

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2417620
<b>Decision Date:</b>	1/8/2025	<b>Hearing Date:</b>	12/27/2024
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Monica Ramirez, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Coverage Start Date
<b>Decision Date:</b>	1/8/2025	<b>Hearing Date:</b>	12/27/2024
<b>MassHealth's Rep.:</b>	Monica Ramirez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 7 (Telephone)	<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 October 29, 2024, MassHealth notified the Appellant that they were approved for MassHealth Standard with a coverage start date of October 19, 2024. *See* Exhibit 1. Appellant filed this appeal in a timely manner on November 18, 2024 to challenge the effective coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. An agency's action to limit or reduce the scope of assistance is a valid ground for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard with an effective start date of October 19, 2024.

### Issue

The appeal issue is whether MassHealth was correct in determining that Appellant qualified for MassHealth Standard with an effective start date of October 19, 2024.

## Summary of Evidence

A MassHealth eligibility representative appeared at the hearing by telephone and testified as follows: The appellant is an adult under the age of 65 and resides in a household of 4. In June 2024, while enrolled in MassHealth Standard, the MassHealth computer system performed an auto-renewal on the appellant's account. The auto-renewal generated a MassHealth notice requesting information about the appellant and the appellant's household, and specifically requesting that a job update form be completed and submitted by the appellant. On August 5, 2024, because MassHealth had not received the completed job update form from the appellant, a notice was issued informing the appellant that her MassHealth Standard benefit would terminate on August 18, 2024. The appellant did not respond to this notice timely, and the appellant's MassHealth Standard benefit was terminated on August 18, 2024. On October 29, 2024, the appellant called MassHealth customer service and verified her income. The appellant's household of 4 has a Federal Poverty Level (FPL) of 114.09%, and the appellant's household was approved for MassHealth Standard with no premium and coverage starting on October 19, 2024. The MassHealth representative closed her testimony by stating that the appellant has still not returned the job update form and that she must return the job update form as soon as possible or her coverage could be terminated in the future.

The appellant appeared telephonically at hearing and verified her identity. The appellant did not dispute that she did not respond to MassHealth's notice in June 2024 and that she did not appeal the August 2024 notice that terminated her MassHealth Standard coverage. She is appealing the October 2024 approval notice because she has a gap in her coverage from 8/18/2024-10/18/2024, and she would like that gap to be closed because she has medical bills that she incurred in October 2024. The MassHealth representative testified that per regulations, the effective start date for coverage is limited to 10 days prior to the date eligibility is established, and in this case that is October 19, 2024, which is 10 days prior to the date that the appellant telephonically verified her income with MassHealth. The appellant was urged to complete the job update form as soon as possible, because although her income was verified, the system still requires her to return the job update form to close the June 2024 renewal. Otherwise, the appellant's coverage could still be terminated in the future for failure to return the job renewal form.

## 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 and she resides in a household of four with an FPL of 114.09%. Testimony and Exhibit 1.
2. In June 2024, the appellant failed to respond to a request for information and return

a job update form to MassHealth, and as a result, her MassHealth Standard benefits were terminated on August 18, 2024. Testimony.

3. On October 29, 2024, the appellant verified her household's income with MassHealth customer service, and her household was approved for MassHealth Standard benefits beginning on October 19, 2024. Testimony and Exhibit 1.
4. The appellant filed a timely appeal of the October 29, 2024 notice.
5. The appellant did not have any MassHealth coverage between 8/18/24 and 10/18/24 and incurred out-of-pocket medical expenses during this gap.

## **Analysis and Conclusions of Law**

Here, the appellant's eligibility for MassHealth Standard is not in dispute. MassHealth approved the appellant for MassHealth Standard coverage starting on October 19, 2024. However, the appellant is seeking a retroactive coverage start date, and the issue on appeal is whether the appellant is entitled to an earlier start date of coverage.

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010.

....(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.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a

personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth may be terminated.

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As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

502.007: Continuing Eligibility

(A) Annual Renewals. The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed 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. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or
- (4) based on information in the member's case file.

(B) Eligibility Determinations. The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage type, premium payment, or premium assistance payment; or
- (3) the member is no longer eligible for MassHealth.

See 130 CMR 502.007.

In this case, both the appellant and MassHealth agree that the appellant verified her income on October 29, 2024. MassHealth approved the appellant for MassHealth Standard starting on October 19, 2024. The question then becomes whether MassHealth correctly determined the start date for the appellant's coverage.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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 (d), except individuals described at 130 CMR 502.006(C).

(a) The start date for individuals who are pregnant or younger than 19 years of age who submit all required verifications within the 90-day time frame is described in 130 CMR 502.006(A)(2)(a)1. and 2.

1. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the requested verifications and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).

2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, 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).

**(b) For individuals not described in 130 CMR 502.006(A)(2)(a) 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 502.006(C).**

(Emphasis added)

Here, since the appellant is over the age of [REDACTED] her coverage date begins ten days prior to the date of her application. *See generally*, 130 CMR 502.006(A)(2). The appellant would like a coverage start date of at least October 1, 2024, because she has incurred out-of-pocket medical expenses during the time period when her MassHealth benefits were terminated. Unfortunately, the appellant did not offer any arguments in support of the assertion as to why she is eligible for retroactive coverage. She did not deny receiving the MassHealth notices in June 2024 or August 2024. She was able to timely appeal the October 2024 approval notice but did not respond to any other notices, and as of the date of hearing, had still not returned her job update form to MassHealth. There was no evidence presented at hearing that shows that the appellant is entitled to an earlier coverage start date.

For these reasons, the appeal as to the coverage start-date 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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

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