

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407956
Decision Date:	8/8/2024	Hearing Date:	06/24/2024
Hearing Officer:	Thomas Doyle	Record Open to:	07/01/24

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Baran Lewis, Quincy 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

Appeal Decision:	Denied	Issue:	Incomplete Application; Under [REDACTED]
Decision Date:	8/8/2024	Hearing Date:	06/24/2024
MassHealth's Rep.:	Baran Lewis	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 May 7, 2024, MassHealth notified appellant they had received her application but it was incomplete and MassHealth was unable to process her application. (Ex. 1). The appellant filed this appeal in a timely manner on May 12, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth was unable to process appellant's application due to missing information.

Issue

The appeal issue is whether MassHealth was correct notifying appellant she did not give MassHealth the information it needed to decide appellant's eligibility.

Summary of Evidence

Appellant, acting pro se, a Spanish interpreter, and the MassHealth worker (worker), appeared by telephone and were sworn. The worker stated that appellant visited the Quincy enrollment center

in [REDACTED] and filed out an application for benefits. In the application, appellant wrote she files taxes jointly with her husband. However, appellant did not include any of her husband's information on the application so the application was not considered submitted due to the missing critical data. The worker stated that she then mailed an application to appellant for her to complete and return to MassHealth. She also advised appellant that she could again visit the Quincy enrollment center or appellant could fill out an application over the phone by calling MassHealth customer service. The worker provided the phone number to appellant and told her MassHealth would provide her with a Spanish interpreter during the phone call. (Testimony). The record was left open for appellant to complete the application process. (Ex. 5). After the record open period closed, the worker notified me she checked all systems and appellant had yet to complete a new application. (Ex. 6).

Appellant stated it was possible she forgot to provide the missing information. She stated she had not yet received the application that the worker had mailed to her and that she would call customer service when the hearing was completed. Appellant asked the worker if it mattered that her husband "does not have papers." The worker told her it did not matter because if they file taxes jointly, her husband's information needs to be included on the application.¹ (Testimony).

Findings of Fact

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

1. Appellant visited the Quincy enrollment center in [REDACTED] and filed out an application for benefits. (Testimony).
2. Appellant files taxes jointly with her husband but appellant did not include any of her husband's information on the application so the application was deemed not submitted due to missing critical data. (Testimony).
3. Appellant was mailed an application for her to complete and return. (Testimony).
4. Appellant was told she could visit the Quincy enrollment center to complete the application or call MassHealth customer service at the number provided and complete an application over the phone with a Spanish interpreter. (Testimony).
5. The record was left open for appellant to complete the application process. (Ex. 5).
6. After the record open period closed, the worker notified me she checked all systems and appellant had yet to complete a new application. (Ex. 6).

¹ See Household Composition at 130 CMR 506.002 (B)(2).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or (4) based on information in the member's case file.

515.008: Responsibilities of Applicants and Members

- (A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Here, appellant was given multiple opportunities to provide MassHealth with a completed application. The worker mailed the appellant an application she could complete and return to MassHealth. Appellant was provided a phone number for MassHealth customer service that she could call and with the assistance of a Spanish interpreter, complete the application via telephone. Lastly, appellant was told she could return to the Quincy enrollment center to complete the application. At the conclusion of the hearing, the record was left open for appellant to complete an application. The worker confirmed that, at the close of the record open period, there was no indication appellant had provided a completed application. Pursuant to the regulations, appellant has failed to cooperate with MassHealth. Therefore, this 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171