Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Approved/ Dismissed/ Remanded	**Appeal Number:**	2409285
Decision Date:	7/18/2024	**Hearing Date:**	07/11/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Johathan Gonzalez, Charlestown 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/ Dismissed/ Remanded	**Issue:**	Verification
Decision Date:	7/18/2024	**Hearing Date:**	07/11/2024
MassHealth's Rep.:	Jonathan Gonzalez	**Appellant's Rep.:**	[redacted]
Hearing Location:	Remote	**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 14, 2024, MassHealth denied Appellant's application for MassHealth benefits because MassHealth determined that Appellant did not provide to MassHealth, within the 30-day time frame, the information it needs to decide eligibility (130 CMR 515.008 and Exhibit 1). Appellant filed this appeal in a timely manner on June 12, 2024 (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 Appellant's application for MassHealth benefits because Appellant did not provide outstanding bank account information within a 30-day time frame.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that Appellant did not give MassHealth the information it needs to decide eligibility.

Summary of Evidence

The MassHealth representative testified that Appellant's application for MassHealth benefits was denied by notice dated May 14, 2024, because MassHealth determined that Appellant did not give MassHealth the information it needs to decide eligibility within a 30-day[1] time frame. MassHealth testified that verification of a [redacted] account had remained outstanding since January 2022 when verification was initially requested by MassHealth. On January 2, 2024, MassHealth issued a request for the same verification of a [redacted] account, which was due to MassHealth by April 1, 2024. The MassHealth representative stated that verification was not received, and MassHealth coverage was terminated on April 8, 2024. Subsequent to the termination notice, MassHealth denied the appellant's case by notice dated May 14, 2024 for failure to provide the [redacted] bank account information. The MassHealth representative testified that MassHealth records show receipt of discharge paperwork and a SC-1 form on [redacted] and long-term care coverage has not been active since [redacted] The MassHealth representative testified that a notice issued on July 1, 2024, informing Appellant of eligibility for MassHealth Buy-in under community rules (Exhibit 4). He explained that Appellant was not coded as a long-term care resident in the MassHealth application system, and the last application is dated March 16, 2022, and the previous application is dated from 2014. The MassHealth representative testified that the March 16, 2022 application was processed by the conversion unit based on the discharge information received by MassHealth, and he could not comment on the determination, and the nursing facility would need to contact the conversion unit to address the discharge issue.

Appellant's representative testified that Appellant has been a resident of the same nursing facility for [redacted] and has a patient paid amount of $1,685.64 monthly. The nursing facility had been paid by MassHealth until April 2024. Appellant's representative stated that an eligibility review form was completed and returned, after which a request for verification of the bank account was received on April 8, 2024. A second notice dated May 14, 2024, was received denying coverage due to outstanding verification of the [redacted] account. Appellant's family obtained the outstanding verification showing the account has been closed for 4 years and submitted it to MassHealth and the Board of Hearings while the appeal of the May 14, 2024 notice was pending (Exhibit 5). Appellant's representative testified that as of the date of hearing he had not received a notice of eligibility for MassHealth long-term care benefits but expected that Appellant would be reopened on MassHealth Standard because she has remained a resident of the same nursing facility since [redacted] and was not discharged at any time.

[1] Beginning in 2024, MassHealth allows 90 days from the date of the Request for Information to submit verifications.

Findings of Fact

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

1. By notice dated April 8, 2024, Appellant's MassHealth Standard for long term care residents was terminated as of April 22, 2024 because MassHealth determined that Appellant did not give MassHealth information it needs to decide eligibility within the 90 day time frame.

2. The April 8, 2024 termination notice was not timely appealed.

3. The notice on appeal issued on May 14, 2024, and denied MassHealth coverage for failure to provide the [redacted] bank account information.

4. The [redacted] account has been closed for 4 years and verification was submitted to MassHealth and the Board of Hearings while the appeal of the May 14, 2024 notice was pending.

