

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2308050
Decision Date:	11/29/2023	Hearing Date:	09/25/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Lindsey Carney



*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:	Dismissed	Issue:	Eligibility; Over 65; Verifications
Decision Date:	11/29/2023	Hearing Date:	09/25/2023
MassHealth's Rep.:	Lindsey Carney	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (Remote)	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 August 4, 2023, MassHealth notified the Appellant that her MassHealth Standard benefits were terminating on August 18, 2023, because she did not submit the information that MassHealth needed to decide her eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The Appellant filed this appeal in a timely manner on August 19, 2023. (130 CMR 610.015(B); Exhibit 2). Termination of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that her benefits were terminating on August 18, 2023, due to missing verifications.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant's benefits

should be terminated because of missing verifications.

Summary of Evidence

The MassHealth representative appeared at the hearing *via* telephone and testified as follows: MassHealth received the Appellant's renewal application in April of 2023. Upon receipt, MassHealth sent the Appellant a request for additional information. MassHealth did not receive the requested information from the Appellant. As a result, MassHealth sent the Appellant a termination notice on August 4, 2023. (Exhibit 1). The termination notice stated that the Appellant's coverage would terminate on August 18, 2023. *Id.* The MassHealth representative further testified that MassHealth subsequently received the Appellant's outstanding information on September 21, 2023. She explained that as of the date of the hearing, the Appellant's information was verified. MassHealth determined that the Appellant is over the allowable income limits to receive MassHealth Standard coverage. The MassHealth representative explained that a denial notice will be separately mailed to the Appellant.

The Appellant appeared at the hearing telephonically and testified that she submitted the requested information. She further testified that she initially submitted the incorrect information though. The Appellant subsequently submitted the correct information. The Appellant testified that in doing so, she also submitted a Disability Supplement. She explained that she is disabled and expressed her concerns regarding the lack of medical coverage, given her medical needs. The MassHealth representative inquired when the Appellant submitted her Disability Supplement to Disability Evaluation Services. In response, the Appellant testified that she submitted the supplement on September 21, 2023. The MassHealth representative explained it may take some time for Disability Evaluation Services to receive a mailed supplement and review the information contained therein. She further explained that once Disability Evaluation Services completes their reviews, a determination is made as to whether the Appellant is deemed disabled. MassHealth is then notified as to the determination made. The MassHealth representative testified that if the Appellant is deemed disabled, she may qualify for MassHealth CommonHealth benefits.¹ She explained that in order to qualify for such, the member must be deemed disabled and must be working forty (40) hours per month. The Appellant testified that she has mobility issues. In response, the MassHealth representative reiterated that the work requirement is 40 hours per month, not per week. She explained that the working requirement is broadly defined and would include baby-sitting services, for example. If this option is applicable to the Appellant, the MassHealth representative explained that she could submit a letter to MassHealth stating the number of hours she is employed and the amount she is paid for such employment. The MassHealth representative testified another option for the Appellant is to contact Medicare to ascertain if she can enroll into a supplemental plan. Upon inquiry, the MassHealth representative

¹ The MassHealth representative testified that she would mail additional information to the Appellant regarding CommonHealth benefits.

explained that the Appellant would unfortunately have to pay for a supplemental plan. The Appellant testified that she has limited funds and would not be able to pay for such. With respect to income guidelines, the MassHealth representative explained that the Appellant receives a gross amount of \$ 2,630.00 from social security, per month. To qualify for MassHealth Standard benefits, the Appellant's gross monthly income cannot exceed \$ 1,215.00 per month. As to the August 4, 2023 notice regarding outstanding information, the MassHealth representative explained that she received all information from the Appellant to make a determination. MassHealth determined that the Appellant is over the allowable income limits. The Appellant will receive a subsequent denial notice stating such.²

Findings of Fact

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

1. The Appellant is over the age of 65 and a MassHealth member. (Exhibit 3).
2. On August 4, 2023, MassHealth notified the Appellant that her MassHealth Standard benefits were terminating on August 18, 2023 because MassHealth did not receive all requested information within the required time frame. (Testimony; Exhibit 1).
3. The Appellant timely appealed on August 19, 2023. (Exhibit 2).
4. MassHealth subsequently received the Appellant's outstanding information to make a determination. (Testimony).
5. MassHealth determined the Appellant is over the allowable income limits. (Testimony).
6. The Appellant will receive an over-income denial notice by mail. (Testimony).

Analysis and Conclusions of Law

MassHealth may make an adjustment in the matters at issue before or during an appeal period. (See, 130 CMR 610.051(B)). If the parties' adjustment resolves one or more of the issues in dispute in favor of the Appellant, the hearing officer, by written order, may dismiss the appeal in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. *Id.*

With respect to 130 CMR 610.035, the Board of Hearings will dismiss a hearing when....

² The MassHealth representative explained that the denial notice will be mailed to the Appellant later that same day (of the hearing).

- (1) the request is not received within the time frame specified in 130 CMR 610.015;
- (2) the request is withdrawn by the appellant;
- (3) the sole issue is one of state or federal law requiring automatic change in assistance for classes of members;
- (4) the stated reason for the request does not constitute grounds for appeal as set forth in 130 CMR 610.032. Without limiting the generality of the foregoing, except as provided in 130 CMR 610.032(A)(11), no provider decision or action including, but not limited to, a provider determination about whether or the extent to which a service is medically necessary constitutes an appealable action hereunder;
- (5) the stated reason for the hearing request is outside the scope of 130 CMR 610.000 as set forth in 130 CMR 610.003;
- (6) BOH has conducted a hearing and issued a decision on the same appealable action arising out of the same facts that constitute the basis of the request;
- (7) the party requesting the hearing is not an applicant, member, or resident as defined in 130 CMR 610.004;
- (8) BOH learns of an adjustment or action that resolves all of the issues in dispute between the parties;
- (9) BOH learns that the applicant or member has passed away prior to the date of filing and there is no full compliance with 130 CMR 610.016(B) within ten days of a BOH request;
- (10) BOH learns that the applicant or member has passed away prior to the date of filing and scheduling a hearing and is not informed until the date of the hearing and there is no full compliance with 130 CMR 610.016(B); or
- (11) the appellant fails to appear at a scheduled hearing.

....

(130 CMR 610.035(A)).

In the present case, the MassHealth representative testified that the issue at appeal, specifically, the Appellant's outstanding information was received, and a determination was made. MassHealth determined that the Appellant is over the allowable income limits. The Appellant will receive an over-income denial notice by mail. Because the appeal issue regarding missing verifications was resolved in the Appellant's favor, there is nothing left to dispute before the hearing officer. For the above-stated reasons, this appeal is dismissed. The Appellant may separately appeal the MassHealth denial notice for being over the allowable income limits.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

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