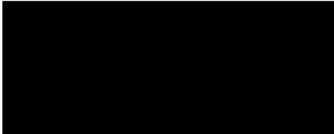


# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313619
Decision Date:	01/19/2024	Hearing Date:	01/17/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Jonathan Gonzalez

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
<b>Decision Date:</b>	01/19/2024	<b>Hearing Date:</b>	01/17/2024
<b>MassHealth's Rep.:</b>	Jonathan Gonzalex	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	All Parties Appeared by 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 December 4, 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 an filed an appeal in a timely manner on December 26, 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. The appellant submitted an eligibility review form in August 2023. Upon receipt and review of the information submitted by the appellant, MassHealth determined that they would need additional information. On August 30, 2023, MassHealth sent the appellant a request for information seeking verification of earned income from a specific employer. MassHealth provided the appellant until November 28, 2023 to provide information necessary to determine eligibility. The appellant did not provide the information necessary to determine eligibility on or before the due date.

On December 4, 2023, MassHealth issued a notice ending coverage as they did not receive information necessary to determine eligibility. The notice ending coverage states that MassHealth needs verification of earned income from the same employer. At hearing, the appellant and his representative testified that they did not have that information. The appellant's representative testified that the appellant did not receive the initial request for information or see the missing information listed on the notice on appeal. The request for information, notice on appeal and notice from the Board of Hearings were sent to the same address. The appellant received the notice on appeal and the notice from the Board of Hearings.

## **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 submitted an eligibility review form in August 2023.
3. Upon receipt and review of the information submitted by the appellant, MassHealth determined that they would need additional information.
4. On August 30, 2023, MassHealth sent the appellant a request for information seeking verification of earned income from a specific employer.
5. MassHealth provided the appellant until November 28, 2023 to provide information necessary to determine eligibility.
6. The appellant did not provide the information necessary to determine eligibility on or before the due date.
7. On December 4, 2023, MassHealth issued a notice ending coverage as they did not receive information necessary to determine eligibility.

8. The notice ending coverage states that MassHealth needs verification of earned income from the same employer.
9. 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 appellant's argument that he did not receive initial the request for information or have that information listed on the notice on appeal is not supported by the testimony and evidence presented at hearing. MassHealth and the Board of Hearings utilized the same mailing address for all of the notices. The notice on appeal lists that verification of information from the appellant's earned income from a specific employer was not provided to the agency. This is the same employer named by the MassHealth representative at hearing and acknowledged by the appellant as his current employer.

While MassHealth acted correctly in ending coverage, under this new policy, the appellant still has up to 90 days from the date of termination to provide MassHealth information necessary for the agency to reconsider the renewal application. As stated in the policy, there will be no gap in coverage if the appellant is still eligible and the information is provided within 90 days from the date of termination.

This appeal is denied as the decision made by MassHealth was correct but the appellant has ample opportunity to provide the information to MassHealth without a gap in coverage if the appellant is still eligible as coverage ended in December 2023.

## **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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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129