

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308412
Decision Date:	11/9/2023	Hearing Date:	10/18/2023
Hearing Officer:	Emily T. Sabo	Record Open to:	11/1/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Andy Rodriguez & Lauren Silva, Quincy MEC



*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:	Eligibility; Over 65
Decision Date:	11/9/2023	Hearing Date:	10/18/2023
MassHealth's Rep.:	Andy Rodriguez, Lauren Silva, Quincy MEC	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 July 14, 2023, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth did not receive the Appellant's annual eligibility renewal within the allowed time frame (see 130 CMR 502.007(C)(2) and Exhibit 1). The Appellant filed this appeal in a timely manner on September 15, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007(C)(2), in denying the Appellant's application for MassHealth benefits.

Summary of Evidence

Two MassHealth representatives appeared telephonically at hearing. A MassHealth representative testified as follows: the appellant is a single individual over the age of 65. The MassHealth representative testified that because the Appellant is over the age of 65, MassHealth requires information on the Appellant's assets as well as her income. The MassHealth representative testified that an annual eligibility renewal was sent to the Appellant on June 14, 2023. The MassHealth representative testified that they had received some requested information on the Appellant's assets on July 31, 2023, and September 5, 2023. The MassHealth representative testified that the Appellant's application was still incomplete because MassHealth had not received information on three bank accounts, as well as proof that the Appellant had closed other accounts.

The Appellant appeared telephonically and verified her identity. The Appellant testified that she had sent all the requested information to a [REDACTED] in [REDACTED], but that it had been returned to her. The record was held open until October 25, 2023, for the Appellant to submit the requested information, and until November 1, 2023, for MassHealth to review and respond.

The Board of Hearings did not receive any additional information from the Appellant. On November 2, 2023, the Appellant notified the Hearing Officer that the Appellant had sent information to Taunton. On November 6, 2023, the MassHealth representative responded and stated that MassHealth has not received any additional information from the Appellant to review.

Findings of Fact

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

1. The appellant is a single individual over the age of 65 (Testimony, Exhibits 1 & 4).
2. MassHealth sent the Appellant an annual eligibility renewal on June 14, 2023 (Testimony).
3. MassHealth has not received a complete application from the Appellant, including requested information on the Appellant's assets (Testimony).

Analysis and Conclusions of Law

In determining continuing eligibility for MassHealth, regulation 130 CMR 502.007(C)(2) provides:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated

renewal application.

(a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto his or her MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

2. If the renewal application is not completed within 45 days, the MassHealth agency will

a. use information received from electronic sources, if available, and redetermine eligibility; or

b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2, and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows.

1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

130 CMR 502.007(C)(2).

In evaluating financial eligibility for MassHealth, for those over 65 and living in the community, 130 CMR 519.005(A) provides:

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

130 CMR 519.005(A).

MassHealth denied the Appellant's application for benefits because MassHealth did not receive the Appellant's annual eligibility renewal within the allowed time frame. At hearing, the MassHealth representative testified that after the July 14, 2023, notice, MassHealth received a renewal from the Appellant. However, MassHealth did not receive all the information requested from the Appellant; specifically, information on the Appellant's assets, to determine whether the Appellant is financially eligible for MassHealth.

Here, the Appellant did not provide any supporting evidence of her assets during the record open period. Therefore, MassHealth did not err in denying the Appellant's application for MassHealth benefits. Accordingly, 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.

Emily T. Sabo
Hearing Officer

Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171