

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313547
<b>Decision Date:</b>	02/20/2024	<b>Hearing Date:</b>	01/22/2024
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	02/12/2024

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Scarlis Javier, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65: Failure to Complete Renewal; Missing Verifications
<b>Decision Date:</b>	02/20/2024	<b>Hearing Date:</b>	01/22/2024
<b>MassHealth's Rep.:</b>	Scarlis Javier	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	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 28, 2023, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the Appellant did not complete the annual eligibility renewal within the allowed timeframe (see 130 CMR 502.007(C)(2) and Exhibit 1).<sup>1</sup> The Appellant filed this appeal in a timely manner on December 22, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the Appellant's application for benefits.

### Issue

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<sup>1</sup> On the same date, MassHealth also sent a denial notice on the same grounds to the Appellant's minor child, care of the Appellant.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007(C)(2), in determining that the Appellant did not complete the eligibility renewal within the allowed time frame.

## **Summary of Evidence**

The hearing was held telephonically. The MassHealth representative testified as follows: the Appellant is an adult between the ages of 21-64 years old. The Appellant has a household of two, which includes the Appellant and a minor child. The MassHealth representative testified that the Appellant's household income is equal to 100.47% of the federal poverty level. The MassHealth representative testified that MassHealth sent the Appellant and her child notices dated November 28, 2023, denying benefits for failure to complete the annual eligibility renewal. The MassHealth representative testified that on January 10, 2024, MassHealth received the renewal application for the Appellant's household. The MassHealth representative testified that some of the information provided by the Appellant was unacceptable. The MassHealth representative testified that the Appellant still needed to provide pay statements and sufficient proof of residency, dated within the last sixty days. The MassHealth representative testified that the Appellant's pay statements that were submitted as part of her fair hearing request, were not dated within the last sixty days. The MassHealth representative said that the Appellant could submit a utility bill as proof of residency.

The Appellant testified through an interpreter and verified her identity and that of her child. The Appellant testified that she had sent in the renewal packet.

The record was held open until February 5, 2024, for the Appellant to submit the requested information, and until February 12, 2024, to allow MassHealth to review and respond. During the record open period, the Board of Hearings did not receive the requested information from the Appellant. Upon inquiry by the hearing officer, the MassHealth representative stated that MassHealth had still not received proof of income and residency from the Appellant.

## **Findings of Fact**

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

1. The Appellant is an adult between the ages of 21-64 years old (Testimony).
2. The Appellant has a household size of two, including the Appellant and a minor child (Testimony).
3. The Appellant's household income is 100.47% of the federal poverty level (Testimony).

4. MassHealth received the Appellant's renewal application on January 10, 2024, but it was missing certain verifications (Testimony).
5. MassHealth has not received proof of income and residency for the Appellant (Testimony).

## Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 502.007(C)(2) provide the following regarding eligibility reviews:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) The MassHealth agency will notify the head of household of the need to complete the renewal application.

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto their MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

2. If the renewal application is not completed within 45 days, the MassHealth agency will

a. use information received from electronic sources, if available, and redetermine eligibility; or

b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the

prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

(c) If the member's coverage type changes, the start date for the new coverage type is determined as follows.

1. If the member's coverage type changes, the start date for the new coverage type is effective as described in 130 CMR 502.006(A).

2. However, premium assistance payments under MassHealth Family Assistance begin in the month of the MassHealth agency's eligibility determination or in the month the insurance begins, whichever is later in accordance with 130 CMR 506.012(F)(1)(d).

130 CMR 502.007(C)(2).

In accordance with 130 CMR 502.007(C)(2)(b)4., a second 90-day period began on January 10, 2024. Pursuant to 130 CMR 516.001: Application for Benefits, MassHealth “will request any corroborative information necessary to determine eligibility.” 130 CMR 516.001(A)(3)(c). Further, under 130 CMR 516.003: Verification of Eligibility Factors, MassHealth “requires verification of eligibility factors including income [and] residency.”

Here, because MassHealth has not yet received a completed application with verifications from the Appellant, including the requested information on her income and residency, it does not have the corroborative information necessary to determine eligibility.<sup>2</sup> Accordingly, MassHealth did not err in denying the Appellant benefits. Therefore, the 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.

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<sup>2</sup> If the Appellant does not have a current utility bill, she can also submit an affidavit of residency, signed under penalty of perjury. The form is available at: <https://www.mahealthconnector.org/wp-content/uploads/Verify-Massachusetts-Residency-Status-Affidavit-ESP.pdf>.

Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

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