5. MassHealth issued a notice on July 1, 2024, informing Appellant of eligibility for MassHealth Buy-in under community rules.

6. Appellant has been a resident of the same nursing facility since [redacted]

7. The Medicaid Management Information System (MMIS) verifies that Appellant had received MassHealth Standard coverage from June 16, 2014 through April 22, 2024.

Analysis and Conclusions of Law

The MassHealth representative testified that Appellant has not been open on MassHealth long-term care since June 2020, however MMIS shows that Appellant was open on MassHealth Standard from 2014 until April 22, 2024. The month of June 2020 was during the Covid 19 Public Health Emergency (PHE), a time during which MassHealth was not conducting reviews or downgrading coverage. The MassHealth representative also testified to a MassHealth request for information from January 2022 and an application dated March 16, 2022, also during a period in which Covid 19 PHE protections were in place. Based on Appellant's representative's testimony, it appears that on January 2, 2024, MassHealth conducted an annual review for Appellant and requested verification of a bank account. Verification was not submitted within 90 days and Appellant's MassHealth benefits terminated on April 22, 2024, by notice dated April 8, 2024. An 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 (130 CMR 515.008 (A)). 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 (130 CMR 515.008(B)).

For an individual in need of long-term-care services in a nursing facility, if his or her continued eligibility cannot be determined based on reliable information contained in his or her account or electronic data match with federal and state agencies, a written update of the member's circumstances on a prescribed form must be completed.

(a) The MassHealth agency will notify the member of the need to complete the prescribed review form.

(b) The member will be given 45 days to return the review form to the MassHealth agency.

1. If the review 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.

2. If the review is not completed within 45 days, eligibility will be terminated within 14 days from the date of the termination notice.

3. If the requested review form is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

(c) If the member's coverage type changes, the start date for the new coverage type is effective as of the date of the written notice.

(130 CMR 516.007(C)(3)).

Through a notice dated May 14, 2024, MassHealth notified Appellant that MassHealth benefits were denied because, although one or more verifications to begin the reapplication process had been submitted, additional necessary verifications were not submitted timely. The notice identifies a [redacted] checking account as outstanding. (Exhibit 1). Pursuant to 130 CMR 610.071(A)(2), the hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to Appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. The MassHealth agency or the acting entity may make an adjustment in the matters at issue before or during an appeal period. If the parties' adjustment resolves one or more of the issues in dispute in favor of Appellant, the hearing officer, by written order, may dismiss the appeal in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of Appellant (130 CMR

610.051(B)). Here, Appellant submitted to MassHealth verification of the bank account needed to determine MassHealth eligibility. The same verification shows that the bank account has not been active for at least the last 12 months (Exhibit 4). Therefore, as all outstanding verifications have been submitted to MassHealth, the parties have reached resolution of all matters relating to the May 14, 2024 notice on appeal, and pursuant to 130 CMR 610.051, 610.035(A)(8), the appeal is APPROVED and DISMISSED.

This hearing decision is limited to the May 14, 2024 verification denial. However, the Medicaid Management Information System (MMIS) corroborates Appellant's representative's testimony that Appellant has been continuously institutionalized since [redacted] at the same nursing facility, received MassHealth Standard from June 16, 2014 through April 22, 2024, and that the nursing facility has been paid by MassHealth until April 2024 (Exhibit 6). The MMIS records also support Appellant's representative's testimony that Appellant was not discharged from the facility where she has resided since [redacted] Therefore, the matter is REMANDED to MassHealth to redetermine Appellant's eligibility consistent with these facts and issue a new appealable eligibility notice within 14 days of the date of this hearing decision.

Order for MassHealth

Reopen Appellant's MassHealth Standard coverage retroactive to the termination date of April 22, 2024. Within 14 days of the date of this hearing decision, redetermine Appellant's MassHealth eligibility and issue a new appealable eligibility notice.

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.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: [redacted]

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