

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; denied in part	Appeal Number:	2203644
Decision Date:	11/15/2022	Hearing Date:	7/22/2022
Hearing Officer:	Cynthia Kopka	Record Open to:	9/23/2022

Appearance for Appellant:
Pro se

Appearance for MassHealth (by phone):
Michelle Carvalho, Taunton MEC
Marc Carey, Operations Integrity Unit



*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:	Approved in part; denied in part	Issue:	Recovery of overpayment
Decision Date:	11/15/2022	Hearing Date:	7/22/2022
MassHealth's Rep.:	Michelle Carvalho, Marc Carey	Appellant's Rep.:	Pro se
Hearing Location:	Quincy	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

By notice dated April 27, 2022, MassHealth notified Appellant of its intent to recover \$3,796.09 owed by Appellant for benefits paid to which Appellant was not entitled. Exhibit 1. Appellant filed a timely appeal on or about May 5, 2022. Exhibit 2. 130 CMR 610.015. Challenging a MassHealth agency collection action is a valid basis for appeal. 130 CMR 610.032(A)(4). The hearing was originally scheduled on June 23, 2022 and rescheduled to July 22, 2022 at the request of Appellant. Exhibit 3. The hearing record was held open through August 5, 2022 and extended through September 23, 2022 at Appellant's request. Exhibit 5.

Action Taken by MassHealth

MassHealth seeks to recover \$3,796.09 owed by Appellant for benefits paid to which Appellant was not entitled.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant was not eligible for the benefits paid by MassHealth.

Summary of Evidence

On April 27, 2022, MassHealth's Operations Integrity Unit (OIU) notified Appellant that the Bureau of Special Investigations (BSI), a unit within the state auditor's office, performed a review and determined that Appellant received benefits to which she was not entitled on the following dates:

- January 30, 2018 through November 27, 2018
- January 1, 2020 through April 4, 2020
- January 1, 2021 through December 31, 2021

MassHealth notified Appellant that she owed \$3,796.09 for those benefits and that MassHealth may recover payment pursuant to 130 CMR 501.012 and 515.010. Exhibit 1.

A representative from the Taunton MassHealth Enrollment Center (MEC) appeared by phone and provided documents in support. Exhibits 6, 7. The testimony and documents summarize a history of Appellant's enrollment on MassHealth and the income on which the determinations were made. On December 13, 2017, MassHealth notified Appellant that she was eligible for MassHealth's CarePlus benefit, based on a household size of one and zero income. Exhibit 6 at 2. MassHealth requested proof of income to be submitted by March 13, 2018. *Id.* at 10. On June 16, 2018, MassHealth terminated Appellant's coverage effective June 30, 2018. The notice stated that Appellant did not provide proof of income, but also wrote that Appellant's income was too high. *Id.* at 14.

On November 29, 2018, MassHealth issued an information request to Appellant requesting proof of income due February 27, 2019. *Id.* at 20-21. The MEC representative testified that on December 22, 2018, Appellant reported her projected yearly income to be negative \$2,700. On June 29, 2019, MassHealth notified Appellant that it had received information that Appellant may have a new job that had not been reported to MassHealth. MassHealth required Appellant to provide updated information by July 29, 2019. *Id.* at 24. The MEC representative testified that on July 15, 2019, Appellant accessed her case online and reported zero income.

On September 23, 2019, MassHealth sent another job update request to Appellant, with updated information due by October 23, 2019. *Id.* at 34. The MEC representative testified that on October 15, 2019, Appellant updated her case online, completed the renewal, and reported self-employment at a new company. Appellant reported that her income was negative \$5,000 monthly. On October 15, 2019, Appellant was determined eligible for MassHealth CarePlus and notified that an information request would issue requiring Appellant submit proof of income. *Id.* at 44. On February 21, 2020, MassHealth notified Appellant that her benefit would end March 6, 2020 because her income was too high. *Id.* at 52. The MEC representative testified that on February 20, 2020, Appellant called MassHealth and a MassHealth worker updated Appellant's self-employment income in the system for an employer named [REDACTED] drawing wages of \$1 monthly. On February 21, 2020, a data match with the federal hub showed Appellant's income as 2643.34% of the federal poverty level (FPL).

