

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2414681
<b>Decision Date:</b>	12/17/2024	<b>Hearing Date:</b>	10/23/2024
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	11/8/24

**Appearance for Appellant:**



**Appearance for MassHealth:**

BaRan Lewis, MassHealth Quincy

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility under 65, Start Date, Address
<b>Decision Date:</b>	12/17/2024	<b>Hearing Date:</b>	10/23/2024
<b>MassHealth's Rep.:</b>	BaRan Lewis	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote (Video)	<b>Aid Pending:</b>	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 September 24, 2024, MassHealth approved the Appellant's application for MassHealth benefits beginning September 14, 2024 (see 130 CMR 502.006 and Exhibit 1). The Appellant filed this appeal in a timely manner on September 24, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Imposition of a coverage date is a MassHealth action and is valid grounds for appeal (see 130 CMR 610.032(3)).

### Action Taken by MassHealth

MassHealth approved the Appellant's application for MassHealth benefits beginning September 14, 2024. (see 130 CMR 502.006 and Exhibit 1).

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.006, in determining that the Appellant's MassHealth coverage begins September 14, 2024 (see 130 CMR 502.006 and Exhibit 1).

### Summary of Evidence

The Appellant is a MassHealth member who applied for MassHealth benefits. (Testimony) The Appellant had been receiving MassHealth benefits. (Testimony) In December of 2023, a request for information, proof of income and proof of residency, was sent to the Appellant. (Testimony). The information was due by March 17, 2024. (Testimony) On February 27, 2024, MassHealth received proof of income, but the proof of residence was insufficient. (Testimony) MassHealth testified that a subsequent request and explanation of satisfactory documentation was sent to the Appellant, however, no responsive documents were received prior to the March 17, 2024 deadline. (Testimony). On April 2, 2024, the Appellant was sent a Notice of Termination stating that due to the Appellant not providing proof in the time allowed, the Appellant's coverage would end April 16, 2024. (Testimony, Exhibit 1A) MassHealth testified that a new application for MassHealth benefits was received on September 24, 2024, via telephone. (Testimony) The Appellant was approved for MassHealth CarePlus, beginning on September 14, 2024. (Testimony, 130 CMR 502.006)

In the Appellant's Fair Hearing Request, the Appellant indicated that the Appellant received bills for "date of services 7-27-24, 8-27-24." (Exhibit 2). The Appellant submitted a bill, dated June 4, 2024, "Due Upon Receipt," and indicated "Please see the attached medical bill I am seeking reimbursement for." (Exhibit 5). The Appellant then submitted a different bill, dated August 13, 2024, with an outstanding balance. (Exhibit 5, pg. 30). At Hearing, the Appellant indicated that she had moved from [REDACTED] in [REDACTED]. (Testimony). The Appellant stated that she had spoken to various MassHealth Representatives multiple times to change her address but had not received mailings from MassHealth at her new address. (Testimony). The Appellant explained that due to a break with her parents, she was no longer living at the address in [REDACTED] since [REDACTED]. (Testimony). The Appellant explained that her father had indicated, upon her vacating the home, that any mail addressed to her would be thrown away. (Testimony). In response to inquiry posed, the Appellant stated that she did not have any supporting documentation of the content of her conversations with MassHealth attempting to change her address. (Testimony). MassHealth confirmed that there was no notation in the file changing the Appellant's address to her current address from the [REDACTED] address. (Testimony)

The Record was left open until November 8, 2024 for the Appellant to have an opportunity to provide a screen capture of her phone's call log to show the Appellant contacted MassHealth. (Exhibit 6). The Appellant provided the screen capture, and it has been included in both Exhibits 5 and 7. In addition to this screen capture, the Appellant submitted a screen capture indicating that MassHealth still has the Appellant's former address in [REDACTED] listed<sup>1</sup>. This screen capture has been included in both Exhibits 5 and 7. The Record was also left open until November 8, 2024, to afford MassHealth the opportunity to speak with a supervisor and provide a copy of the insufficient proof of residency the Appellant provided to MassHealth on February 27, 2024. The proffered proof of

---

<sup>1</sup> The Request for Fair Hearing, dated September 24, 2024, which was received telephonically, also indicates that the Appellant's address is [REDACTED] (Exhibit 2)

residency has been marked as Exhibit 8. The proof of residency sent to MassHealth by the Appellant lists the Appellant's address as the former home in [REDACTED] (Exhibit 8)

