

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417576
Decision Date:	1/13/2025	Hearing Date:	12/10/2024
Hearing Officer:	Mariah Burns	Record Open to:	12/27/2024 (appellant); 01/03/2025 (MassHealth)

Appearance for Appellant:



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:	Verifications
Decision Date:	1/13/2025	Hearing Date:	12/10/2024
MassHealth's Rep.:	Kelly Souza, Taunton MEC	Appellant's Rep.:	Pro se; spouse
Hearing Location:	Taunton MassHealth Enrollment Center (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 November 2, 2024 MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant did not submit requested verifications. (see 130 CMR 516.001; 515.008 and Exhibit 1). The appellant filed this appeal in a timely manner on November 15, 2024. (see 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 the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.001; 515.008, in determining that the appellant did not submit requested verifications.

Summary of Evidence

The appellant appeared by telephone with his spouse. The appellant verified his identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Taunton. According to the Medicaid Management Information Systems (MMIS) screen in the record, the appellant is over age 65 and was last open on a Health Safety Net plan in 2013. (Exhibit 4). The MassHealth representative stated that MassHealth issued a notice of denial on November 2, 2024, because the appellant did not submit verifications requested by MassHealth. The MassHealth representative stated that MassHealth has information that the appellant has 3 life insurance policies, and his spouse has 2 life insurance policies. MassHealth requested the cash surrender value of each policy and a copy each policy. (Testimony). The appellant's application was denied because he did not submit the requested verifications for these policies. (Exhibit 1). The 3 policies in the appellant's name are with [REDACTED]. The MassHealth representative provided the policy numbers for each policy. The appellant stated that he no longer has the [REDACTED] policy or the [REDACTED] policy and doesn't know what the [REDACTED] policy is. The MassHealth representative stated that if the [REDACTED] and [REDACTED] policies were cancelled or cashed out, MassHealth needs documentation from these insurance companies noting the date the policy was canceled or cashed out. The MassHealth representative stated that the [REDACTED] life insurance policy was last verified with MassHealth in December, 2018. The MassHealth representative provided the full policy number to the appellant and advised he give this number to [REDACTED] when inquiring about the status of the policy.

The MassHealth representative stated that the appellant's spouse has a life insurance policy with [REDACTED] and an AARP policy with [REDACTED]. The MassHealth representative provided the policy numbers to the appellant's spouse. MassHealth needs a copy of these policies with the current cash surrender value. (Testimony).

The record was left open until December 27, 2024 to give the appellant the opportunity to submit current statements and cash surrender values for the life insurance policies noted above, or documentation showing such policies had been cashed out. (Exhibit 5). The record was left open until January 3, 2025 to give MassHealth the opportunity to review the submitted verifications. (Exhibit 5).

By email dated December 31, 2024, the MassHealth representative informed the hearing officer that MassHealth did not receive verification for the appellant's [REDACTED] whole life policy nor for his [REDACTED] whole life policy. (Exhibit 6).

Findings of Fact

¹ The MassHealth representative testified that this was a [REDACTED] policy, however the denial notice lists it as an [REDACTED] policy.

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

1. The appellant is over age 65 and was last open on a Health Safety Net plan in 2013.
2. The appellant has 3 life insurance policies, and his spouse has 2 life insurance policies, and MassHealth requested the cash surrender value of each policy and a copy of each policy.
3. The appellant's application was denied because he did not submit the requested verifications for these policies.
4. The MassHealth representative provided the names and policy numbers for each policy.
5. The appellant stated that he no longer has 2 of the policies and doesn't know what the third policy is.
6. The appellant's third policy was last verified with MassHealth in December, 2018 and the MassHealth representative provided the appellant with the full policy number.
7. MassHealth requires documentation from the life insurance companies with current cash surrender value, or the dates the policies were cancelled or cashed out.
8. The record was left open until December 27, 2024 to give the appellant and his spouse the opportunity to submit current statements and cash surrender values for the life insurance policies noted above, or documentation showing such policies had been cashed out; the record was left open until January 3, 2025 to give MassHealth the opportunity to review the submitted verifications.
9. By email dated December 31, 2024, the MassHealth representative informed the hearing officer that MassHealth did not receive verification for the appellant's [REDACTED] whole life policy nor for his [REDACTED] whole life policy.

Analysis and Conclusions of Law

Application for Benefits

(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).

(2) Date of Application.

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete as provided in 130 CMR 516.001(C).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30- day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(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.

(B) Corroborative Information. 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 30² days of the date of the request, and of the consequences of failure to provide the information.

² By Eligibility Operations Memo 23-09 dated March, 2023, MassHealth extended this time from 30 days to 90 days.

(C) Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

(130 CMR 516.001).

As of the date of hearing, the appellant had not submitted the requested life insurance information. After a record open period, requested verifications/ for two of the life insurance policies still had not been submitted.

MassHealth's action in denying the appellant's application for failure to submit requested verifications in a timely manner is upheld and the 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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center