

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed; Denied	Appeal Numbers:	2312476 & 2312478
Decision Date:	02/09/2024	Hearing Date:	01/05/2024
Hearing Officer:	Christopher Jones	Record Open to:	01/12/2024

Appearance for Appellant:



Appearance for MassHealth:

Raybryana Dasher - Taunton



*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; Denied	Issue:	Over 65; Eligibility; Immigration; Income; Verification
Decision Date:	02/09/2024	Hearing Date:	01/05/2024
MassHealth's Rep.:	Raybryana Dasher	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 notices dated November 6, 2023, MassHealth terminated the appellants MassHealth benefits as of November 30, 2023, because the appellants had not returned requested verifications. (Exhibits 1; 2; 130 CMR 515.008.) The appellants filed these timely appeals on December 4, 2023. (Exhibits 3; 4; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

These appeals were scheduled separately, but at the hearing, the appellants requested that they be consolidated into a single proceeding.¹ Following the hearing, the record was left open at the appellants' request until January 12, 2024.

Action Taken by MassHealth

MassHealth terminated the appellant's benefits because they had not returned requested financial verification.

¹ MassHealth's representative verified that the appellants casefile is a single household in MassHealth's computer system.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in terminating the appellants' coverage for not verifying their financial eligibility.

Summary of Evidence

The appellants are both over the age of 65. The appellant-husband is enrolled in Medicare, and he was covered by the Medicare Savings Program ("MSP") for Qualified Medicare Beneficiaries ("QMB"), also known as Senior Buy In. The appellant-wife is not enrolled in Medicare, and she had been covered by MassHealth Standard. MassHealth's representative testified that the appellants coverage was protected during the Federal Public Health Emergency related to the Covid-19 Pandemic ("FPHE"). The appellant-husband had turned 65 prior to the FPHE, but the appellant-wife turned 65 during the FPHE, which is why they were protected in different benefits.

MassHealth's representative explained that benefits for individuals under the age of 65 have a higher income threshold than benefits for members over 65, and members over 65 also have asset caps that require members verify their assets. For MassHealth Standard, members must generally have assets below \$2,000 and income below the federal poverty level. MassHealth had verified that the appellants' household income was \$1,695 from Social Security for the appellant-husband. This is just over the federal poverty level of \$1,644 for a household of two.

During the unwinding process for the FPHE protection, the appellants submitted a renewal application in the summer of 2023. On their renewal application, they identified one bank account. MassHealth requested verification of this bank account, and the appellant's responded that they did not have that bank account. MassHealth requested proof of its closure, and no proof was submitted, which caused the termination notice to be issued. While the appeal was pending, MassHealth's asset-verification system identified seven additional bank accounts with one or both of the appellants' names on them.

The appellants acknowledged that they had not verified their bank accounts. The appellant-husband was informed that this MSP QMB benefits could be reinstated without verifying his assets by attesting that his assets were under \$27,260 and asking that his application be converted into an MSP application. As this was the benefit the appellant-husband had before, he accepted this outcome. However, the appellant-wife had never been enrolled in Medicare. The appellants were unsure why she could not enroll in Medicare, and they agreed to investigate further with Social Security and a SHINE counselor how to get the appellant-wife enrolled. If she were able to enroll in Social Security, she would also be eligible for MSP QMB, and the appellants were amenable to that coverage for her. However, in the interim, MassHealth provisionally approved her for the Health Safety Net coverage, based upon her income being over the federal poverty level.

The Health Safety Net coverage still required the appellant-wife to verify her assets. The appellant-husband acknowledged that the appeal was resolved with regards to his benefits, and that the appeal was resolved with regards to the termination of his wife's MassHealth Standard coverage for the appellant-wife. Furthermore, MassHealth sent out a new asset verification notice for the Health Safety Net benefit. The appellants are able to verify their assets directly with MassHealth, however, the appellant-husband requested that the record be left open so that he could submit the verifications directly to MassHealth's representative through email, rather than needing to interact via faxes, mailings, and a non-specific MassHealth representative.

The record was left open until January 12 to submit asset verifications. The appellants responded with several bank statements; however, they did not submit bank statements for three of the accounts identified by MassHealth or letters explaining that the accounts were closed. Further, the appellant submitted a screen shot of a Social Security deposit into an account, and the account number could not be seen. The amount of the Social Security deposit was different from the amount verified on another account, but this may have been the result of the Medicare premium for Parts A and B being withheld due to the appellant-husband's termination from the MSP QMB benefit prior to the appeal.

Findings of Fact

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

- 1) The appellants are a married couple, living together and they are both over the age of 65. (Testimony by MassHealth's representative.)
- 2) The appellants filed a renewal application for MassHealth benefits during the summer of 2023. They verified their income as \$1,695 in gross Social Security benefits, but they did not verify the bank account they identified. (Testimony by MassHealth's representative.)
- 3) MassHealth terminated the appellant-husband's MSP QMB coverage and the appellant-wife's Standard coverage for failing to verify. (Exhibits 1 and 2.)
- 4) MassHealth's asset verification system found seven total bank accounts with the appellants names on them, and the appellants did not submit bank statements for all of them. (Testimony by MassHealth's representative; Exhibits 9 and 10.)

Analysis and Conclusions of Law

MassHealth members must establish financial eligibility, which includes showing that their assets are below a threshold, or that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) An applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001(B).) If the requested verifications are received within 30 days, "the application is considered complete" and

MassHealth continues to “determine the coverage type ... for which the applicant is eligible.” (130 CMR 516.001(C).) MassHealth may deny an application where the member has failed to provide requested information within 30 days. (130 CMR 516.001(C).) If some, but not all, of the requested information is received within 30 days of the denial, MassHealth deems the date of receipt to be the date of reapplication, and the agency will send out a new verification request. If a MassHealth member fails to cooperate with MassHealth and submit the documentation requested, MassHealth will deny the member’s application. (See 130 CMR 515.008(C).)

The appellant-husband resolved his appealed termination directly with MassHealth. In lieu of needing to verify his assets, converted his application to one for the Medicare Savings Program only and was re-approved for the MSP QMB coverage that he had lost. (See 130 CMR 519.010.) Therefore, his appeal (Appeal No. 2312478) is DISMISSED pursuant to 130 CMR 610.035 and 610.051. Similarly, the appellant-wife’s appeal is also DISMISSED on the same grounds. She was not approved for MSP coverage only because she does not have Medicare coverage. MassHealth issued a new notice approving her for the Health Safety Net and informing her that she needed to verify the household’s assets.²

In the alternative, the appellant-wife’s appeal of her termination of MassHealth Standard would be DENIED. The verifications requested to verify her eligibility for MassHealth Standard were the same as those requested to verify her eligibility for the Health Safety Net. The appellant submitted some, but not all necessary bank statements. Therefore, her appeal would be denied pursuant to 130 CMR 515.008 and 516.001 for failing to cooperate with MassHealth’s requests for information necessary to determine eligibility. Furthermore, her household income is over the federal poverty level, which also prevents her eligibility for MassHealth Standard in the absence of frailty or disability. (See 130 CMR 519.005(A); 519.007(B); and 520.013(A)-(B).)

Order for MassHealth

None.

² This notice has not been appealed, but it may be.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780