

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



***CORRECTED ADDRESS**

Appeal Decision:	Denied	Appeal Number:	2313300
Decision Date:	2/26/2024	Hearing Date:	01/10/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nivdarla Anselme



*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

*CORRECTED ADDRESS

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	2/26/2024	Hearing Date:	01/10/2024
MassHealth's Rep.:	Nivdarla Anselme	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by 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 November 24, 2023, MassHealth determined the appellant ineligible for MassHealth benefits for failure to provide information necessary to determine eligibility. (130 CMR 515.003; 130 CMR 515.008; 130 CMR 516.001; Exhibit 1). The appellant filed an appeal in a timely manner on December 15, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

Pursuant to 130 CMR 515.003, 130 CMR 515.008 and 516.001, MassHealth determined the appellant ineligible for MassHealth for failure to provide information necessary to determine eligibility.

Issue

Whether MassHealth was correct in determining the appellant ineligible for failure to provide information necessary to determine eligibility.

Summary of Evidence

All parties appeared by telephone. The appellant is over 65-years of age. MassHealth sent the appellant a renewal form in June 2023, due on or before July 22, 2023. MassHealth did not receive the renewal form on or before that date. On July 27, 2023, MassHealth issued a notice terminating coverage. The appellant did not appeal that decision.

On August 16, 2023, MassHealth received a renewal application. On August 17, 2023, MassHealth issued a request for information as the application was not complete and MassHealth needed verification of income and assets. The appellant had until November 15, 2023 to provide information necessary to determine eligibility. On November 24, 2023, MassHealth issued the notice on appeal determining the appellant ineligible for failure to provide information necessary to determine eligibility. As of the date of the hearing, MassHealth still had not received all of the information necessary to determine eligibility. The MassHealth representative testified that the application itself was incomplete and the agency needed verification of income as well as assets including three bank accounts.

In the submission of a request for hearing, the appellant included a copy of a 2022 income tax return and a Certificate of Naturalization. (Exhibit 4). Copies were provided to the MassHealth representative. The MassHealth representative reviewed the records and testified that the agency had the information provided to the Board of Hearings. The agency still needed a complete application and verification of assets.

During the hearing, the MassHealth representative asked the appellant a number of questions to try and complete the application. The questions could not be answered in full as the appellant kept leaving the hearing as someone from the cable company was at her home performing a repair. The MassHealth representative at hearing and the denial notice on appeal state that questions on pages 11-17 of the application are blank. The MassHealth representative at hearing and the denial notice on appeal list three accounts from [REDACTED] Bank for which MassHealth is seeking information. The MassHealth representative testified that another request for information was sent to the appellant in December 2023 with information due in March 2024.

The appellant testified that she could go to the bank to provide information. The appellant testified that she has Medicare and insurance offered through her former employer so she was not sure if she needs MassHealth.

The MassHealth representative testified that the appellant was eligible for the MassHealth Buy-In program in the past.

Findings of Fact

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

1. The appellant is over 65-years of age.
2. The appellant was eligible for MassHealth in the past.
3. MassHealth sent the appellant a renewal form in June 2023 due on or before July 22, 2023.
4. MassHealth did not receive the renewal form on or before that date.
5. On July 27, 2023, MassHealth issued a notice terminating coverage.
6. The appellant did not appeal that decision.
7. On August 16, 2023, MassHealth received a renewal application.
8. On August 17, 2023, MassHealth issued a request for information seeking a complete application as well as verification of income and assets.
9. MassHealth required the completion of pages 11-17 of the application.
10. MassHealth asked for verification on three accounts from [REDACTED] Bank.
11. The appellant had until November 15, 2023 to provide information necessary to determine eligibility.
12. The appellant did not provide the information necessary to determine eligibility on or before the due date.
13. On November 24, 2023, MassHealth issued a notice determining the appellant ineligible for failure to provide information necessary to determine eligibility.
14. The notice ending coverage states that the agency required completion of pages 11-17 of the application and verification from three accounts at [REDACTED] Bank.
15. As of the date of the hearing, the appellant did not have that information.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). The appellant in this case is over 65 years of age. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth requires verification of eligibility factors including income, assets, residency, citizenship, immigration status and identity. (130 CMR 516.003). MassHealth initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received, in order to verify eligibility. (130 CMR 516.003(A)). If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual. (130 CMR 516.003(B)). If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications. (130 CMR 516.003(C)).

The following time standards are listed in the regulations as applicatory to the verification of eligibility factors:

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial. (130 CMR 516.003(D)).

Except with respect to the verifications of citizenships and immigration status, MassHealth will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster. (130 CMR 516.003(G)).

In March 2023, MassHealth issued Eligibility Operations Memo 23-09 where MassHealth extended the time that non-MAGI applicants and members have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days. This extension provides

more time to respond to a Request for Information and submit verifications and information necessary for MassHealth to make an eligibility determination. MassHealth acted correctly in providing the appellant 90 days to provide corroborative information.

In July 2023, MassHealth issued Eligibility Operations Memo 23-18 which lists the following time standards:

- Members have 45 days to submit a renewal, including members who reside in a nursing facility.
- Members have 90 days to respond to requests for information that are sent after a renewal is processed.
- Renewal applications may be reconsidered up to 90 days if benefits were terminated because the renewal application was not received by the due date, the renewal will be reconsidered if it is received within 90 days of the termination. There will be no gap in coverage if the member is still eligible.

MassHealth acted correctly under these time standards. The notice on appeal and all of the requests for information list the same pages of the application that are not complete (11-17) and three bank accounts from [REDACTED] Bank from which MassHealth needs either bank statements or a letter from the bank regarding the account status and/or balances of each account. At hearing, the appellant stated that she did not have that information and was not sure when she could provide the information. The appellant testified that she did not have any outstanding medical bills.

This appeal is denied as the decision made by MassHealth was correct.

As discussed at the hearing, MassHealth provided the appellant a new request for information to which she can respond in order for the agency to make a new eligibility decision.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529
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