

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509762
Decision Date:	10/6/2025	Hearing Date:	8/01/2025
Hearing Officer:	Patrick Grogan	Record Open to:	8/29/2025

Appearance for Appellant:



Appearance for MassHealth:

John Prout, MassHealth Springfield

Interpreter:

N/A



*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 under 65, Verifications
Decision Date:	10/6/2025	Hearing Date:	8/01/2025
MassHealth's Rep.:	John Prout	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (Tel)	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 June 17, 2025, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that the person did not provide proof within the time allowed. (see 130 CMR 502.003(D) and Exhibit 1) The Appellant filed this appeal in a timely manner on June 30, 2025. (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 because MassHealth determined that the Appellant did not provide proof within the time allowed. (see 130 CMR 502.003(D) and Exhibit 1).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003(D), in determining that the Appellant did not provide proof within the time allowed.

Summary of Evidence

The Appellant is an individual under the age of ■ who sought MassHealth benefits. (Testimony, Exhibit 1, Exhibit 2). MassHealth sent out a request for proof, specifically, seeking an annuity of the head of household, the Appellant's husband. (Testimony) Although a statement was submitted, MassHealth explained that the statement received was from March of 2025, over 60 days old, and MassHealth required more recent information. (Testimony) A denial Notice, dated June 17, 2025, was sent out because MassHealth determined that the Appellant did not provide proof within the time allowed. (Testimony, Exhibit 1). The instant appeal followed.

The Record was left open until August 22, 2025 for the Appellant to provide a recent annuity statement, within 60 days, and the Record was further left open until August 29, 2025 for MassHealth to review any submission by the Appellant. (Exhibit 6) The Record closed. In response to inquiry posed, on September 4, 2025, MassHealth indicated that no further documentation was received. (Exhibit 7)

Findings of Fact

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

1. The Appellant is an individual under the age of ■ who sought MassHealth benefits. (Testimony, Exhibit 1, Exhibit 2).
2. MassHealth required a recent annuity statement from the head of household/husband, within 60 days, to determine the Appellant's eligibility. (Testimony)
3. The Record was left open until August 22, 2025 for the Appellant to provide a recent annuity statement, within 60 days, and the Record was further left open until August 29, 2025 for MassHealth to review any submission by the Appellant. (Exhibit 6)
4. In response to inquiry posed, on September 4, 2025, MassHealth indicated that no further documentation was received. (Exhibit 7)

Analysis and Conclusions of Law

Despite multiple opportunities provided to the Appellant, the Appellant has not provided the necessary information for MassHealth to make a determination regarding eligibility. The eligibility determination Regulation governing the Appellant's case was cited in the denial Notice sent to the Appellant. Specifically, 130 CMR 502.003 states:

502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

Regarding the time standards for verification of eligibility factors, including income, 130 CMR 502.003 (D) is controlling:

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 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 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). Here, MassHealth required verification of income and sent out a request for that information. (See 130 CMR 502.003, 130 CMR 502.003(D), Testimony) On June 17, 2025, MassHealth sent out a denial Notice to the Appellant informing the Appellant that MassHealth was unable to determine eligibility for MassHealth benefits, because the information provided was not recent. (See 130 CMR 502.003(D)) The Record was left open to provide the Appellant another opportunity to

provide MassHealth with the information required to determine eligibility. (Exhibit 6) However, the Appellant still had not provided the information MassHealth required to determine eligibility at the expiration of the Record Open period. (Exhibit 6). Therefore, the Appellant has not met the burden to show the invalidity of MassHealth's determination, and the appeal is DENIED.

Order for MassHealth

End 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.

Patrick Grogan
Hearing Officer
Board of Hearings

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