

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2408781
Decision Date:	8/22/2024	Hearing Date:	06/18/2024
Hearing Officer:	Sharon Dehmand	Record Open to:	08/14/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kelly Souza, Taunton 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:	DENIED	Issue:	Community Eligibility – over 65; Verifications
Decision Date:	8/22/2024	Hearing Date:	06/18/2024
MassHealth's Rep.:	Kelly Souza	Appellant's Rep.:	Pro se
Hearing Location:	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 May 20, 2024, MassHealth notified the appellant that his coverage will be ending on June 3, 2024, because he did not provide MassHealth with the information it needed to decide eligibility within the allowed time frame. See 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on June 4, 2024. See 130 CMR 610.015(B) and Exhibit 2. Aid pending was put in place to protect the appellant's MassHealth benefits. Any action to suspend, reduce, terminate, or restrict a member's assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage effective June 3, 2024, because he did not provide MassHealth with the information it needed to decide eligibility within the allowed time frame.

Issue

Whether MassHealth was correct in determining that the appellant did not provide MassHealth

with the information it needed to decide eligibility within the allowed time frame. See 130 CMR 515.008; 130 CMR 516.003.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant who turned [REDACTED] years of age during the COVID-19 pandemic, was on MassHealth Standard coverage for the duration of the public health emergency. After the lifting of the public health emergency, a redetermination was made by MassHealth and the notice at issue was generated. Through a notice dated May 20, 2024, MassHealth notified the appellant that his coverage will end on June 3, 2024, because he did not provide MassHealth with a current bank statement and a copy of his life insurance policy with cash surrender value. Aid pending was put in place to protect the appellant's MassHealth benefits. The MassHealth representative stated that on June 3, 2024, the appellant submitted a bank statement that was not current along with an illegible copy of his life insurance policy. She added that neither of these documents met the criteria for the verifications requested by MassHealth. She stated that the appellant's current bank statement and a legible copy of his life insurance policy, noting the current cash surrender value, are still outstanding.

The appellant stated that he only receives paperless bank statements. He said that he printed as many statements as he could and submitted them to MassHealth. The appellant testified that he believed he had a whole life insurance policy, but that he did not receive monthly updates from his life insurance company.

The MassHealth representative stated that only a current bank statement is needed for submission to MassHealth. She also advised the appellant to call his life insurance company and request a copy of his current policy status with the cash surrender value. The appellant stated that he would accomplish both tasks but that he required additional time to do so.

The record was left open based on the appellant's request until July 9, 2024, to allow the appellant to provide MassHealth with a copy of his current bank statement and a copy of his life insurance policy with the cash surrender value. The record was left open for MassHealth until July 16, 2024, to process the submitted documents. See Exhibit 6. A subsequent extension was granted to facilitate the completion of these tasks. This extension expired on August 14, 2024. Through emails dated August 9, 2024 and August 15, 2024, the MassHealth representative stated that the appellant had submitted a current bank statement, but the life insurance policy submitted did not have the cash surrender value. See Exhibit 7. As of the decision date, Appellant had not submitted any additional documents.

Findings of Fact

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

1. The appellant turned [REDACTED] years of age during the COVID-19 pandemic and has been receiving MassHealth Standard since then. (Testimony and Exhibit 4).
2. After the lifting of the public health emergency, a redetermination was made by MassHealth. (Testimony).
3. On May 20, 2024, MassHealth notified the appellant that his coverage will be ending on June 3, 2024, because he did not provide MassHealth with the information it needed to decide eligibility within the allowed time frame. (Testimony and Exhibit 1).
4. Aid pending was put in place to protect the appellant's MassHealth benefits. (Testimony).
5. On June 3, 2024, the appellant provided MassHealth with a non-current bank statement and an illegible copy of his life insurance policy without the cash surrender value. (Testimony and Exhibit 5).
6. The record was left open until July 9, 2024, for the appellant to provide MassHealth with a current bank statement and a copy of his life insurance policy with the cash surrender value. (Exhibit 6).
7. The record was left open until July 16, 2024, for MassHealth to process the submitted documents. (Exhibit 6).
8. A subsequent extension to August 14, 2024 was granted to facilitate the completion of this task. (Exhibit 7).
9. Through emails on August 9, 2024 and August 15, 2024, the MassHealth representative stated that a copy of the current bank statement and the life insurance policy were submitted but that the life insurance policy did not have the cash surrender value as requested by MassHealth. (Exhibit 7).
10. As of the date of this decision, no other documents were submitted by the appellant.

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to low and moderate-income individuals and couples. See 130 CMR 515.002(A). The MassHealth regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over the age of [REDACTED] as here.

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 515.008.

...(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.

B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability. of an Appellant.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

MassHealth may also requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as set forth in 130 CMR 516.003.

...(A) Information Matches. The MassHealth agency 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.

(B) Electronic Data Sources. 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.

(C) Request for Information Notice. 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.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 30 days¹ 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.

In this case, the MassHealth's representative testified that the appellant had not provided a current bank statement as well as a copy of his life insurance policy with cash surrender value. See 130 CMR 516.003. Consequently, MassHealth issued a notice on May 20, 2024, ending the appellant's MassHealth coverage on June 3, 2024, because he did not provide MassHealth with the information it needed to decide eligibility within the allowed time frame. See 130 CMR 515.008.

The appellant did not dispute this testimony. The appellant testified that he believed that he had a whole life insurance policy and requested additional time to submit the outstanding verifications. The record was left open allowing the appellant to submit the two outstanding verifications requested by MassHealth. See Exhibit 6.

On August 9, 2024, the MassHealth representative reported that the appellant had submitted a current bank statement and a copy of his whole life insurance policy. See Exhibit 7. However, the life insurance policy did not contain the cash surrender value as required by MassHealth.² As of the date the record was closed, no other documents were submitted by the appellant. See Exhibit 7.

Since the appellant has not provided MassHealth with the required verification regarding the cash surrender value of his life insurance policy, MassHealth is unable to determine eligibility. Thus, MassHealth correctly issued a termination notice on May 20, 2024, because it does not have the information it needs to decide eligibility. See 130 CMR 516.003(D).

For the foregoing reasons, this appeal is DENIED.

¹ Effective April 1, 2023, MassHealth extended the time that non-MAGI applicants and members will have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days. See MassHealth Eligibility Operations Memo 23-09 (March 2023).

² The cash-surrender value of a life-insurance policy is the amount of money, if any, that the issuing company has agreed to pay the owner of the policy upon its cancellation. 130 CMR 520.007(E)(1).

Order for MassHealth

Remove aid pending protection.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616