

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200323
Decision Date:	3/10/2022	Hearing Date:	February 07, 2022
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Alan Wyle



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 502.007
Decision Date:	3/10/2022	Hearing Date:	February 07, 2022
MassHealth Rep.:	A. Wyle	Appellant Rep.:	Pro se
Hearing Location:	Springfield		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated October 08, 2021, stating you do not qualify for MassHealth benefits because based on your household size you are over the income standard for MassHealth. (Exhibit 1).

The appellant filed this appeal on January 12, 2022. (130 CMR 610.015(B); Exhibit 2).¹

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

The appellant was determined to be ineligible for MassHealth as of June 15, 2021.

Issue

Was the appellant's eligibility correctly determined?

¹ Although this action was appealed outside of the 30-day regulatory time limits; the request was considered timely as the timeline to appeal was extended to 120 days due to COVID 19.

Summary of Evidence

MassHealth testified the appellant applied for MassHealth on June 15, 2021 and a Request for Information (RFI) was sent to the appellant to verify her income. The appellant did not respond to the RFI. MassHealth stated on October 08, 2021, the appellant contacted MassHealth to report she was working. On October 08, 2021, MassHealth issued a notice stating the appellant's daughter was approved for MassHealth Standard beginning June 05, 2021 and the appellant was denied MassHealth as she had failed to verify her income. (Testimony).

The appellant testified she was unemployed at the time of her MassHealth June 15, 2021, application and she only provided verification of her income when she recently began working again. The appellant stated she understands her current income makes her ineligible for MassHealth and only eligible only for Connector coverage, but she is looking for coverage retroactive to June 2021, when she was hospitalized and unemployed. The appellant testified a member of the hospital staff completed a MassHealth application on her behalf on June 15, 2021, and she never received any notification from MassHealth regarding her eligibility until October 08, 2021. The appellant argued that in October 2021, she received a bill from the hospital for her June admission. The appellant stated she contacted MassHealth and was informed her bill would be covered as she was unemployed at the time of her hospitalization. The appellant indicated that after a subsequent call to MassHealth she was advised to appeal the MassHealth notice. (Testimony).

The hearing officer requested the MassHealth representative review the appellant's history to determine what if any notices have been generated and sent to the appellant.

MassHealth responded that after review of the appellant's history it was determined the appellant was initially found eligible for Connector coverage in 2020 with family assistance as a household of two earning 247% of the FPL. In October 2020, the appellant was sent a renewal form to verify her income. The appellant failed to respond and on May 05, 2021 MassHealth issued a notice stating the appellant was eligible for Health Safety Net (HSN) and her MassHealth Standard was denied for failure to verify income. On June 15, 2021, the appellant requested MassHealth and reported working at an animal hospital with self-reported income of 114% of the FPL. The appellant was approved for Connector coverage and her MassHealth eligibility delayed pending verification of income. MassHealth sent an RFI to the appellant requesting she verify her income as well as approving MassHealth Standard for her child. On September 02, 2021, MassHealth sent an additional RFI to the appellant stating the completion of a renewal form was required and still outstanding. On October 08, 2021 the appellant completed a phone application indicating she was employed at a pub and earning 144% of the FPL. On October 08, 2021, the appellant was informed her child was approved for MassHealth Standard and she qualified for HSN as the RFI was still outstanding. MassHealth testified the appellant is currently enrolled with the Connector and her income is currently over 133% of FPL for household of two. MassHealth maintained a review of tax information in June 2021, indicated the appellant's income during the time of the retroactive request. was 258% of the FPL, which contradicts the appellant's statement that she had no income between May and October. (Exhibit 5).

Findings of Fact

1. The appellant was hospitalized in June 2021. (Testimony)
2. On June 15, 2021, the appellant applied for MassHealth and self-reported working at an animal hospital with income at 114% of the FPL. (Exhibit 5).
3. On June 15, 2021, MassHealth sent the appellant an RFI to verify her income. (Exhibit 5).
4. On September 02, 2021, a second RFI was sent to the appellant requesting she verify her income. (Exhibit 5).
5. On October 08, 2021, the appellant completed a phone application self-reporting she was employed with income at 144% of the FPL. (Testimony)
6. On October 08, 2021, the appellant received a MassHealth notice stating her daughter had been approved for MassHealth Standard beginning June 05, 2021 and she had been denied MassHealth as she had failed to verify her income. (Exhibit 1).
7. On January 12, 2022, the appellant appealed the October 08, 2021, MassHealth notice requesting retroactive coverage of MassHealth Standard beginning June 2021. (Exhibit 2).

Analysis and Conclusions of Law

Regulations at 130 CMR 610.015 address time limits as they pertain to the appellant's rights to appeal a MassHealth action.²

Ordinarily the regulations require that BOH receive any request for a fair hearing within 30 days after an applicant or member receives written notice from the MassHealth agency of the intended action or 120 days from the date of the MassHealth action when MassHealth fails to send written notice of the action. The notice of October 08, 2021 is the first notice of denial of the appellant's June 15, 2021, request for MassHealth. As the MassHealth approval notice of October 08, 2021, was appealed on January 12, 2022, it will be considered timely only because the timeline to appeal any action was extended to 120 days due to COVID 19.

² **130 CMR 610.015 Time Limits Time Limitation on the Right of Appeal.** The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits: (1) 30 days after an applicant or member receives written notice from the MassHealth of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the third day after mailing; (2) unless waived by the Director or his or her designee, 120 days from: (c) the date of Division action when the Division fails to send written notice of the action;

The appellant requested MassHealth coverage on June 15, 2021, after self-reporting income at 114% of the FPL. Although the appellant stated she had not received any notices from MassHealth the evidence indicates the appellant was sent notices in June and September to her correct address with no evidence any mail was returned. These notices requested the appellant verify her income. The appellant was also instructed to provide proof of her income when she completed a phone application in October. Notwithstanding these notices and the verbal request, the appellant failed to provide any verification of her self-attested income to MassHealth and did not contact MassHealth until January 2022, when she received a bill from the hospital. It must be further noted that MassHealth testified a review of verified tax information indicated the appellant's income during the time of the retroactive request was 258% of the FPL. This tax income information contradicts the appellant's self-reported income of 114% or the statement made at the hearing that she had no income at the time of the request.

The appellant is required to cooperate with MassHealth in providing information necessary to establish and/or maintain eligibility. (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied. (130 CMR 516.001).

130 CMR 502.007: Eligibility Review

- (A) The MassHealth agency reviews eligibility at least 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 of immigration status or HIV positive status. The MassHealth agency updates the case file based on information received as the 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; or
 - (3) based on information in the member's case file.
- (E) If the member fails to provide a written update of his or her circumstances within 60 days of MassHealth's request, MassHealth coverage is terminated. If the member subsequently submits a written update, MassHealth determines his or her eligibility as of the date the written update is received. If the applicant is determined eligible, the medical coverage date is established in accordance with the rules in 130 CMR 502.006.

The appellant failed to provide documentation to verify her eligibility for MassHealth starting June 15, 2021, and therefore has not complied with the above-referenced regulations and as a consequence, MassHealth is within its discretion to deny her coverage as of that date.

This appeal is 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC