

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417167
Decision Date:	1/17/2025	Hearing Date:	12/19/2024
Hearing Officer:	Thomas Doyle	Record Open to:	1/9/25

Appearance for Appellant:
Pro se

Appearance for MassHealth:
John Prout, Springfield 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:	Eligibility; Over 65; Application
Decision Date:	1/17/2025	Hearing Date:	12/19/2024
MassHealth's Rep.:	John Prout	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 October 23, 2024, MassHealth notified appellant that he does not qualify for MassHealth benefits because he did not complete the correct application for an individual 65 years old or over. (Ex. 1). Appellant appealed in a timely manner on November 15, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant MassHealth benefits because he did not submit the correct application for individuals 65 years old or older.

Issue

The issue is whether MassHealth was correct in denying appellant's MassHealth benefits.

Summary of Evidence

The MassHealth worker (worker), appellant and the interpreter appeared at hearing via phone and were sworn. The worker stated appellant was denied MassHealth because appellant is 65 years old or older, his tax dependent was no longer a minor and he needed to complete an application for individuals 65 years old or older. (Testimony; Ex. 1) He stated appellant “maintains Senior Buy In” but if he wanted additional coverage appellant would need to fill out a senior application and then the over 65 department would determine appellant’s eligibility. The worker stated appellant has had Senior Buy In since December 1, 2024.

Appellant testified that he got his card and went to the pharmacy to get his medications. He was charged for them and stated he did not know what was going on. He stated, “they are taking \$174 from Social Security.” (Testimony). The worker replied that Social Security was taking out the money because MassHealth was not “covering anymore.” The worker stated appellant “would need to fill out either a waiver application or a senior application.” (Testimony). Appellant then asked where he could find the senior application. The worker stated he would mail out a senior application to appellant.

At the close of the hearing, I left the record open until January 9, 2025 for appellant to provide a completed over 65 application that was mailed to him by the worker. (Ex. 5).

After the close of the record, I emailed the worker to ask if MassHealth had received a completed over 65 application from appellant. He replied on January 15, 2025 “the member did not return a new application.” (Ex. 6).

Findings of Fact

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

1. Appellant is a male 65 years old or older. (Ex. 4).
2. On October 23, 2024, appellant was sent notice that he did not qualify for MassHealth because he is 65 years old or older, his tax dependent was no longer a minor and he needed to complete an application for individuals 65 years old or older. (Testimony; Ex. 1).
3. Appellant has had Senior Buy In since December 1, 2024. (Testimony).
4. At the hearing, the record was held open for appellant to provide a completed over 65 application that the worker was going to mail to appellant. (Ex. 5).

5. Despite an opportunity post hearing to submit a completed over 65 application, appellant did not return a new application. (Ex. 6).

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).

130 CMR 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.

In this case, despite being given additional time following the appeal hearing to submit a completed over 65 application that the worker was mailing to him, MassHealth did not receive a new over 65 application. Further, appellant did not request additional time to submit the missing documentation. Therefore, I find the action taken by MassHealth is within the regulations. (130 CMR 515.008).

Accordingly, 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

cc: Appellant Representative: [REDACTED]
[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186