

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2501926
Decision Date:	03/11/2025	Hearing Date:	03/06/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:
Damion English, Quincy MEC



*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
Decision Date:	03/11/2025	Hearing Date:	03/06/2025
MassHealth's Rep.:	Damion English	Appellant's Rep.:	██████
Hearing Location:	Remote	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 January 15, 2025, MassHealth notified the appellant that her coverage will be ending on January 29, 2025, because she did not complete the renewal application within the allowed time frame. See 130 CMR 502.007 and Exhibit 1. The appellant filed this appeal in a timely manner on January 29, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant's benefits. Any action to suspend, reduce, terminate, or restrict a member's assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage effective on January 29, 2025, because she did not complete her renewal application within the allowed time frame.

Issue

Whether MassHealth was correct in terminating the appellant's coverage because she did not complete the renewal application within the allowed time frame. See 130 CMR 502.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant was on MassHealth CarePlus since September 12, 2022. On January 6, 2025, MassHealth received an unsigned annual renewal application from the appellant. As such, MassHealth was unable to process the appellant's renewal application. On January 15, 2025, a termination notice effective on January 29, 2025 was issued by MassHealth because the appellant had not completed her renewal application within the allowed time frame. As of the hearing date, MassHealth had not received a signed renewal application from the appellant.

The appellant stated that she believed she had signed her renewal application but was not certain. The MassHealth representative informed the appellant that she could contact the MassHealth customer service line to complete the renewal application over the phone. The appellant agreed to do so immediately.

Findings of Fact

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

1. The appellant is under the age of 65. (Exhibit 4).
2. The appellant was on MassHealth CarePlus since September 12, 2022. (Testimony and Exhibit 4).
3. On January 6, 2025, MassHealth received an unsigned annual renewal application from the appellant. (Testimony).
4. MassHealth could not process the appellant's renewal application. (Testimony).
5. On January 15, 2025, MassHealth notified the appellant that her coverage will be ending on January 29, 2025, because she did not complete the renewal application within the allowed time frame. (Testimony and Exhibit 1).
6. The appellant filed this appeal in a timely manner on January 29, 2025. (Testimony).
7. An aid pending protection was put in place. (Testimony and Exhibit 4).

8. As of the hearing date, MassHealth had not received an acceptable renewal application from the appellant. (Testimony).

Analysis and Conclusions of Law

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010.

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth may be terminated.

As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed 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. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and

information sources;

- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or
- (4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage type, premium payment, or premium assistance payment; or
- (3) the member is no longer eligible for MassHealth.

See 130 CMR 502.007.

When MassHealth either cannot determine a member's continued eligibility through electronic data matches or when information is obtained but would change the member's eligibility to a less comprehensive benefit, MassHealth outlines the following renewal process:

...(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.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows.

1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

See 130 CMR 502.007(C)(2).

In the instant case, MassHealth received an unsigned renewal application from the appellant on January 6, 2025. The appellant was unsure whether she had signed her renewal application. The MassHealth representative testified that the submitted renewal application was in fact not signed. Therefore, as of the hearing date, MassHealth had not received a complete renewal application, and the appellant could not offer evidence to the contrary.¹ See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). Therefore, MassHealth appropriately notified the appellant that her coverage would end on January 29, 2025, for her failure to complete a renewal application. See 130 CMR 502.007(A).

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

Remove aid pending protection.

Notification of Your Right to Appeal to Court

¹ If MassHealth receives the appellant's renewal application, a determination of benefits will be made by MassHealth, and the appellant will have separate right of appeal based on that determination.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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