

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Approved and Remanded	Appeal Number:	2206300
Decision Date:	11/1/2022	Hearing Dates:	09/21/2022 and 10/26/2022
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:

[REDACTED]


Appearances for MassHealth:

Dominique Correa, Springfield MEC
Margaret Anoje, Springfield MEC



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

APPEAL DECISION

Appeal Decision:	Approved and Remanded	Issue:	Eligibility
Decision Date:	11/1/2022	Hearing Dates:	09/21/2022 and 10/26/2022
MassHealth's Reps.:	Dominique Correira Margaret Anoje	Appellant's Reps.:	
Hearing Location:	Board of Hearings (Remote)		

Authority

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

Jurisdiction

Through a notice dated August 2, 2022, MassHealth informed the appellant that she was not eligible for coverage because she had not provided all of the verifications that MassHealth had requested within the required time frame (Exhibit 1). On August 22, 2022, the appellant filed a timely appeal (130 CMR 610.015(B); Exhibit 2). Denial of benefits for failure to provide information is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible for coverage because she had not provided all requested verifications within the required time frame.

Issue

The issue in this appeal is whether MassHealth properly found the appellant ineligible for benefits.

Summary of Evidence

A representative from the Springfield MassHealth Enrollment Center appeared at the first hearing telephonically and testified as follows: The appellant, who is over the age of 65, lives in the community with her husband, who is under 65. On April 12, 2021, the appellant and her husband filed a paper application to add the husband to the appellant's MassHealth case. On April 14, 2021, MassHealth requested that the appellant and her husband provide verification of their Social Security and rental income by July 13, 2021. The MassHealth representative stated that the information was not provided in that time frame, but that the appellant was approved for the Health Safety Net because of her age.¹ She added that the appellant also filed a senior MassHealth application during that time. On August 2, 2022, MassHealth notified the appellant that she was not eligible because she had not provided the requested verifications. The MassHealth representative testified that the income verifications remained outstanding as of the hearing date.

The appellant appeared at the hearing telephonically along with her husband. They expressed confusion over MassHealth's determination, testifying that they sent the requested verifications to MassHealth on two separate occasions, both before the July 2021 deadline. They stated that they sent both the Social Security income information and their tax returns for 2019 and 2020, which showed they had no rental income. In addition, they noted that they received a letter in October 2021 approving the appellant for the Health Safety Net, with no requests for additional information.

The MassHealth representative checked the system during the hearing and reported that she could see the appellant and her husband had indeed sent the requested income information. However, she stated that she could not do anything to update the appellant's case because she works in an under-65 unit at the MassHealth Enrollment Center; she testified that only a case worker from the over-65 unit would be able to update the case.

The hearing officer reconvened the hearing on October 26, 2022, having requested that the MassHealth Enrollment Center designate a worker from the over-65 unit to appear for the agency. However, the MassHealth representative who appeared at the reconvened hearing was from the same under-65 unit as the worker at the first hearing, and she similarly indicated that she was unable to process the appellant's income verifications, assess whether any other verifications were needed, or redetermine her eligibility.² She suggested the case was logistically complicated because the appellant and her husband are in different MassHealth age brackets, with information in two separate computer systems. She recommended the appellant contact MassHealth's customer service line and ask to speak to a worker in the over-65 unit.

¹ The MMIS eligibility printout shows the appellant has had Health Safety Net coverage since April 1, 2021. See Exhibit 4.

² The case worker stated that her manager declined to send a representative from the over-65 unit to the hearing because the notice on appeal was generated by the system used for the under-65 population.

Findings of Fact

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

1. The appellant is over the age of 65 and lives in the community with her husband, who is under 65.
2. On April 12, 2021, the appellant and her husband filed a paper application to add the husband to the appellant's MassHealth case.
3. On April 14, 2021, MassHealth requested that the appellant and her husband provide verification of their Social Security and rental income by July 13, 2021.
4. In May 2021, the appellant filed a senior MassHealth application.
5. MassHealth approved the appellant for the Health Safety Net effective April 1, 2021.
6. The appellant and her husband submitted the requested income verifications to MassHealth within the necessary time frame.

Analysis and Conclusions of Law

Under 130 CMR 515.008(A), an applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility. After receiving an application, MassHealth requests all corroborative information necessary to determine eligibility. 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. If the requested information is received within 30 days of the date of the request, the application is considered complete. If it is not received within that time frame, MassHealth benefits may be denied. 130 CMR 516.001(C) and (D).

In this case, MassHealth sent the appellant a request for supporting information on April 14, 2021, with a reply deadline of July 13, 2021. Though the full timeline of events is not entirely clear from this record, it appears the appellant and her husband in fact complied with the request but that MassHealth failed to properly process these documents. Now that MassHealth has acknowledged all the verifications have been received, it can redetermine the appellant's eligibility for an upgrade to her coverage (and seek any additional verifications that might be necessary to do so).

This appeal is approved and remanded.

Order for MassHealth

Consider the appellant to have complied with the information request dated April 14, 2021. Notify the appellant of any additional information needed to determine her eligibility for an upgrade to her coverage, and proceed to make the new eligibility determination.

Implementation of this Decision

If this decision is not implemented within 30 days after the date hereon, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings at the address on the first page of this decision.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Springfield MEC