The MEC worker testified that Appellant was on MassHealth's CarePlus benefit level enrolled with a managed care organization (MCO) BMC HealthNet from January 1, 2018 to June 1, 2018. Appellant was also deemed eligible for MassHealth CarePlus and enrolled in the same MCO from June 29, 2019 through March 6, 2020.

A representative from the MassHealth's OIU appeared via telephone and testified as follows. The OIU representative read from the summary prepared by an investigator at BSI. Exhibit 4. BSI received a complaint alleging that Appellant failed to report all her earned income while receiving MassHealth benefits. BSI determined that on an eligibility application dated June 18, 2018, Appellant reported a household size of 1 with projected yearly income of \$2,700 (or \$225 per month). *Id.* at 1. BSI received employment verification from [REDACTED], showing that Appellant was employed from January 30, 2018 through November 27, 2018 and earned \$94,727.51 in 2018. *Id.* BSI also reviewed Massachusetts state tax information, which showed that Appellant's income was \$93,082 in 2018 and \$67,685 in 2020. As of a result of the information obtained by BSI, OIU determined that Appellant's income was underreported for the period from January 30, 2018 through June 30, 2018 and from January 1, 2020 through March 6, 2020, the dates Appellant was active on MassHealth benefits. Based on the tax income and for a household of one, Appellant's income was 766% of the FPL in 2018 and 530% of the FPL in 2020. *Id.* at 2. OIU determined that Appellant owes capitation costs totaling \$3,796.09, broken down as follows:

Year – Month	Provider Name	Amount Paid
2018 – January	BMC Healthnet Plan	\$455.15
2018 – February	BMC Healthnet Plan	\$455.15
2018 – March	BMC Healthnet Plan	\$400.35
2018 – April	BMC Healthnet Plan	\$400.35
2018 – May	BMC Healthnet Plan	\$400.35
2018 – June	BMC Healthnet Plan	\$13.35
	Total	\$2,124.70
2020 – January	BMC Healthnet Plan Community Alliance	\$760.99
2020 – February	BMC Healthnet Plan Community Alliance	\$762.77
2020 – March	BMC Healthnet Plan Community Alliance	\$147.63
	Total	\$1,671.39
	Grand total	\$3,796.09

No claims were paid on Appellant's behalf during these two periods. *Id.* at 3-4. The OIU representative emphasized that Appellant never reported changes in her income.

Appellant appeared in person and provided documents in support of her position. Exhibit 2. A summary follows. During the periods in question, Appellant had private insurance and offered proof of this. Appellant provided 1095-B forms showing that in 2018, she received health coverage from January through July 2018, and also August 2018 through November 2018 by Blue Cross Blue Shield through her employer [REDACTED] Exhibit 2 at 3-4. A 2020 MA 1099-HC form showed that Appellant had health coverage in January and February 2020. *Id.* at 5. Appellant noted

that this document reflects the MassHealth coverage, but omits March as a coverage month. A different 1099-HC form showed coverage from Blue Cross Blue Shield in March 2020. *Id.* at 6. A third 1099-HC form showed coverage from April through December 2020 from Tufts Associated Health Maintenance. *Id.* at 7. Appellant also had this coverage through 2021. *Id.* at 8.

Appellant expressed concern that MassHealth automatically renewed coverage without her knowledge. Appellant testified that at the times she reported income to MassHealth, the report was truthful for the time period in question. However, there were drastic differences in her income at the time of reporting versus her income at the end of the year. Appellant argued that at the times in question, Appellant did not submit proof to MassHealth and did not take actions to affirmatively enroll.

Appellant testified that in September 2017, she left her former job and did not find another position right away. Concerned about coverage for her medications, Appellant looked into MassHealth coverage and spoke to a MassHealth customer service representative by phone. Appellant was advised that because she had worked most of the year, she would not be eligible for MassHealth in 2017. The MassHealth customer service representative advised Appellant to apply at the beginning of 2018 if she had not found a new job. Appellant followed that direction and applied in 2018.

