

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311190
Decision Date:	1/18/2024	Hearing Date:	12/5/2023
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Yassory Pena, Tewksbury



*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:	Over 65, eligibility, verifications
Decision Date:	1/18/2024	Hearing Date:	12/5/2023
MassHealth's Rep.:	Yassory Pena	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury (remote)	Aid Pending:	Yes

Authority

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

Jurisdiction

By notice dated October 30, 2023, MassHealth notified Appellant that it would terminate coverage on November 13, 2023. Exhibit 1. Appellant filed this appeal in a timely manner on November 8, 2023 and was eligible to retain the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination or modification of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that it would terminate coverage on November 13, 2023.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not submit necessary verifications.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. Appellant is in a household of one and is over the age of 65. On July 19, 2023, Appellant submitted a renewal application. MassHealth processed the renewal and issued a request for information. On October 30, 2023, MassHealth notified Appellant that it would terminate coverage on November 8, 2023 for failure to submit the required information. MassHealth received some of the verifications but still had two bank accounts open in its system. MassHealth requested verification of a New Hampshire bank account and a [REDACTED] account.

Appellant appeared by phone and testified as follows. Regarding the [REDACTED] account, Appellant could provide an updated statement immediately and asked for MassHealth's mailing address. A copy of a bank statement from this account was provided with the hearing request. Exhibit 2. Regarding the New Hampshire bank, Appellant testified that the account was closed over eight years prior when he moved to Massachusetts. Appellant believed he had submitted proof that it had closed in the past. Appellant agreed to provide a letter from the bank or some other verification showing the account was closed.

The MassHealth representative confirmed that Appellant's aid pending protection was in place, so Appellant was still active with his Senior Buy-In benefit pending the outcome of the appeal.

Findings of Fact

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

1. Appellant is over the age of 65 and in a household of one.
2. Appellant had Senior Buy-In coverage.
3. On July 19, 2023, Appellant submitted a renewal application.
4. On October 30, 2023, MassHealth notified Appellant that it would terminate coverage on November 8, 2023 for failure to submit the required information regarding two bank accounts. Exhibit 1.
5. Appellant filed a timely appeal on November 8, 2023 and was eligible to retain the previous benefit level pending the outcome of the appeal. Exhibit 2.
6. As of the date of hearing, MassHealth had not received all the bank account verifications needed for review.

Analysis and Conclusions of Law

An individual applying for MassHealth benefits must submit a complete application and all required supplements. 130 CMR 516.001(A)(1). Pursuant to 130 CMR 515.008(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility.” After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of the 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(B). “If the requested information...is received [by MassHealth] within 30 days of the date of the request, the [application] is considered complete...If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied” 130 CMR 516.001(C).

Here, MassHealth received Appellant’s renewal application but required corroborative information in order to complete the renewal process. Appellant submitted some of the missing information but not the information regarding the closed New Hampshire bank account as of the date of hearing (more than 30 days after the October 30, 2023 notification). Appellant had not met the requirements of 130 CMR 515.008(A) and 130 CMR 516.001(C) by providing the corroborative information necessary for MassHealth to determine eligibility. Accordingly, MassHealth had not issued the October 30, 2023 notice in error and the appeal is denied.

Order for MassHealth

Remove aid pending.

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.

Cynthia Kopka

Hearing Officer
Board of Hearings

cc:

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