

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2204361

Decision Date: 7/28/2022

Hearing Date: 07/08/2022

Hearing Officer: Thomas Doyle

Record Open to: 7/22/22

Appearance for Appellant:

[Redacted], Wife

Appearance for MassHealth:

Sean Duffy

Interpreter:



*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:	Verifications
Decision Date:	7/28/2022	Hearing Date:	07/08/2022
MassHealth's Rep.:	Sean Duffy	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote, Phone	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 May 10, 2022, MassHealth notified appellant that he is not eligible for MassHealth benefits because he did not submit the information it needs to decide his eligibility within the required time frame (Ex. 1). MassHealth received appellant's appeal in a timely manner on June 6, 2022. (Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified appellant that that he is not eligible for MassHealth benefits because he did not submit the information it needs to decide his eligibility within the required time frame.

Issue

Whether MassHealth was correct in denying appellant's application for MassHealth benefits?

Summary of Evidence

The MassHealth representative testified there was missing information needed to make a determination on appellant's application. He testified he tried to reach out to appellant via the phone number in appellant's file but was unsuccessful. MassHealth denied appellant's application because the following information has not been received: (1) information on whether appellant received any one-time income within the year. (Ex. 1, p.2). Appellant representative answered this question at hearing to the satisfaction of the MassHealth representative. (Testimony); (2) current

monthly premium bill from [REDACTED]. (Ex. 2); (3) two most recent pay stubs for the wife of appellant from [REDACTED]. (Ex. 2); At hearing, the wife of appellant testified she also worked at [REDACTED]. The MassHealth representative informed her she would also need to provide two recent pay stubs from that employer. (Testimony).

At the close of the hearing, the hearing officer agreed to leave the record of this appeal open until July 22, 2022 for the appeal representative to supply MassHealth with copies of the missing information. (Ex. 5).

Nothing was received by the hearing officer, or by MassHealth, during the record-open period.

Findings of Fact

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

1. The appellant filed an application for MassHealth benefits. (Testimony).
2. There was missing information from the application. (Testimony).
3. The MassHealth representative attempted to contact appellant via the phone number in MassHealth's possession to request the missing information. The attempt was unsuccessful. (Testimony).
4. On May 10, 2022, MassHealth denied the application because the appellant failed to submit all of the requested verifications. (Testimony; Ex. 1)
5. Despite an opportunity to submit the missing information following the appeal hearing, neither the hearing officer nor the MassHealth representative received any documentation from appellant.

Analysis and Conclusions of Law

Once an application for MassHealth benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In this case, despite being given additional time following the appeal hearing to submit the outstanding documentation, the appellant did not submit all required verifications to MassHealth or the hearing officer in a timely manner. Further, the appellant did not request additional time to submit the missing documentation. Therefore, I find the action taken by MassHealth is within the regulations (130 CMR 516.001).

Accordingly, 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

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

[REDACTED]