On January 30, 2018, Appellant accepted and began a new position at [REDACTED]. Appellant received health insurance through the new job. To her knowledge, Appellant applied but did not enroll in MassHealth. Appellant later remembered having enrolled in a MassHealth MCO in January and being told in March 2018 by the owner/CFO that Appellant's enrollment in MassHealth could cause the company to incur a penalty for her having 2 insurances. Appellant believed that she did call to cancel MassHealth coverage at the directive of the owner/CFO in approximately March 2018. Appellant acknowledged that her enrollment for February and March 2018 may have been her error, but testified that she was eligible for insurance for the majority of January 2018 until she started employment on January 2018. [REDACTED] switched insurance companies in July 2018. In response to the June 2018 notice issued by MassHealth, Appellant argued that she would not have submitted anything to MassHealth because she had private insurance at the time.

In November 2018, Appellant left [REDACTED] and worked on starting her own new company. In 2019, Appellant started her company but did not take pay. She was enrolled in MassHealth and was income eligible. Appellant only used her MassHealth benefit to cover medications. In March 2020, the company instated insurance for its employees, without knowing the company would be shutting down shortly after due to the pandemic.

In 2020, Appellant was not aware that she was still on MassHealth insurance until she received the 1099-HC form in February 2021. Appellant's company shut down in March 2020 with the pandemic, and Appellant received unemployment benefits in 2020. Appellant argued that the income on her taxes in 2020 was for unemployment income received after the time in question. At the time she was mistakenly on MassHealth in early 2020, her income was lower. Appellant questioned whether the mistake was MassHealth's and asked if it was common for coverage to carry over year to year.

When Appellant reported income to MassHealth, it was accurate at the time, and Appellant was not committing fraud or making a mistake. The income of her new business was negative. In October 2019, when she reported negative \$5,000 monthly income, it was accurate at the time. Appellant stated that she did not receive a follow-up request for this. If Appellant updated income to \$1, it was at the direction of MassHealth representatives when she called. Appellant argued that she was not doing anything maliciously and was reporting and updating her income when she called MassHealth.

The MEC representative testified that for self-employed individuals with new businesses, she recommends that they submit a profit-loss statement signed and dated by the applicant, covering three months to verify income at the time of applying. An applicant can report negative income which includes expenses. Appellant indicated that the corporation income and expenses was separate from her personal income and expenses.

Appellant noted that the April 27, 2022 recovery notice stated that she received MassHealth benefits from January 1, 2021 through December 31, 2021 and confirmed that MassHealth was not looking to recover anything from this time.

Appellant's biggest concern as the claim that she was insured by MassHealth during a time she was gainfully employed in 2018. Appellant had submitted an application but no updates, and in her understanding, she did not receive insurance. Appellant had private insurance in 2018. Later in the hearing, Appellant asserted that between January 1 and January 29, 2018, she was properly covered by MassHealth. When asked if she ever had a MassHealth or BMC Healthnet insurance card, Appellant indicated that she probably did for this time period, though she did not recall enrolling.

Appellant argued that her being covered from April to June 2018 was not her mistake, as she recalled calling to cancel sometime in March 2018. Even though MassHealth did not have a record of Appellant cancelling, Appellant argued that MassHealth's records are not accurate, as the MEC representative only identified one call that Appellant made to MassHealth. Appellant made many more calls than that, including in 2017 when she first investigated MassHealth coverage. Appellant argued that she did not want MassHealth when she was covered by private insurance. Appellant utilized her private insurance and did not use MassHealth.

Appellant asked how to obtain evidence that she called MassHealth multiple times, and was directed to make a request for her file to the privacy department.

The hearing record was held open and extended at Appellant's request to September 23, 2022. Exhibit 5. During the record open, Appellant asked MassHealth to produce her applications and information submitted showing proof of income. MassHealth provided two profit and loss statements for Appellant's company submitted by Appellant on January 10, 2020. Exhibit 7. The profit and loss statement for October through December 2019 showed a net income of negative \$277,668.85. *Id.* at 5-6. In January 2020, as of January 10, 2020, the company's net income was negative \$770.12. *Id.* at 7.

