Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2413215
Decision Date:	10/31/2024	**Hearing Date:**	09/24/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:
[redacted]

Appearance for MassHealth:
Via telephone:
Mary Kate Frangules, 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:	Denied	**Issue:**	Over 65; Community; Eligibility; verifications
Decision Date:	10/31/2024	**Hearing Date:**	09/24/2024
MassHealth's Rep.:	Mary Kate Frangules	**Appellant's Rep.:**	[redacted]
Hearing Location:	Charlestown 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 August 19, 2024, MassHealth informed the appellant that it was terminating the appellant's MassHealth coverage effective September 2, 2024 (Exhibit 1).[1] The appellant filed this appeal in a timely manner on August 26, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified that appellant that it was terminating the appellant's MassHealth benefits effective September 2, 2024.

[1] The notice did not provide a reason or manual citation, but did direct the appellant to call the phone number at the top of the notice if the appellant had any questions about the notice. See Exhibit 1. The appellant's pre-hearing submission includes the appellant's contemporaneous notes of phone calls with MassHealth in August 2024, indicating that the appellant received the termination notice, called MassHealth, and was aware of the reason for the termination (missing verifications and an incomplete renewal application). See Exhibit 5.

Issue

The appeal issue is whether MassHealth was correct in terminating the appellant's MassHealth coverage.

Summary of Evidence

The appellant and MassHealth representative both appeared at hearing via telephone. The MassHealth representative testified as follows: on April 22, 2024, MassHealth received a renewal application on behalf of the appellant, who is over the age of 65 and living in the community. There was missing documentation and on May 15, 2024, MassHealth issued a request for information with a due date of August 13, 2024. The May 15 request for information requested verification of income from dividends, income from other assets, rental income from a property, and current statements from a checking account and a mutual fund. Additionally, the notice requested the appellant complete pages 12-14 (the assets section) of the renewal application.[2] MassHealth received some documentation, but much of it was blacked out (including account numbers and total gain), making it not usable for MassHealth's purposes. The appellant still had not completed the asset section of the application. As MassHealth did not receive all requested documentation and the application was incomplete, on August 19, 2024, it issued the termination notice under appeal for failure to provide missing verifications within the time allowed. The appellant had been on MassHealth CommonHealth prior to the termination; however, the appellant's benefits are protected by aid pending during the appeal process and are still active.

The appellant stated that the application is over-inclusive and designed to cover people in many different circumstances and categories. The appellant acknowledged that they are over assets and did not complete the asset section of the renewal. But the appellant argued that MassHealth CommonHealth does not have an asset limit, so MassHealth does not need to review the appellant's assets. The appellant argued that for privacy reasons they do not feel comfortable providing all the information requested. Additionally, the appellant found it a burden to do so. The appellant has disabilities that interfere with their ability to do paperwork. The appellant's house is cluttered and it is onerous to fill out the forms.

The MassHealth representative explained that MassHealth requires a completed application to fully determine an applicant's eligibility. In addition to the completed application, the MassHealth representative outlined the outstanding verifications needed to process the appellant's case. MassHealth required verification of rental income and supporting documentation. Such documentation would include the actual bills for the appellant's rental showing what was received in rent and what was being paid out in bills. The table created by the appellant is not sufficient. For

[2] The appellant was in receipt of the May 15, 2024 request for information and submitted a copy of the notice in the appellant's pre-hearing submission. See Exhibit 5.

the LLC, MassHealth needs a copy of the statement that is not blacked out and shows the total gains and at least the last four numbers of the account number. The life insurance and dividend documents submitted also had the account numbers blacked out. MassHealth needs copies of those with at least the last four numbers of the account number visible.

Findings of Fact

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

1. On April 22, 2024, the appellant, who is over the age of 65 and living in the community, submitted a renewal application to MassHealth (Testimony).

2. The application was incomplete with missing verifications; on May 15, 2024, MassHealth issued a request for information with a due date of August 13, 2024 (Testimony and Exhibit 5).

3. The May 15, 2024 request for information requested verification of income from dividends, income from other assets, rental income from a property, and current statements from a checking account and a mutual fund. Additionally, the notice requested the appellant complete pages 12-14 (the assets section) of the renewal application. (Exhibit 5).