## Findings of Fact

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

1. The Appellant is an MassHealth member, under the age of 65, who applied for MassHealth benefits. (Testimony)
2. MassHealth received an application for MassHealth benefit on behalf of the Appellant on September 24, 2024, via telephone. (Testimony, Exhibit 1)
3. The Appellant has been approved for MassHealth CarePlus, beginning on September 14, 2024. (Testimony, 130 CMR 502.006)
4. In December of 2023, a request for information, proof of income and proof of residency, was sent to the Appellant. (Testimony). The information was due by March 17, 2024. (Testimony)
5. On February 27, 2024, MassHealth received proof of income, but the proof of residency was insufficient. (Testimony) MassHealth sent a subsequent request and explanation of satisfactory documentation to the Appellant at the address on file in [REDACTED] which is the same address listed on the insufficient proof of residency. (Testimony)
6. No responsive documents were received prior to the March 17, 2024 deadline. (Testimony)
7. On April 2, 2024, the Appellant was sent a Notice of Termination to the [REDACTED] address stating that due to the Appellant not providing proof in the time allowed, the Appellant's coverage would end April 16, 2024. (Testimony, Exhibit 1A)
8. MassHealth testified that a new application for MassHealth benefits was received on September 24, 2024, via telephone. (Testimony) The Appellant was approved for MassHealth CarePlus, beginning on September 14, 2024. (Testimony, 130 CMR 502.006)
9. The Appellant explained her change of address and testified that she attempted to change her address with MassHealth multiple times. The Appellant has no corroborative evidence to support this testimony.
10. The proof of residency furnished by the Appellant to MassHealth on February 27, 2024 lists the [REDACTED] address as the Appellant's address. (Exhibit 8)

## 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. 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).

The Appellant had been receiving MassHealth benefits but failed to return the information sought pursuant to the Notice issued in April of 2024. (Testimony, Exhibit 1A) Pursuant to that Notice, the Appellant's coverage would end on April 16, 2024. (Testimony, Exhibit 1A). MassHealth testified that no responsive documents had been received, and the Appellant's coverage ended in accordance with the April Notice. Had the Appellant sought to appeal the loss of MassHealth benefits in accordance with the April, 2024 Notice, the appeal could not be heard based upon timeliness. The time standards for an Appeal may be found at 610.015(B)(1):

### 610.015: Time Limits

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits:

(1) 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing;

When an Appeal is not timely, the Appeal will be dismissed pursuant to 130 CMR 610.035 (A)(1):

### 610.035: Dismissal of a Request for a Hearing

(A) BOH will dismiss a request for a hearing when

(1) the request is not received within the time frame specified in 130 CMR 610.015;

Therefore, had the Appellant been seeking to appeal the loss of MassHealth benefits in accordance with the April, 2024 Notice within the instant appeal, the appeal would need to be dismissed pursuant to 130 CMR 610.015(B)(1) and 130 CMR 610.035(A)(1).

The Appellant's argument that she did not receive the Notice in April is undercut by the requirements of cooperation to which a member shall adhere. Specifically, the argument that she had moved and did not receive the Notice is belied by the Appellant's requirement to

update MassHealth regarding any changes which may affect eligibility, as codified within the Regulations:

501.010: 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 available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten 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.

The Appellant had a duty to report a change of address to MassHealth pursuant to 130 CMR 501.010(B). The Appellant has testified that she had attempted to change her address multiple times via telephone. (Testimony). To support this argument, the Appellant offered call logs indicating various calls to MassHealth's main number. (Exhibit 5). However, the Appellant's submission to MassHealth on February 27, 2024 belies this argument. (Exhibit 8) The proof of residence provided by the Appellant to MassHealth was deemed insufficient. (Testimony). However, the address on this purported proof of residence was the home in [REDACTED] not the Appellant's current residence. (Exhibit 8) Therefore, by virtue of the Appellant's own submission, to prove her residence, the Appellant proffered to MassHealth, through responsive documentation, that her address was the home in [REDACTED] not her current residence. Accordingly, MassHealth did not err in relying on the documentation the Appellant, herself, provided to MassHealth indicating her residence remained in [REDACTED] in February 2024. MassHealth's reliance on the Appellant's submission does not invalidate MassHealth's administrative determination.

Regarding the Appellant's request for retroactive coverage for doctors' visits in July and August of 2024, as well as the bill dated June 4, 2024, here, the applicable Regulation can be found at 130 CMR 502.006(A)(2)(a):

502.006: Coverage Dates

(A) Start Date of Coverage for Applicants. For individuals applying for

coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types describes the rules for establishing this date, except as specified in 130 CMR 502.003(E)(1), (F)(2), and (H)(2).

(1) The start date of coverage for individuals approved for benefits under provisional eligibility is described at 130 CMR 502.003(E)(1).

(2) The start date of coverage for individuals who do not meet the requirements for provisional eligibility, as described at 130 CMR 502.003(E)(2)(a), is described at 130 CMR 502.006(A)(2)(a) through (c), except individuals described at 130 CMR 502.006(C).

(a) For individuals who submit all required verifications within the 90-day time frame, the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application, except as specified in 130 CMR 506.006(C).

In the instant appeal, the application submitted on behalf of the Appellant was received on September 24, 2024. MassHealth approved the Appellant for MassHealth CarePlus, beginning on September 14, 2024, 10 days prior to the date of the application. (Testimony, Exhibit 1) Based upon the submission of the purported proof of residence, indicating the Appellant still resided in [REDACTED] MassHealth did not err by continuing to send correspondence to the same address the Appellant provided to MassHealth in February of 2024. On this record, the Appellant has not met the burden, by a preponderance of evidence, that the MassHealth determination is invalid. Therefore, 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.

---

Patrick Grogan  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171