Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416197
Decision Date:	01/07/2025	Hearing Date:	11/27/2024
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:

Appearance for MassHealth: Secorya Chin, 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

Appeal Decision:	Denied	lssue:	Eligibility under 65, Coverage start Date, Retroactive Coverage
Decision Date:	01/07/2025	Hearing Date:	11/27/2024
MassHealth's Rep.:	Secorya Chin	Appellant's Rep.:	
Hearing Location:	Remote (Tel)	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 October 17, 2024, MassHealth approved the Appellant's application for MassHealth benefits beginning October 7, 2024 (see 130 CMR 502.006 and Exhibit 1). The Appellant filed this appeal in a timely manner on October 17, 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 October 7, 2024. (see 130 CMR 502.006 and Exhibit 1).

lssue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.006, in determining that the Appellant's MassHealth coverage begins October 7, 2024 (see 130 CMR 502.006 and Exhibit 1).

Summary of Evidence

The Appellant is a MassHealth member under the age of 65 who applied for MassHealth benefits. (Testimony) The Appellant had been receiving MassHealth benefits, however, on July 31, 2024, the Appellant was sent a Notice of Termination stating MassHealth received information from available state or federal data sources that may affect the Appellant's eligibility, and despite sending a letter to the Appellant requesting additional information, no response was received by the Appellant in the time allowed. (Testimony, Exhibit 1A, 130 CMR 502.007(C)(3)) The Appellant's residence is . (Testimony, Exhibit 1, Exhibit 1A, Exhibit 2, Exhibit 4) The Notice of Termination was mailed to the Appellant's residence. (Testimony, Exhibit 1A). MassHealth testified that responsive documents were not received, and the Appellant's coverage ended on August 14, 2024. (Testimony, Exhibit 1A) MassHealth testified that an update, that was treated as a new application for MassHealth benefits, was received on October 17, 2024. (Testimony) The Appellant was approved for MassHealth Standard beginning on October 7, 2024¹. (Testimony, 130 CMR 502.006) The Approval Notice, which is the subject of the instant appeal, was mailed to the same address, the Appellant's residence. (Exhibit 1). On the Fair Hearing Request, the Appellant's address is listed as the same address as the Appellant's listed residence. (Exhibit 2) The Notice of Hearing lists the same address, the residence. (Exhibit 3)

In the Appellant's Fair Hearing Request, the Appellant indicated that the Appellant did not receive the job update form because the Appellant stated that she did not receive the notices. (Exhibit 2) Both the Termination Notice #50300904, dated July 31, 2024 and the Approval Notice #54660412, dated October 17, 2024 list the same address, the Appellant's residence. (Exhibit 1, Exhibit 1A, Exhibit 2). The Appellant explained that the Appellant's therapist was not paid during the time the Appellant's coverage terminated because the Appellant did not return the required information. (Exhibit 2) The Appellant expounded that the Appellant has been diagnosed with PTSD and anxiety, for which the Appellant receives treatment. (Testimony)

The Appellant explained that she has lived at her residence on and off throughout her entire life. (Testimony) The Appellant explained that it is a family residence. (Testimony) The Appellant testified that she does not even know who receives the mail and stated she did not receive the Termination Notice #50300904, dated July 31, 2024 nor the Approval Notice #54660412, dated October 17, 2024, both which list the same address, the Appellant's residence. (Testimony, Exhibit 1, Exhibit 1A). The Appellant stated that she did receive the Notice of Hearing, dated October 31, 2024. (Testimony). The Notice of Hearing, dated October 31, 2024, lists the same address as both Notices, the Appellant's residence. (Exhibit 2, Exhibit 1, Exhibit 1A). The Appellant seeks retroactive coverage to the date MassHealth benefits were terminated, August 14, 2024. (Testimony, Exhibit

¹ MassHealth testified that a subsequent Notice, indicating that the Appellant no longer qualifies for MassHealth Standard due to income, was generated and mailed to the Appellant a few business days prior to the Hearing. Subsequent MassHealth actions and notices after October 17, 2024 are not a part of the instant appeal. The Appellant retains the right to appeal subsequent MassHealth determinations

2, Exhibit 1A).

