

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2402429
Decision Date:	05/02/2024	Hearing Date:	04/12/2024
Hearing Officer:	Alexandra Shube		

Appearances for Appellants:

Via telephone:



Appearance for MassHealth:

Via telephone:

Christopher Champagne, Springfield MEC



*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:	Approved	Issue:	Eligibility – over 65; verifications
Decision Date:	05/02/2024	Hearing Date:	04/12/2024
MassHealth's Rep.:	Christopher Champagne	Appellants' Reps.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Remote	Aid Pending:	Yes

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 February 5, 2024, MassHealth informed the appellants that their MassHealth benefits would terminate on February 19, 2024 because they did not give MassHealth the information it needed to decide their eligibility within the required time frame (see Exhibit 1). The appellant filed this appeal in a timely manner on February 16, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial and/or termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellants that it was terminating their benefits because they did not submit the requested information within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellants did not submit the requested information within the required time frame.

Summary of Evidence

The MassHealth representative and the appellants, a married couple living in the community, appeared at the hearing via telephone. The MassHealth representative testified as follows: the appellants, who are over the age of 65, appealed a termination notice dated February 2, 2024 informing them that their MassHealth Standard with Buy-In benefits would terminate on February 19, 2024 because they did not submit requested verifications within the required time frame. Specifically, MassHealth was missing proof of two investment accounts. MassHealth issued the request for information on November 1, 2023, with a due date of January 30, 2024. In preparing for the hearing, MassHealth determined that it did in fact receive the requested verifications on January 30, 2024, which would resolve the issue on appeal. The appellants' benefits are currently protected by aid pending through the appeal process.

While not a part of this appeal, the MassHealth representative noted that based on the verifications received, the appellants' income is 346% of the Federal Poverty Level (FPL), which is over the income limit (set at 100% of the FPL) to qualify for MassHealth Standard benefits.

The appellants expressed frustration with the process which they started in July, 2023. They had an issue with the annual eligibility renewal never being sent, and a hearing for that issue was held on September 27, 2023. Once they submitted the renewal, they received the request for more information, to which they responded. They did not receive the February 2, 2024 notice until February 16, 2024. That gave them very little time before the February 19, 2024 termination date, which was stressful for them. They haven't received any other communication from MassHealth since then to let them know that MassHealth had the information, and they want an eligibility determination in writing.

The MassHealth representative explained that, while the aid pending protection is in place, MassHealth is unable to issue the new eligibility determination. But because of the protection, the appellants currently have MassHealth Standard with Buy-In in place for which they would not otherwise qualify due to their income. Once this appeal is closed, MassHealth will issue a new eligibility determination, and the appellants will have new appeal rights with that notice.

Findings of Fact

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

1. The appellants are a married couple living in the community and both over the age of 65 (Testimony and Exhibit 4).
2. On February 2, 2024, MassHealth informed the appellants that their MassHealth Standard with Buy-In benefits would terminate on February 19, 2024 because they did not submit requested verifications within the required time frame (Testimony and Exhibit 1).
3. The February 2, 2024 notice stated MassHealth was missing information on two investment accounts (Testimony and Exhibit 1).
4. Previously, MassHealth issued a request for information on November 1, 2023 with a due date of January 30, 2024 (Testimony).
5. In preparing for the hearing, MassHealth determined that it received the requested verifications on January 30, 2024, and that there are no outstanding verifications (Testimony).
6. The appellants' MassHealth Standard with Buy-In benefits are currently protected by aid pending through the appeal process and were never terminated (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 515.008(A), an “applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” Pursuant to 130 CMR 516.001, after receiving an application for MassHealth benefits, MassHealth proceeds as follows:

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting corroborative information generally within five days of receipt of the application.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

(C) Receipt of Corroborative Information. If the requested information...is received [by MassHealth] within 30 days of the date of the request, the

application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

MassHealth notified the appellants that it would terminate their benefits for failure to submit all requested information within the required time frame. At the hearing, I determined that the appellants had submitted the requested documentation on January 30, 2024, the due date for the verifications. As MassHealth had received the information requested within the required timeframe, it should not have issued the termination notice and this appeal is approved.¹

Order for MassHealth

Rescind aid pending. Rescind the termination notice dated February 5, 2024, and proceed to issue an eligibility determination, with appeal rights.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

¹ As aid pending has been in place protecting the appellants MassHealth Standard with Buy-In benefits, there has been no termination of or gap in the appellants' coverage.