

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518881
Decision Date:	1/28/2026	Hearing Date:	01/21/2026
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Alain Michel, 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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Community; Verifications
Decision Date:	1/28/2026	Hearing Date:	01/21/2026
MassHealth's Rep.:	Alain Michel	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 December 15, 2025, MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information it needed to decide his eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on or about December 22, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information needed to determine his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of [REDACTED] and he resides in the community. On August 12, 2025, MassHealth received the appellant's application, which was processed on September 9, 2025. On September 9, 2025, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by November 8, 2025. MassHealth did not receive any of the requested documentation. On December 15, 2025, MassHealth notified the appellant that he is not eligible for benefits because he did not provide the requested documentation needed to determine his eligibility. (Exhibit 1). On December 17, 2025, MassHealth received some, but not all requested documentation. As of the date of the hearing, the following verifications were still outstanding: 2 current life insurance policy statements, including the cash surrender value for each policy. (Exhibit 1, p. 2).

The appellant appeared at the hearing by telephone and testified that he previously contacted his life insurance company and requested the information for all 4 of his life insurance policies. He stated that because he did not receive the documentation for 2 of his policies, despite his request, he is not sure how to proceed. The MassHealth representative suggested that the appellant should contact his life insurance company again. He provided contact information and outstanding policy information to the appellant. The appellant stated that he would do so; the MassHealth representative suggested that the appellant request retroactive coverage when he submits the outstanding documentation to MassHealth.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and he resides in the community.
2. On September 9, 2025, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by November 8, 2025.
3. MassHealth did not receive the requested documentation by the due date.
4. On December 15, 2025, MassHealth notified the appellant that he was not eligible to receive benefits because he did not submit the requested documentation needed to determine his

eligibility.

5. On December 17, 2025, MassHealth received some, but not all requested documentation.
6. As of the hearing date, the following verifications were still outstanding: 2 current life insurance policy statements, including the cash surrender value for each policy.
7. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.001(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

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.

In the present case, it is undisputed that the appellant did not submit all outstanding information by MassHealth's due date. It is further undisputed that the appellant did not submit the outstanding information at the hearing. Thus, the appellant has not fulfilled his obligations pursuant to 130 CMR 516.001.

Therefore, the action taken by MassHealth was within the regulations and this appeal is denied.¹

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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

¹ This denial does not preclude the appellant from submitting the outstanding documentation to MassHealth once received, as discussed at the hearing.