Findings of Fact

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

- 1. The Appellant is an MassHealth member who applied for MassHealth benefits. (Testimony)
- 2. The Appellant resides at **A** . (Testimony, Exhibit 1, Exhibit 1A, Exhibit 2, Exhibit 3, Exhibit 4)
- 3. MassHealth received an update, which MassHealth treated as an application for MassHealth benefit on behalf of the Appellant, on October 17, 2024. (Testimony, Exhibit 1)
- 4. The Appellant had been approved for MassHealth Standard, beginning on October 7, 2024. (Testimony, 130 CMR 502.006)
- 5. The Appellant seeks retroactive coverage back to the time the Appellant's MassHealth benefits were terminated, August 14, 2024. (Exhibit 2)

Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." <u>Andrews</u> v. <u>Division of Medical Assistance</u>, 68 Mass. App. Ct. 228. See also <u>Fisch</u> v. <u>Board of Registration in Med.</u>, 437 Mass. 128, 131 (2002); <u>Faith Assembly of God of S.</u> <u>Dennis & Hyannis</u>, Inc. v. <u>State Bldg. Code Commn.</u>, 11 Mass. App. Ct. 333, 334 (1981); <u>Haverhill</u> <u>Mun. Hosp</u>. v. <u>Commissioner of the Div. of Med. Assistance</u>, 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 on July 31 of 2024. (Testimony, Exhibit 1A) Pursuant to that Notice, the Appellant's coverage would end on August 14, 2024. (Testimony, Exhibit 1A) MassHealth testified that no responsive documents had been received, and the Appellant's coverage ended in accordance with the July Notice. Had the Appellant sought to appeal the loss of MassHealth benefits in accordance with the July, 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 July 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 is belied by the address listed on all of the Notices, which, as the Appellant testified, is the Appellant's residence. The Termination Notice #50300904, dated July 31, 2024, was sent to the Appellant's residence. (Exhibit 1A) The Approval Notice #54660412, dated October 17, 2024, was sent to the Appellant's residence. (Exhibit 1) The Fair Hearing Request lists the Appellant's address as the same address, the Appellant's residence. (Exhibit 2). The Notice of Hearing lists the same address as the Notices and the Fair Hearing Request list, the Appellant's residence. (Exhibit 3) The Appellant confirmed receipt of the Notice of Hearing, which was mailed to the Appellant's residence, the same address where the Notices were mailed. (Testimony, Exhibit 1, Exhibit 1A, Exhibit 3). Based upon this record, the Appellant has failed to show the invalidity of MassHealth's determination based upon MassHealth's testimony and the listing on the Notices of the Appellant's residence. Indeed, the Fair Hearing Request as well as the Notice of Hearing both confirm the Appellant's residence as the address to where MassHealth sent the Notices. (Testimony, Exhibit 2, Exhibit 3) Moreover, the Appellant confirmed receipt of the Notice of Hearing which was mailed to the Appellant's residence. (Testimony) Accordingly, MassHealth did not err in mailing the Appellant's Notices to her listed address, which is a family home where she has lived off and on for her entire life, and where she received the Notice of Hearing.

Regarding the Appellant's request for retroactive coverage for doctors' visits during the time period when MassHealth benefits had ceased, 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

Page 4 of Appeal No.: 2416197

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 update, treated as a new application submitted on behalf of the Appellant, was received on October 17, 2024. MassHealth was able to approve the Appellant for MassHealth Standard, beginning on October 7, 2024, 10 days prior to the date of the application. (Testimony, Exhibit 1) MassHealth's administrative determination comports with the explicit dictates of 130 CMR 502.006(A)(2)(a). The Notices were mailed to the Appellant at the Appellant's residence. (Testimony, Exhibit 1, Exhibit 1A) The Appellant confirmed receipt of the Notice of Hearing, mailed to the same address. (Exhibit 3) Accordingly, on this record, the Appellant has not met the burden, by a preponderance of evidence, to show 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

Page 5 of Appeal No.: 2416197

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