

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2409608
<b>Decision Date:</b>	08/22/2024	<b>Hearing Dates:</b>	7/25/2024 08/21/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Yassory Pena, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Verification
<b>Decision Date:</b>	08/22/2024	<b>Hearing Date:</b>	07/25/2024 08/21/2024
<b>MassHealth's Rep.:</b>	Yassory Pena	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 June 12, 2024, MassHealth notified Appellant that MassHealth coverage would terminate on June 26, 2024 because she did not give MassHealth the information it needs to decide eligibility within the required time frame (130 CMR 515.008 and Exhibit 1). Appellant filed this appeal in a timely manner on June 17, 2024, and has been receiving aid pending the outcome of the appeal (130 CMR 610.015(B), 610.036, and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032). A hearing was held on July 25, 2024, and was continued to allow Appellant's daughter to attend.<sup>1</sup> The continued hearing was held on August 21, 2024. Appellant and her daughter were sent notice of the hearing at their respective addresses (Exhibit 3). Appellant appeared by telephone; however, Appellant's daughter could not be reached by telephone and did not appear.

### Action Taken by MassHealth

MassHealth notified Appellant that MassHealth coverage would terminate on June 26, 2024 because she did not give MassHealth the information it needs to decide your eligibility within the required time frame.

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<sup>1</sup> Appellant's daughter is not appointed an appeal representative on the request for hearing (Exhibit 2).

## **Issue**

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 in determining that MassHealth coverage would terminate because Appellant did not give MassHealth the information it needs to decide eligibility within the required time frame.

## **Summary of Evidence**

The MassHealth representative testified that Appellant is over 65 years of age and has been receiving MassHealth Standard coverage with Buy-In throughout the Public Health Emergency (PHE). A renewal was sent to Appellant on February 6, 2024, and was returned to MassHealth on March 5, 2024. A request for additional verifications issued on March 8, 2024. Some of the requested documents were received in April and May 2024. On June 12, 2024, MassHealth issued notice informing Appellant that additional information was required to verify eligibility including the status of proceeds from the sale of a property, 2 Bank of America bank accounts, and 2 Santander bank accounts in Appellant's name. As of August 21, 2024, the required documentation has not been received by MassHealth.

Appellant testified that she sold the property in question a few years ago when she moved to elderly housing and was unaware of bank accounts in her name.

## **Findings of Fact**

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

1. Appellant is over 65 years of age and has been receiving MassHealth Standard coverage with Buy-In throughout the Public Health Emergency (PHE).
2. A renewal was sent to Appellant on February 6, 2024, and was returned to MassHealth on March 5, 2024.
3. A request for additional verifications issued on March 8, 2024. Some of the requested documents were received in April and May 2024.
4. On June 12, 2024, MassHealth issued notice informing Appellant that additional information was required to verify eligibility including the status of proceeds from the sale of a property, 2 Bank of America bank accounts, and 2 Santander bank accounts in Appellant's name.
5. As of August 21, 2024, the required documentation has not been received by MassHealth.

## Analysis and Conclusions of Law

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)).

Pursuant to 130 CMR 516.003, the MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility*.

(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 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.

A renewal application was sent to Appellant on February 6, 2024, and was returned to MassHealth on March 5, 2024. A request for additional verifications issued on March 8, 2024. Some of the requested documents were received in April and May 2024. On June 12, 2024, MassHealth issued notice informing Appellant that additional information was required to verify eligibility including the status of proceeds from the sale of a property, 2 Bank of America bank accounts, and 2

Santander bank accounts in Appellant's name. As of August 21, 2024, the required documentation has not been received by MassHealth. Therefore, the appeal must be DENIED subject to the order below.

## **Order for MassHealth**

Continue Standard coverage with Buy In for 30 days from the date of this hearing decision. If all outstanding documentation is received within 30 days of the date of this hearing decision, redetermine eligibility. If all outstanding documentation is not received within 30 days of the date of this hearing decision, terminate coverage.

## **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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957