Date:	9/18/2024	Hearing Date:	08/15/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Miguel Sanchez (Taunton 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:	Denied	Issue:	Community/Under-65/Age
Decision Date:	9/18/2024	Hearing Date:	08/15/2024
MassHealth's Rep.:	Miguel Sanchez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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 June 26, 2024, MassHealth informed the appellant she did not qualify for MassHealth because she was 65 years old or older and had to complete a new application for people 65 years old or older for MassHealth to determine if benefits could continue. (See 130 CMR 501.002(B) and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on July 4, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant did not qualify for MassHealth because she was [REDACTED] years old or older and had to complete a new application for people [REDACTED] years old or older to see if benefits could continue

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 501.002, in determining that the appellant was [REDACTED] years old or older and had to complete a new application for people [REDACTED] years old or older.

Summary of Evidence

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

The MassHealth representative testified to the following. The appellant lives in a household of one and has received MassHealth CarePlus consistently since January 2014. (Testimony; Ex. 4). The appellant turned [REDACTED] years old on [REDACTED] 2024. (Testimony; Ex. 4). In order for MassHealth to determine the appellant's eligibility as a person [REDACTED] the appellant would need to submit an Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2). (Testimony). Once a MassHealth member turns [REDACTED] years old, there are different rules and there is a different application that they must complete in order to continue receiving benefits. (Testimony). The appellant would likely continue to be eligible for MassHealth benefits. (Testimony).

MassHealth terminated the appellant's eligibility in the [REDACTED] program because she was no longer [REDACTED] (Testimony). The appellant did not submit a SACA-2, so MassHealth was not able to make a determination concerning her eligibility for the [REDACTED] program before her benefits were supposed to end on July 10, 2024. (Testimony; Ex. 1). The appellant is continuing to receive MassHealth benefits because she appealed the termination before the effective date of the termination. (Testimony). The appellant's MassHealth will continue until the conclusion of the appeal. (Testimony).

The appellant testified to the following. The appellant requested that her benefits be extended until July 31, 2024, to bridge the gap until her Medicare coverage starts on August 1, 2024. (Testimony).

On May 3, 2024, she received a notice saying she needed to complete a new application before she turned 65 years old. (Testimony; Ex. 2; Ex. 3). Enclosed was a confusing 25-page application from MassHealth, which requested additional information as she approached age [REDACTED] (Testimony; Ex. 2; Ex. 3). The application was unclear, especially regarding sections related to the [REDACTED] program, and did not specify that failure to complete it by June 17, 2024, would result in coverage termination. (Testimony). Although she was approved for coverage in the under [REDACTED] program until November 1, 2024, the notice did not indicate that her coverage would end on June 25, 2024. (Testimony).

The appellant did not receive reminders about the deadline and only discovered her coverage was terminated on June 25, 2024, when her pharmacist informed her that her medications were no longer covered. (Testimony). She had not yet received the official termination letter, dated June 26, 2024, and was concerned that her address, including her apartment number, might have been incorrectly processed by MassHealth. (Testimony).

The appellant had applied for Medicare, believing that her existing MassHealth coverage would

continue until November 1, 2024. (Testimony). The appellant stated that while her MassHealth has continued pending the appeal, her managed care provider terminated her participation in their plan without notice. (Testimony). This has left her unable to refill her medications. (Testimony). When she learned of her plan's cancellation, she contacted MassHealth, but was only informed that her benefits were valid until July 10, 2024, and would not cover name-brand medications previously authorized under the [REDACTED] plan. (Testimony). For the [REDACTED] plan, new prior authorizations would be required, potentially delaying coverage. (Testimony).

The appellant argued that MassHealth's communication was inadequate, failing to clearly explain the differences between the two programs and the consequences of not completing the application. (Testimony). Had she been properly informed, she would have applied for Medicare and Medicare Savings Plan earlier, with benefits starting on July 1, 2024. (Testimony). As it stands, her Medicare coverage will not begin until August 1, 2024, leaving a gap in coverage from July 11 to July 31, 2024. (Testimony). She requests an extension of her last benefits to avoid the financial burden of paying full retail price for medications and other out-of-pocket expenses. (Testimony).

Findings of Fact

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

1. The appellant lives in a household of one and has received MassHealth CarePlus consistently since January 2014. (Testimony; Ex. 4).
2. On May 3, 2024, the appellant received a notice saying she needed to complete a SACA-2 by June 17, 2024 before she turned [REDACTED] (Testimony; Ex. 2; Ex. 3).
3. MassHealth did not receive a SACA-2 from the appellant before June 17, 2024. (Testimony).
4. The appellant turned [REDACTED] years old on [REDACTED] 2024. (Testimony; Ex. 4).
5. On [REDACTED] 2024, MassHealth sent the appellant a notice informing her that she did not qualify for MassHealth because she was [REDACTED] years old or older and had to complete a new application for people [REDACTED] to see if benefits could continue. (Testimony; Ex. 1).
6. The appellant's [REDACTED] benefits were supposed to end on July 10, 2024 but have continued under the protection of the Board of Hearings because she appealed MassHealth's notice before the effective date of the termination. (Testimony).

Analysis and Conclusions of Law

MassHealth coverage is provided on a separate basis for individuals under the age of [REDACTED] and

individuals over the age of [REDACTED] (See 130 CMR 501.002(B)). The rules for MassHealth for those under the age of [REDACTED] are located at 130 CMR 501 – 508. Once an individual turns [REDACTED] years of age, the individual must apply for MassHealth coverage for those over the age of [REDACTED] (See 130 CMR 516.001 *et seq*). To be eligible for MassHealth CarePlus Direct Coverage, an individual must be an adult between the ages of 21 through 64 years old. (130 CMR 505.008(A)(1),(2)).

The record shows that the appellant turned [REDACTED] years old on [REDACTED] 2024. Once the appellant turned [REDACTED] years old, she was no longer eligible for MassHealth CarePlus benefits because such coverage is available only to members under age [REDACTED]

On May 3, 2024, MassHealth sent the appellant a SACA-2 application and a notice that she would need to complete the application before June 17 in order to ensure that MassHealth could make an eligibility determination for the age [REDACTED] and older MassHealth programs before the appellant's [REDACTED] birthday. The appellant did not submit the SACA-2 application, and therefore MassHealth was not able to determine her eligibility for MassHealth benefits for individuals age [REDACTED] and older. The appellant still has the ability to submit a SACA-2 if she wishes to do so.

For the above stated reasons, the appeal is DENIED.

Order for MassHealth

Remove aid pending and proceed with the action set forth in the notice dated June 26, 2024.

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.

Scott Bernard
Hearing Officer
Board of Hearings

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780