

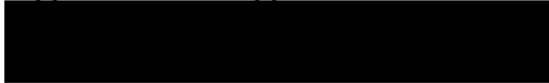
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2205731
<b>Decision Date:</b>	09/20/2023	<b>Hearing Date:</b>	8/10/2023
<b>Hearing Officer:</b>	Sara E. McGrath		

**Appearances for Appellant:**



**Appearances for MassHealth:**

Elizabeth Rodriguez, Tewksbury MEC

**Interpreter:**

Jerry Chanterelle



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications
<b>Decision Date:</b>	09/20/2023	<b>Hearing Date:</b>	8/10/2023
<b>MassHealth Rep.:</b>	Elizabeth Rodriguez	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings (Remote)		

### Authority

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

### Jurisdiction

Through notice dated June 5, 2023, MassHealth notified the appellant that he is not eligible for MassHealth benefits because he did not give MassHealth the information it needs to decide his eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on July 12, 2023 (130 CMR 610.015(B)). Denial of assistance is a valid ground for appeal (130 CMR 610.032). At the conclusion of hearing, the record was left open until September 8, 2023 for the appellant to submit additional information, and until September 15, 2023 for MassHealth to review and respond.

### Action Taken by MassHealth

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

## **Issue**

The appeal issue is whether MassHealth was correct in denying the appellant's application for MassHealth benefits.

## **Summary of Evidence**

The MassHealth representative appeared at the hearing by telephone and testified to the following chronology: The appellant is over the age of 65, lives in the community, and has a household size of one. On October 31, 2022, the appellant filed an application for MassHealth benefits. In November 2022, MassHealth sent the appellant a request for information, due in 30 days. The appellant did not submit all of the requested information in a timely manner. The appellant called MassHealth in June, and in response to that phone call, MassHealth sent the denial notice on appeal.<sup>1</sup> In July 2023, the appellant submitted another MassHealth application.<sup>2</sup> As of the date of hearing, MassHealth is missing the following information: 1) the cash surrender value of a Primerica life insurance policy owned by the appellant and 2) verification of whether the appellant owns any securities.

The appellant appeared at the hearing by telephone and testified with the assistance of an interpreter. He explained that he does not own any securities. He also explained that his son handles the life insurance, and that therefore his son would need to provide the information being requested. The hearing officer left the record open until September 8, 2023 for the appellant to submit the outstanding information, and until September 15, 2023 for MassHealth to review and respond.

The MassHealth representative informed the hearing officer that the appellant did not submit any additional information during the record-open period (Exhibit 3).

## **Findings of Fact**

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

1. The appellant is over the age of 65, lives in the community, and has a household size of one.
2. . On October 31, 2022, the appellant filed an application for MassHealth benefits.
3. In November 2022, MassHealth sent the appellant a request for information, due in 30 days; the appellant did not submit all of the requested information in a timely manner.

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<sup>1</sup> The MassHealth representative explained that because of COVID pandemic protections, a denial notice did not automatically generate.

<sup>2</sup> The MassHealth representative explained that if this appeal is approved, the October 31, 2022 application date would be preserved.

4. The appellant called MassHealth in June, and in response to that phone call, MassHealth sent the denial notice on appeal.
5. In July 2023, the appellant submitted another MassHealth application.
6. As of the date of hearing, MassHealth was missing the following information: 1) the cash surrender value of a Primerica life insurance policy owned by the appellant and 2) verification of whether the appellant owns any securities.
7. The appellant confirmed at hearing that he does not own any securities.
8. Upon request, the hearing officer agreed to leave the record open following the hearing to allow the appellant time to submit the outstanding documentation; specifically, the cash surrender value of a Primerica life insurance policy owned by the appellant.
9. The appellant did not submit any additional documentation during the record-open period.

## **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.

Despite being given additional time post-hearing to submit the outstanding documentation, the appellant did not submit all required verifications to MassHealth or the hearing officer. The appellant has therefore not fulfilled his obligations pursuant to 130 CMR 516.001.

The 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.

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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: Tewksbury MassHealth Enrollment Center