

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309858
Decision Date:	1/16/2024	Hearing Date:	11/16/2023
Hearing Officer:	Thomas Doyle	Record Open to:	11/30/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kristine Denucce Simms, Springfield MEC

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:	Eligibility, Annual Renewal; Over 65
Decision Date:	1/16/2024	Hearing Date:	11/16/2023
MassHealth's Rep.:	Kristine Denucce Simms	Appellant's Rep.:	Pro se
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 September 29, 2023, MassHealth ended coverage for appellant because appellant did not give MassHealth the information it needs to decide appellant's eligibility. (Ex. 1). The appellant filed this appeal in a timely manner on October 10, 2023. (Ex. 2). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth ended coverage for appellant.

Issue

The appeal issue is whether MassHealth was correct in ending coverage for appellant because she did not give MassHealth the information it needed to decide appellant's eligibility.

Summary of Evidence

Appellant, acting pro se, and the MassHealth worker (worker), appeared by phone and were sworn. The worker testified that MassHealth sent appellant a termination letter on September 29, 2023 because appellant did not send in verifications requested by MassHealth by the date they were due. The worker stated MassHealth sent out a second request for verifications on October 16, 2023. Some verifications were received, but MassHealth still needed a bank statement from appellant's account that held her social security payments and the signature page of the renewal form needed to be signed and dated. The worker stated she would mail the appellant the signature page, highlighting where appellant needed to sign and date the form. The worker confirmed appellant's address with her at hearing. The worker would send a self-addressed stamped envelope to appellant to mail back the signature page. The record was left open for appellant to send back the signature page and a copy of a bank statement where appellant's social security payment was deposited. Appellant stated at hearing she did have a bank account where her social security was deposited. After the record open period closed, the worker notified this hearing officer she did not receive any documents from appellant. (Ex. 7).

Findings of Fact

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

1. Appellant was sent a termination notice in September 2023 for not returning verifications by the due date. (Testimony; Ex. 1).
2. A second notice was sent to appellant in October 2023. (Testimony).
3. Some verifications were received by MassHealth, but a bank statement from the account holding appellant's social security deposits was needed, as was a signature and date on the renewal form. (Testimony; Ex. 1).
4. The record was kept open for appellant to return the signature page signed and dated and a copy of the bank statement for the account holding appellant's social security deposits. (Testimony; Ex. 6).
5. The worker was sending appellant a self-addressed stamped envelope to send back the bank statement and the signed and dated signature page. (Testimony).
6. Appellant confirmed her mailing address when asked at hearing by the worker and hearing officer. (Testimony).
7. After the record open period closed, the worker notified this hearing officer she did not receive any documents from appellant. (Ex. 7).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or (4) based on information in the member's case file.

515.008: Responsibilities of Applicants and Members

- (A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Appellant was given multiple opportunities to provide MassHealth with the information they needed to decide appellant's eligibility for coverage. MassHealth requested the information before appellant received a termination letter in September 2023. (Testimony). MassHealth made a second request in October 2023. (Testimony). Appellant did send in some information to MassHealth but at hearing, the worker testified a statement form a bank account holding the money deposited from appellant's social security payments was needed, along with a signature and date on the renewal form. The record was left open after hearing for the missing verifications to be sent to MassHealth by appellant. The worker verified appellant's address and sent appellant a self-addressed stamped envelope along with the signature page that appellant could sign and date and return in the envelope provided. After the record open period ended, the worker notified this hearing officer she had not received any documents from appellant. (Ex. 7). Pursuant

to the regulations, appellant has failed to cooperate with MassHealth. 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186