4. MassHealth received some, but not all the requested verifications. Some of the documentation received was blacked out and not acceptable for MassHealth's purposes. (Testimony and Exhibit 5).

5. The appellant did not complete the assets section (pages 12-14) of the application (Testimony and Exhibit 5).

6. On August 19, 2024, MassHealth issued a termination notice because the appellant did not submit requested documentation within the allowed time. The notice did not state the reason for the termination, but did direct the appellant to "call the phone number at the top of the notice if you have any questions about this notice." (Testimony and Exhibit 1).

7. The appellant had been on MassHealth CommonHealth prior to the termination notice; the appellant's benefits are protected by aid pending during the appeal process and are still active (Testimony).

8. On August 26, 2024, the appellant timely appealed the August 19, 2024 notice (Exhibit 2).

9. As of the hearing date, the appellant had still not completed the renewal application and verifications remained outstanding (Testimony and Exhibit 5).

Analysis and Conclusions of Law

Pursuant to 130 CMR 516.008(A), the MassHealth regulations state the following regarding notice requirements:

> (A) The MassHealth agency provides all applicants and members a written notice of the eligibility determination for MassHealth. The notice contains an eligibility decision for each member who has requested MassHealth, and ***either*** **provides information so the applicant or member can determine the reason for any adverse decision** ***or directs the applicant or member to such information***. (Emphasis added).

While the notice under appeal did not provide the reason for the denial, it does direct the appellant to such information by informing the appellant to "[c]all the phone number at the tope of this notice if you have any questions about this notice." Therefore, the notice is adequate. The appellant's pre-hearing submission included contemporaneous notes of the appellant's phone calls with MassHealth in August 2024 showing that the appellant was in contact with MassHealth after receiving the termination notice and aware of the reason for the termination.

As the notice is sufficient pursuant to the regulations, the next matter is whether MassHealth correctly determined that the appellant is no longer eligible for MassHealth benefits because the appellant did not submit information within the requested time.

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, and must comply with all the rules and regulations of MassHealth…" After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

> The MassHealth agency requests all corroborative information necessary to determine eligibility.
>
> (1) The MassHealth agency sends the applicant written notification requesting the 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.

(130 CMR 516.001(B)). "If the requested information…is received [by MassHealth] within 30 days of the date of the request, the application is considered complete….If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied." (130 CMR 516.001(C).)

Additionally, 130 CMR 516.001 states the following regarding an application for benefits in relevant part:

(A) Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative **must file a complete paper Senior Application and all required Supplements** or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC)…

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) - Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and **the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth**.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed. (e) Inconsistent answers are treated as unanswered.

(Emphasis added).

130 CMR 516.007 states the following regarding continuing eligibility and renewals:

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's changes 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 the 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; or

(4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

(1) the member continues to be eligible for the current coverage type;

(2) the member's current circumstances require a change in coverage type; or

(3) the member is no longer eligible for MassHealth.

(C) Eligibility Reviews. MassHealth reviews eligibility in the following ways.

(1) Automatic Renewal. Households, whose continued eligibility can be determined based on electronic data matches with federal and state agencies, will have their eligibility automatically renewed.

(a) The MassHealth agency will notify the member if eligibility has been reviewed using the automatic renewal process.

(b) If the member's coverage type changes to a more comprehensive benefit, the start date for the new coverage is determined as described at 130 CMR 516.006.

(2) MassHealth Eligibility Renewal Application. **If the individual is residing in the community and 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 MassHealth eligibility review form must be completed**.

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

(b) The member will be given 45 days from the date of the request to return the paper MassHealth eligibility review form.

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.

(Emphasis added).

The issue on appeal is whether MassHealth was correct in issuing the August 19, 2024 termination notice for the appellant's failure to submit all requested information and a completed application within the required time frame. At the time of hearing, the appellant acknowledged that the application was still incomplete. The appellant argued that they did not need to complete the asset section of the application. The regulations are clear that a member must cooperate with MassHealth by submitting a **complete** application and all requested documentation. The appellant has not done so here, despite having been made aware of the incomplete application and missing verifications since the May 15, 2024 request for information. As the appellant's renewal application is incomplete and the appellant has failed to submit all requested verifications, this appeal is denied.

Order for MassHealth

None, other than to discontinue aid pending.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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