Appellant provided a narrative and some supporting documents in her record open submission. Exhibit 8. In her narrative, Appellant stated that she was able to get her customer contact history but did not have access to an old email address she had in 2018. Appellant did not produce the customer contact history as part of her submission but discussed it in the narrative. Appellant argued that the onus should not fall on her and that the evidence showed that she did not act fraudulently or maliciously. Appellant argued that she could not confirm that she received the notices produced by MassHealth and argued that MassHealth did not show tracking evidence proving Appellant received the notices.

Appellant argued that the December 13, 2017 notice states that Appellant was approved for a limited time. Appellant called MassHealth on December 26, 2017 but argued that she only asked general questions and did not enroll at that time. Appellant stated that to her knowledge she did not select a package or take any further action on the application. Appellant reiterated that she learned that she had state insurance through her employer, but was not able to access her former employer's emails to show that Appellant cancelled her MassHealth insurance.

Appellant stated that she did not receive the June 16, 2018 notice cancelling her insurance effective June 30, 2018. Appellant stated that she did not dispute this cancellation because she had private insurance and thought MassHealth was cancelled.

Appellant reached out to MassHealth at the end of 2018 when she left her employment. Appellant referenced the MassHealth notice dated November 29, 2018. In response to a request for information, on December 14, 2018, Appellant submitted a letter to MassHealth stating that she did not have income. Exhibit 8 at 5.

Appellant referenced a November 15, 2019 notice that enrolled her in MassHealth, but was not produced by the MEC representative. *Id.* at 4. Appellant stated that this coverage extended into 2020. During the time period Appellant was covered, between January 1, 2020 and March 6, 2020, Appellant's income was \$19,230.75 and her expenses were \$5,000 a month. *Id.* at 2. Appellant did not produce evidence of either figure. Appellant argued that the majority of income she received in 2020 was unemployment income that she received after the period in question, from January to March 2020.

Findings of Fact

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

1. On April 27, 2022, MassHealth notified Appellant of its intent to recover \$3,796.09 for benefits Appellant received but to which she was not entitled between
 - January 30, 2018 through November 27, 2018
 - January 1, 2020 through April 4, 2020
 - January 1, 2021 through December 31, 2021

Exhibit 1.

2. Appellant filed a timely appeal on or about May 5, 2022. Exhibit 2.
3. Appellant was on MassHealth's CarePlus benefit level enrolled with MCO BMC HealthNet from January 1, 2018 to June 1, 2018, based on reporting zero income in December 2018.
4. On December 13, 2017, MassHealth notified Appellant that she was eligible for MassHealth's CarePlus benefit, based on a household size of one and zero income. Exhibit 6 at 2. MassHealth requested proof of income to be submitted by March 13, 2018. *Id.* at 10.
5. On June 16, 2018, MassHealth terminated Appellant's coverage effective June 30, 2018. The notice stated that Appellant did not provide proof of income, but also wrote that Appellant's income was too high. *Id.* at 14.
6. On November 29, 2018, MassHealth issued an information request to Appellant requesting proof of income due February 27, 2019. *Id.* at 20-21.
7. On December 22, 2018, Appellant reported her projected yearly income to be negative \$2,700.
8. Appellant was determined eligible for CarePlus and enrolled in the MCO between June 29, 2019 through March 6, 2020.
9. On June 29, 2019, MassHealth notified Appellant that it required a job update be provided by July 29, 2019. *Id.* at 24.
10. On July 15, 2019, Appellant reported zero income to MassHealth.
11. On September 23, 2019, MassHealth sent a job update request to Appellant, with updated information due by October 23, 2019. *Id.* at 34.
12. On October 15, 2019, Appellant updated her case online, completed the renewal, and reported self-employment at a new company. Appellant reported that her income was negative \$5,000 monthly. Appellant was determined eligible for MassHealth CarePlus and notified that an information request would issue requiring Appellant submit proof of income. *Id.* at 44.
13. On February 20, 2020, Appellant called MassHealth and a MassHealth worker updated Appellant's self-employment income in the system for an employer named [REDACTED] drawing wages of \$1 monthly.
14. On February 21, 2020, a data match with the federal hub showed Appellant's income as 2643.34% of the federal poverty level (FPL).

