

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417328
Decision Date:	12/31/2024	Hearing Date:	12/11/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michael Rossi, Quincy MassHealth Enrollment
Center



*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:	Under 65; Eligibility; Start Date
Decision Date:	12/31/2024	Hearing Date:	12/11/2024
MassHealth's Rep.:	Michael Rossi	Appellant's Rep.:	Pro se
Hearing Location:	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 October 28, 2024, MassHealth approved the appellant's application for MassHealth Standard benefits with a start date of October 18, 2024.^{1 2} See 130 CMR 502.002 and Exhibit 1. The appellant filed this appeal in a timely manner on November 12, 2024, seeking an earlier benefit start date. See 130 CMR 610.015(B) and Exhibit 2. Agency action regarding scope and amount of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Standard benefits with a start date of October 18, 2024.

¹ This hearing and decision also incorporate a near-identical notice dated November 6, 2024. See Exhibit 1.

² At the hearing, the MassHealth representative stated that the appellant's MassHealth Standard benefits began on October 11, 2024, and her Medicare Savings Program – Qualified Individual benefits began on October 18.

Issue

The appeal issue is whether MassHealth correctly determined the appellant's benefit start date.

Summary of Evidence

The appellant is an adult under the age of 65 who has been a long-time MassHealth member. MassHealth was represented at the hearing by a worker from the Quincy MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at the hearing:

Based on the appellant's MassHealth history set forth in the Medicaid Management Information Systems (MMIS) screen in the record, the appellant's MassHealth Standard was terminated on February 23, 2024. (Exhibit 4). On April 17, 2024, MassHealth reported receiving an incomplete renewal application from the appellant. Due to that, MassHealth sent a notice to the appellant requiring her to submit a new application. MassHealth reported that a new application was not received from the appellant until October 21, 2024. On October 28, 2024, MassHealth determined that the appellant is eligible for both MassHealth Standard and the Medicare Savings Program as a Qualified Individual (MSP-QI). The MassHealth representative testified that, although the notice states that the appellant's MassHealth Standard begins on October 18, 2024, it was actually reinstated retroactively to October 11, or ten days prior to the appellant's application submission.

The appellant agreed that she received the April notice informing her of her obligation to submit a new application. She testified that she believed that she submitted the application in April via mail. She also reported that she was hospitalized from [REDACTED] for which she incurred \$1920.00 of expenses not covered by Medicare.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who currently receives MassHealth Standard benefits and the Medicare Savings Program. Testimony, Exhibit 1, Exhibit 4.
2. The appellant's MassHealth Standard benefits were terminated on February 23, 2024; on April 17, 2024, MassHealth received an incomplete renewal application from the appellant and notified her of her requirement to submit a new application. Testimony.
3. On October 21, 2024, MassHealth received a properly executed renewal application from the appellant. Testimony.

4. On October 28, 2024, MassHealth issued a notice approving the appellant for MassHealth Standard benefits with an effective start date of October 18, 2024. Exhibit 1.
5. The appellant filed a timely request for fair hearing on November 12, 2024. Exhibit 2.
6. MassHealth has since updated the appellant's account to reflect a start date for MassHealth Standard of October 11, 2024, and an October 18 start date for the Medicare Savings Plan. Testimony.

Analysis and Conclusions of Law

MassHealth reviews a member's eligibility "once every 12 months...[or] as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames." 130 CMR 502.007(A). The agency first attempts an automatic renewal "based on electronic data matches with federal and state agencies." *Id.* at 502.007(C)(1). If an automatic renewal is not possible, MassHealth uses the following process:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) The MassHealth agency will notify the head of household of the need to complete the renewal application.

(b) The head of household will be given 45 days from the date of the request to return the paper prepopulated renewal application, log onto their MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

2. If the renewal application is not completed within 45 days, the MassHealth agency will

a. use information received from electronic sources, if

available, and redetermine eligibility; or

b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).

3. If the individual submits the prepopulated renewal application within 90 days of the termination date, as described in 130 CMR 502.007(C)(2)(b)2., and is determined eligible for a MassHealth benefit, the date of coverage for MassHealth is determined by the coverage type for which the individual is now eligible, in accordance with 130 CMR 502.006(A). The begin date of MassHealth coverage may be retroactive to the date of the termination if the individual requests retroactive coverage and has incurred covered medical services since the date of the termination.

4. If the prepopulated renewal application is returned, but the required verifications are not submitted with the form, a second 90-day period starts on the date that the prepopulated form is returned.

5. If the prepopulated renewal application is not submitted within 90 days of the previous termination date, a new application is required.

130 CMR 502.007(C)(2). For MassHealth Standard members, coverage for a typical applicant “begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C) [and 130 CMR 502.006(A)(2)(a)].”³

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” For the reasons stated herein, I find that the appellant has failed to meet this burden.

Based on the appellant’s MassHealth history set forth in the MMIS screen in the record, the appellant’s MassHealth Standard was terminated on February 23, 2024. (Exhibit 4). MassHealth sent notice to the appellant on April 17, 2024, that her renewal application was incomplete and that a new application would need to be submitted. The appellant agrees that she received this notice. The appellant’s renewal application was not received at MassHealth until October 21, 2024. Though I have no reason to doubt the appellant’s testimony that she believed she submitted her new application back in April, she bore the responsibility of ensuring it was received by MassHealth in a timely manner. Because MassHealth did not receive her renewal application

³ Neither of those exceptions are relevant to this case.

until October 21, 2024, and not within 90 days of the termination, she is not eligible for retroactive coverage beyond 10 days. The only exception to this rule is if the member is pregnant or under the age of 19. See Eligibility Operations Memo 22-18, *Three-Month Retroactive Eligibility for Certain MassHealth Applicants* (December 2022). Therefore, I find no error with MassHealth's issuance of the October 28, 2024, notice, except to the extent that it reports a MassHealth Standard start date of October 18 instead of October 11. However, as MassHealth reports that issue has been rectified, I find no error with any actions by MassHealth.⁴

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

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

⁴ For the sake of clarity, although the notice reflects a start date of October 18 for MassHealth Standard, the MassHealth representative made clear that the appellant's start date for Standard is October 11 and her start date for the MSP-QI benefit is October 18.