

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413182
Decision Date:	10/9/2024	Hearing Date:	09/26/2024
Hearing Officer:	Scott Bernard	Record Open to:	10/08/2024

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:	Denied	Issue:	Community Eligibility – under 65/Application
Decision Date:	10/9/2024	Hearing Date:	09/26/2024
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 August 19, 2024, MassHealth informed the appellant that it had received his MassHealth application, had notified him that it was incomplete, and requested that he provide MassHealth with missing information but that the appellant had not provided MassHealth with the information MassHealth needed to decide if he was eligible. (See 130 CMR 502.001 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 25, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant’s request, the record was kept open until October 8, 2024, to allow the appellant an opportunity to submit the missing critical data at which time the record closed. (Ex. 5).

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits because it was missing critical data.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.001, in

determining that the appellant's application was missing critical data.

Summary of Evidence

MassHealth was represented by a benefits eligibility representative from the Quincy MassHealth Enrollment Center (MEC) and the appellant represented himself. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 years old who is living in a household of one. (Testimony; Ex. 3). The appellant is a recipient of MassHealth CarePlus coverage, which remains active as of the date of the hearing. (Testimony; Ex. 3). On June 7, 2024 MassHealth received an incomplete renewal application from the appellant. (Testimony). The appellant did not answer the question on the application concerning his income, and although he signed the application, he did not correctly date his signature. (Testimony). On July 29, 2024, MassHealth sent the appellant a notice informing him that his application was missing this critical data and that he needed to supply that data within 15 days of the date on the notice. (Testimony). The appellant did not submit the required information within 15 days of the July 29 notice. (Testimony). For that reason, MassHealth automatically issued the termination notice, which is the notice that the appellant has appealed. (Testimony; Ex. 1). The appellant just needs to provide MassHealth with a statement of what his income is, and correctly date the application. (Testimony). This is something that he could provide to a MassHealth Customer Service representative over the telephone. (Testimony).

The appellant stated that he would provide the information to MassHealth as soon as possible. (Testimony). The MassHealth representative gave the appellant the customer service number and the hearing record was left open until October 8, 2024 to allow the appellant an opportunity to complete the application. (Testimony).

On October 8, 2024, the hearing officer contacted the MassHealth representative by email and asked whether the appellant provided the missing information that would allow MassHealth to process his application and the MassHealth representative responded by stating that he did not. (Ex. 5).

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 who is living in a household of one. (Testimony; Ex. 3).
2. The appellant is a recipient of MassHealth CarePlus coverage, which remains active as of the date of the hearing. (Testimony; Ex. 3).

3. On June 7, 2024 MassHealth received an incomplete renewal application from the appellant. (Testimony).
4. The appellant did not answer the question on the application concerning his income, and although he signed the application, he did not correctly date his signature. (Testimony).
5. On July 29, 2024, MassHealth sent the appellant a notice informing him that his application was missing this critical data and that he needed to supply that data within 15 days of the date on the notice. (Testimony).
6. The appellant did not submit the required information within 15 days of the July 29 notice. (Testimony).
7. For that reason, on August 19, 2024, MassHealth automatically issued the termination notice. (Testimony; Ex. 1).
8. At the conclusion of the hearing, the record was left open until October 8, 2024 in order to give the appellant an opportunity to supply the missing critical information. (Testimony; Ex. 5).
9. On October 8, 2024, MassHealth confirmed by email that the appellant had not submitted the missing information as of that date. (Ex. 5).

Analysis and Conclusions of Law

MassHealth reviews and updates eligibility once every 12 months based on information received, utilizing data matching with other agencies and health insurance carriers, written updates of the member's circumstances on a prescribed form, updates provided in person, by telephone, or through the MAHealthConnector.org account, as well as information in the member's case file (130 CMR 502.007; 130 CMR 502.007(A)). As a result of this review, MassHealth determines whether the member remains eligible for their current coverage type, whether their circumstances necessitate a change in coverage type, premium payment, or premium assistance, or whether they are no longer eligible for MassHealth. (130 CMR 502.007(B)).

MassHealth reviews eligibility through various methods, including electronic data matches with federal and state agencies. (130 CMR 502.007(C)). Households for which continued eligibility cannot be confirmed through these matches, or whose benefits may decrease for any member, must complete a prepopulated renewal application (130 CMR 502.007(C)(2)). The head of household will be notified of the requirement to submit this renewal application and will have 45 days from the notification date to return the paper renewal application, log into their MAHealthConnector.org account to complete the application online, or call MassHealth to complete the renewal telephonically. (130 CMR 502.007(C)(2)(a), (b)).

The head of household has 45 days to return the prepopulated renewal application, complete it online via MAHealthConnector.org, or call MassHealth to apply by phone. (130 CMR 502.007(C)(2)(b)1). If submitted on time, eligibility will be determined based on the provided information, with verification through electronic data matches; if those matches fail, the agency will request additional verification, and benefits will continue pending that process. (130 CMR 502.007(C)(2)(b)1; 502.003). If the application is not completed within 45 days, MassHealth will either redetermine eligibility using available electronic data or terminate coverage if no data is available. If the individual submits the application within 90 days of termination and is deemed eligible, coverage may be retroactive to the termination date if requested. (130 CMR 502.007(C)(2)(b)3). If the application is returned without required verifications, a second 90-day period will begin; otherwise, a new application is needed after 90 days. (130 CMR 502.007(C)(2)(b)4, 5).

If the renewal application is incomplete, for instance missing answers to required questions or lacking a signature, MassHealth cannot assess eligibility. (130 CMR 502.001(A)(4)(a)). MassHealth will request that the applicant provide answers to any unanswered questions within 15 days of the request. (130 CMR 502.001(A)(4)(b)). If MassHealth receives the necessary information within 15 days, the eligibility process begins and will determine the coverage type and the need for any additional corroborative information. (130 CMR 502.001(A)(4)(c)2). If the required responses are not received within 15 days, MassHealth will inform the applicant that it cannot determine eligibility. (130 CMR 502.001(A)(4)(d)). The date of the incomplete application will not be used in future determinations. (130 CMR 502.001(A)(4)(d)). If a response comes in after the 15 days, the eligibility process will restart based on that response. (130 CMR 502.001(A)(4)(d)). If the required response is submitted more than one year after the initial incomplete application, a new application will be needed. (130 CMR 502.001(A)(4)(d)).

MassHealth received the appellant's renewal application on June 7, 2024, and determined that it was missing an answer to one or more required questions concerning the appellant's income. Additionally, although signed, the appellant had dated the application incorrectly. MassHealth then sent the appellant a request on July 29 to supply and correct the missing information within 15 days. The appellant did not supply that information in 15 days, and for that reason, MassHealth sent the appellant a letter notifying the appellant that it could not determine his eligibility. The appellant submitted a timely appeal of this last notice, and stated at the hearing that he would submit the required information by October 8, 2024. On October 8, 2024, MassHealth informed the hearing officer that the appellant had still not submitted the requested information.¹

Because the appellant has not submitted requested information, the appeal is DENIED.

¹ That said, the appellant is still permitted to submit the required information to MassHealth at any time with the understanding that if he does so more than one year after the initial incomplete application, he will need to submit a new application.

Order for MassHealth

Proceed with the termination set forth in the notice dated August 19, 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

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