15. On February 21, 2020, MassHealth notified Appellant that she was not eligible for MassHealth and her coverage would terminate on March 6, 2020. *Id.* at 52.
16. Appellant was employed by [REDACTED] from January 30, 2018 through November 27, 2018.
17. Appellant's yearly income in 2018 was \$94,727.51.
18. Appellant's yearly income in 2020 was \$67,685.
19. In 2018, for a household of 1, 100% of the FPL was \$1,012 monthly and \$12,144 yearly; 133% if the FPL was \$1,346 monthly and \$16,152 yearly.
20. In 2020, for a household of 1, 100% of the FPL was \$1,064 monthly and \$12,768 yearly; 133% if the FPL was \$1,415 monthly and \$16,980 yearly.
21. OIU determined that MassHealth paid \$3,796.09 in capitation costs on Appellant's behalf, broken down as follows:

Year – Month	Provider Name	Amount Paid
2018 – January	BMC Healthnet Plan	\$455.15
2018 – February	BMC Healthnet Plan	\$455.15
2018 – March	BMC Healthnet Plan	\$400.35
2018 – April	BMC Healthnet Plan	\$400.35
2018 – May	BMC Healthnet Plan	\$400.35
2018 – June	BMC Healthnet Plan	\$13.35
	Total	\$2,124.70
2020 – January	BMC Healthnet Plan Community Alliance	\$760.99
2020 – February	BMC Healthnet Plan Community Alliance	\$762.77
2020 – March	BMC Healthnet Plan Community Alliance	\$147.63
	Total	\$1,671.39
	Grand total	\$3,796.09

Exhibit 4 at 3-4.

22. Appellant stated that between January 1, 2020 and March 6, 2020, her income was \$19,230.75 and her expenses were \$5,000 a month. Appellant did not produce evidence of either figure. Exhibit 8 at 2.

Analysis and Conclusions of Law

Pursuant to MassHealth regulation 130 CMR 501.012, “[t]he MassHealth agency has the right to recover payment for medical benefits to which the member was not entitled at the time the benefit was received, **regardless of who was responsible and whether or not there was fraudulent intent**. No provision under 130 CMR 501.012 will limit the MassHealth agency’s right to recover overpayments” (emphasis added). In other words, if Appellant was not eligible for the MassHealth coverage she received, MassHealth may seek to recover the overpayment regardless of who made the error.

Though Appellant argued that the onus should not fall on her and that the evidence showed that she did not act fraudulently or maliciously, the regulation allows MassHealth to recover these payments made even if the mistake was not Appellant’s fault. Further, the burden of proof is at hearing on Appellant to show that MassHealth’s determination was made in error. *See Merisme v. Bd. of App. on Motor Vehicle Liab.*, 27 Mass. App. Ct. 470, 474 (1989). In light of the stringency of 130 CMR 501.012, in order for Appellant to prevail at hearing, she would have to establish that MassHealth may not recover the amount of overpayment sought. This could be accomplished by showing Appellant was eligible for MassHealth during some or all of the time period identified, or by showing that the calculation of benefits paid on her behalf was incorrect.

To be eligible for MassHealth’s CarePlus benefit, an applicant’s income of the MassHealth MAGI household may not exceed 133% of the federal poverty level (FPL). 130 CMR 505.008(A)(2)(c). An applicant’s countable income includes earned and unearned income, including unemployment benefits. 130 CMR 506.003. For self-employment, earned taxable income “is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.” 130 CMR 506.003(A)(2). From one’s countable income, MassHealth allows the following deductions:

(D) Deductions. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

130 CMR 506.003(D).

It is the responsibility of the applicant or member to report to MassHealth “within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, **income, the availability of health insurance**, and third-party liability.” 130 CMR 501.010(B) (emphasis added).

