

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313385
<b>Decision Date:</b>	4/11/2024	<b>Hearing Date:</b>	January 16, 2014
<b>Hearing Officer:</b>	Stanley M. Kallianidis	<b>Record Open Date:</b>	February 16, 2024; Extended to April 8, 2024

**Appellant Representative:**

Pro Se

**MassHealth Representative:**

Maria Boisvert, Taunton



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
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Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verifications for Re-Determination of Benefits
<b>Decision Date:</b>	4/11/2024	<b>Hearing Date:</b>	January 16, 2014
<b>MassHealth Rep.:</b>	Maria Boisvert		

### 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 December 7, 2023, MassHealth planned on stopping the appellant's MassHealth benefits on December 21, 2023 because MassHealth determined that the verification process had not yet been completed (see 130 CMR 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on December 20, 2023 (see 130 CMR 610.015 and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Whereas the appellant filed his appeal prior to the termination date, he was entitled to a continuation of benefits pending the outcome of this appeal (see 130 CMR 610.036).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

Pursuant to 130 CMR 515.008, has the appellant provided MassHealth with the requested verifications necessary for a re-determination of his eligibility for benefits?

## Summary of Evidence

The MassHealth representative testified that the appellant's MassHealth August 31, 2023 renewal application was denied due to a failure to provide timely verifications (Exhibit 3). A verification request was sent out to the appellant on September 2, 2023 with a due date of December 1, 2023 (Exhibit 3). The verifications were not submitted, and a Notice of Denial was issued on December 7, 2023 (Exhibit 3). The missing verifications at the time of denial were the appellant's bank statements and life insurance. Currently, all that is needed is documentation of the appellant's life insurance (Exhibit 3).

The appellant testified that he no longer has the life insurance. He requested additional time so that he could contact the life insurance company and document the status of this insurance to MassHealth.

The record was left open for 30 days and extended another 45 days for the appellant to submit proof that he no longer has this life insurance (Exhibit 4).

MassHealth received no documentation of the status of this life insurance during the extended record open period, however (Exhibit 5).

## Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant's August 31, 2023 MassHealth renewal application was denied due to a failure to provide timely verifications (Exhibit 3).
2. A verification request was sent out to the appellant on September 2, 2023 with a due date of December 1, 2023 (Exhibit 3).
3. The verifications were not submitted, and a Notice of Denial was issued on November 8, 2017 (Exhibit 3).
4. The missing verification as of the hearing date was the status of the appellant's life insurance (testimony).
5. The record was left open for 30 days and extended another 45 days for the appellant to submit proof that he no longer has this life insurance (Exhibit 4).
6. MassHealth received no documentation of the status of this life insurance during the extended record open period (Exhibit 5).

## **Analysis and Conclusions of Law**

The applicant or member must cooperate with MassHealth in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of the MassHealth program including recovery (130 CMR 515.008(A)). If the requested information is not received, MassHealth benefits may be denied (130 CMR 516.001).

In the instant appeal, I have found that the appellant re-applied for MassHealth on August 31, 2023. The appellant's application was denied due to his failure to verify life insurance and bank statements. At the hearing, the only outstanding verification was the appellant's life insurance.

Despite an extended record-open period of over two months, the appellant failed to submit this document to MassHealth.

Based upon the regulation cited above, and where the appellant did not provide the necessary verification for a determination of eligibility, his renewal application must be denied.

The appeal is therefore denied.

## **Order for MassHealth**

Proceed with planned termination.

## **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.

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Stanley M. Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Taunton MEC