

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410747
Decision Date:	9/18/2024	Hearing Date:	08/22/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Shanell Santiago, Tewksbury MassHealth
Enrollment Center



*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:	Under 65; Eligibility; Renewal Application
Decision Date:	9/18/2024	Hearing Date:	08/22/2024
MassHealth's Rep.:	Shanell Santiago	Appellant's Rep.:	
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 June 11, 2024, MassHealth approved the appellant's application for MassHealth Standard benefits with a start date of May 19, 2024. See 130 CMR 502.002 and Exhibit 1. The appellant filed this appeal in a timely manner on July 10, 2024, seeking an earlier benefit start date. See 130 CMR 610.015(B) and Exhibit 2. Agency action regarding scope and amount of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Standard benefits with a start date of May 19, 2024.

Issue

The appeal issue is whether MassHealth correctly determined the appellants benefit start date.

Summary of Evidence

The appellant is an adult under the age of 65 who was represented at hearing by a worker from his home health agency. MassHealth was represented by a worker from the Tewksbury MassHealth

Enrollment Center. All parties appeared at the hearing by telephone. The following is a summary of the evidence and testimony provided.

The appellant is a client of the Massachusetts Department of Mental Health who suffers from a diagnosis of [REDACTED]. On February 5, 2024, MassHealth sent the appellant a notice informing him of the termination of his MassHealth Standard benefits stemming from his failure to submit a renewal application in a timely manner. The termination date for his benefits was February 19, 2024. Although the notice was sent to the appellant, MassHealth did not send one to the home health agency, as they were not, at the time, an authorized representative on his account. MassHealth received the appellant's renewal application on May 29, 2024, which resulted in the approval and reinstatement of his MassHealth Standard benefits with an effective date of May 19, 2024.

The appellant's representative explained that their agency specializes in individuals with significant mental health diagnoses, and that they continued to provide care to the appellant despite the termination of his MassHealth benefits. She reported that their clients have difficulty managing their own MassHealth accounts, particularly the appellant. She stated that she has had to help reinstate the benefits of close to 500 patients since April of 2024, and when she learned of the termination of the appellant's benefits, she called the customer service department to determine by what date a renewal application was needed. She explained that the customer service representative with whom she spoke informed her that the appellant's benefits terminated on March 1, 2024, and so her belief was that she had until June 1, 2024, to submit a renewal application on the appellant's behalf within the 90-day regulatory time frame. She asked for MassHealth to consider the appellant's renewal application timely filed so that his benefits may be reinstated retroactively to the termination date of February 19, 2024.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who has been a long-time MassHealth Standard recipient and has a diagnosis of [REDACTED]. Exhibit 4, Testimony.
2. On February 5, 2024, MassHealth sent a notice to the appellant informing him of the termination of his MassHealth Standard benefits due to his failure to submit a renewal application. Exhibit 5. The appellant's benefits terminated on February 19, 2024. Exhibit 5.
3. The appellant submitted a renewal application for his benefits on May 29, 2024. Testimony.
4. On June 11, 2024, MassHealth approved the appellant for MassHealth Standard benefits with an effective date of May 19, 2024. Exhibit 1.

5. The appellant filed this appeal in a timely manner on July 10, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth reviews a member's eligibility "once every 12 months...[or] 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." 130 CMR 502.007(A). The agency first attempts an automatic renewal "based on electronic data matches with federal and state agencies." *Id.* at 502.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(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.

130 CMR 502.007(C)(2). For MassHealth Standard members, coverage for a typical applicant “begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C) [and 130 CMR 502.006(A)(2)(a)].”¹

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” For the reasons stated herein, I find that the appellant has failed to meet this burden.

In this case, MassHealth sent notice to the appellant on February 5, 2024, that his renewal application was missing, and that his benefits would terminate on February 19, 2024. Thus, per 130 CMR 502.007(C)(2)(b)(3), his renewal would need to have been received by May 19, 2024, for MassHealth to consider coverage retroactive to the termination date. As the appellant’s renewal was not received until May 29, 2024, he is not entitled to that retroactivity protection. Though I credit the testimony of the appellant’s representative that she received different information from the customer service department, the regulations offer the appellant no recourse in this instance, as the only exception to this rule is if the member is pregnant or under the age of 19. See Eligibility Operations Memo 22-18, *Three-Month Retroactive Eligibility for Certain MassHealth Applicants* (December 2022). Therefore, I find no error with MassHealth’s issuance of the June 11, 2024, notice approving the appellant’s MassHealth Standard benefits with a start date of May 19, 2024.²

¹ Neither of those exceptions are relevant to this case.

² If the appellant wishes for his representative to receive his MassHealth notices, he is encouraged to execute an Authorized Representative Designation (ARD) Form and return it to MassHealth at his convenience. See <https://www.mass.gov/lists/masshealth-member-forms>.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290