Appellant raised questions as to whether she was even enrolled in MassHealth at the time periods in question. Starting with 2018, Appellant’s testimony wavered on whether she was aware she was enrolled in a MassHealth program in 2018, by testifying at hearing that she may have had a MassHealth or BMC insurance card, but then arguing in her post-hearing narrative that she did not enroll. Appellant also argued, but did not provide supporting evidence, that she cancelled her MassHealth benefit later in 2018 while she was gainfully employed. Finally, Appellant stated in her narrative that she did not receive the June 16, 2018 notice terminating MassHealth, but also stated that she did not raise a dispute as to the termination because she had private insurance and thought she had already cancelled her MassHealth coverage previously. Appellant’s testimony regarding whether she was aware of her MassHealth enrollment in 2018 is not convincing, and there is no evidence showing that she notified MassHealth of her income change and access to private insurance during the period from January 30, 2018 through June 1, 2018 as required by 130 CMR 501.010(B).

MassHealth’s determination that Appellant was not financially eligible for MassHealth’s CarePlus in 2018 was based on Appellant’s yearly taxable income as found by BSI. Appellant’s yearly income was well in excess of the CarePlus limit of 133% of the FPL. Appellant did not dispute the yearly amount she earned for 2018, but argued that she was eligible for MassHealth from January 1 through 29, 2018 prior to her employment. This is supported by the undisputed evidence, as BSI also found that her employment began January 30, 2018. MassHealth did not identify any other source of income for Appellant for 2018. Though the spreadsheet provided by MassHealth shows the capitation costs from January 30, 2018 through June 30, 2018, it appears to show capitation costs between January 1, 2018 and June 1, 2018. The end date is in line with the MEC representative’s testimony that Appellant’s MCO enrollment ended on June 1, 2018. However, to the extent that MassHealth’s OIU department included a full month of capitation costs for January 2018 in its calculation of overpayment, this appeal is **approved in part**. Appellant was eligible for MassHealth CarePlus, having no income, until January 30, 2018 when her employment changed. MassHealth should reduce the amount of capitation costs owed by Appellant in the month of January 2018 to \$29.36, or two days of ineligible coverage.¹

Regarding 2020, Appellant argued that her benefit carried over from when she received benefits in 2019. Appellant also argued that her yearly financial picture was not consistent and there were times her income was dramatically different. Appellant stated in her post-hearing narrative that her income was \$19,230.75 between January 1, 2020 and March 6, 2020 (65 days), less expenses. Appellant argued that her yearly income was higher later in the year when she received unemployment benefits. Assuming her income calculation is true, Appellant’s income of \$19,230.75 would be too high to qualify for MassHealth CarePlus, as the yearly limit is only

¹ I arrived at this number by dividing the amount calculated for the whole month, \$455.15, by 31 days (\$14.68 per day), then multiplying by 2 for the two days of ineligible coverage, January 30 and 31, 2018.

\$16,980. Whether Appellant would be entitled to deductions from this amount was not established by the evidence, as Appellant did not provide anything to support that her estimated \$5,000 in expenses would qualify as deductions or business expenses that would affect the countable income calculation, as per 130 CMR 506.003(A)(2) or 130 CMR 506.003(D). Regarding the 2020 overpayments, this appeal is **denied**.

Finally, MassHealth included 2021 in its notice of overpayment to Appellant but offered no evidence that overpayments were made on Appellant's behalf during this time. MassHealth may not include 2021 in its determination of overpayments on the new notice to be issued in accordance with the order below.

Order for MassHealth

Revise the April 27, 2022 notice for a corrected calculation of the capitation costs for January 30, 2018 through June 1, 2018, reducing the amount of capitation costs owed by Appellant in the month of January 2018 to \$29.36 and the total amount owed by Appellant to \$3,370.30. Omit the determination of overpayments for year 2021 in the updated notice.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

Operations Integrity Unit

Eligibility – Policy Implementation Unit 7th fl. Rm 7004

General Counsel's Office –Sharon Boyle