

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410974
Decision Date:	09/06/2024	Hearing Date:	08/12/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Alyssa Smalley, 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:	Dismissed	Issue:	Over 65; Eligibility; Renewal
Decision Date:	09/06/2024	Hearing Date:	08/12/2024
MassHealth's Rep.:	[REDACTED]	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A,

Jurisdiction

Through a notice dated June 6, 2024, MassHealth terminated the appellant's MassHealth benefits because MassHealth determined that the appellant did not submit a renewal application. *See* 130 CMR 516.006 and Exhibit 1. The appellant filed this appeal in a timely manner on July 15, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's benefits for failure to submit a renewal application.

Issue

The appeal issue is whether MassHealth properly terminated the appellant's benefits.

Summary of Evidence

The appellant is an adult over the age of 65 who, prior to the issuance of the notice on appeal, received MassHealth Standard benefits. 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 at hearing:

On April 17, 2024, MassHealth sent a notice to the appellant informing him of his obligation to renew his application for benefits. On June 6, 2024, having not received the appellant's renewal application, MassHealth informed the appellant of its intention to terminate his benefits effective June 20, 2024. After the hearing, the MassHealth representative provided a copy of the renewal notice sent to the appellant at his confirmed address.

At hearing, the appellant stated that he never received a renewal notice in the mail. He did complete a renewal application over the phone on August 5, 2024, and is, as of the issuance of this decision, in the asset verification process pending an eligibility determination.

Findings of Fact

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

1. The appellant is an adult over the age of 65. Testimony, Exhibit 4.
2. On April 17, 2024, MassHealth sent the appellant notice of his obligation to renew his benefit application to the address on file. Testimony, Exhibit 5.
3. MassHealth did not receive a renewal application from the appellant within 45 days of the notice. Testimony.
3. On June 6, 2024, MassHealth informed the appellant of its intention to terminate his benefits effective June 20, 2024. Exhibit 1.
4. The appellant filed a timely request for fair hearing on July 15, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth members undergo a review of their eligibility every twelve months, per the MassHealth regulations. See 130 CMR 516.006(A). The agency first attempts an automatic renewal "based on electronic data matches with federal and state agencies." *Id.* at 516.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) MassHealth Eligibility Renewal Application. If the individual is residing in the community and his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a MassHealth eligibility review form must be completed.

- (a) The MassHealth agency will notify the member of the need to complete the MassHealth eligibility review form.
- (b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.
 - 1. If the review 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 review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.
 - 3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.
- (c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

130 CMR 516.007(C)(2).

Before taking an intended appealable action, MassHealth “must send a written timely notice to the member...at least ten days before the action. Such notice must include a statement of the right of appeal and time limit for appealing.” 130 CMR 610.015(A). 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.”

In this case, MassHealth reported that the appellant was sent a renewal application on April 14, 2024, and provided a copy of the notice sent to the correct address. When the appellant did not submit a renewal by June 6, 2024, the appellant’s benefits were terminated pursuant to 516.007(C)(2)(b)(2). As the appellant provided no evidence that a renewal application was not sent, I am unable to find any error with the issuance of MassHealth’s June 6, 2024, notice terminating the appellant’s benefits.

For the foregoing reasons, this appeal is hereby DENIED.

The appellant may appeal any subsequent notice generated now that he is confirmed to have submitted a renewal application.

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

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