

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied; Dismissed	Appeal Number:	2417932
Decision Date:	2/10/2025	Hearing Date:	01/02/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sarah Sardella – Quincy MEC



*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; Dismissed	Issue:	Community Eligibility – under 65; Coverage start date; Timeliness
Decision Date:	2/10/2025	Hearing Date:	01/02/2025
MassHealth's Rep.:	Sarah Sardella	Appellant's Rep.:	Pro se
Hearing Location:	Virtual	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 July 9, 2024, MassHealth terminated the appellant's coverage because the appellant did not provide requested proof in the time allowed. (Exhibit 5.) Through a notice dated October 28, 2024, MassHealth approved the appellant for MassHealth Standard coverage with a coverage start date of October 15, 2024. (Exhibit 1; 130 CMR 505.002.) The appellant filed this appeal on November 22, 2024. (Exhibit 2; 130 CMR 610.015(B).) Limitations on assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's Standard coverage in July 2024; MassHealth approved the appellant for MassHealth Standard with a start date of October 15, 2024.

Issue

The appeal issues are whether MassHealth was correct, pursuant to 130 CMR 502.006, in approving the appellant's coverage 10 days prior to the receipt of the requested verification, and whether the appellant could appeal the July 9, 2024 termination notice pursuant to 130 CMR 610.032.

Summary of Evidence

MassHealth's representative testified that the appellant contacted MassHealth in April 2024 to update her address. In response, MassHealth mailed out a request for verification, which was due July 2. MassHealth did not receive the verification and mailed a termination notice on July 9, 2024. The appellant's MassHealth Standard with Medicare Savings Program – Qualified Medicare Beneficiaries ("MSP-QMB") was terminated as of July 23, 2024. MassHealth's representative confirmed that all correspondence was mailed to the appellant's new address, and that the appellant is confirmed as disabled and has otherwise always been eligible for MassHealth Standard with MSP-QMB. MassHealth received the proof of residency on October 25, 2024, and reinstated benefits as of October 15, 2024.

The appellant testified that she had mailed in her lease and rent as soon as she moved in April 2024. She testified that she did not receive MassHealth's request for information or the termination notice in July. The appellant testified that she found out her MassHealth benefits had been terminated when Social Security started charging her for her Medicare premiums in September. The appellant testified that she did not have any unpaid medical expenses other than the Medicare premiums for August and September.

Findings of Fact

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

- 1) The appellant is a disabled adult, under the age of 65. Her income is below 133% of the federal poverty level. (Testimony by MassHealth's representative.)
- 2) The appellant called MassHealth in April 2024 to update her address. In response, MassHealth mailed out a request for verification of her new address. The verification was due back July 2, 2024. (Testimony by MassHealth's representative.)
- 3) MassHealth did not receive the residency verification. MassHealth terminated the appellant's Standard with MSP-QMB through a notice dated July 9, 2024. (Exhibit 5; testimony by MassHealth's representative.)
- 4) All notices were mailed to the appellant's new address. (Testimony by MassHealth's representative.)
- 5) MassHealth received the appellant's proof of residency on October 25, 2024, and reinstated the appellant's MassHealth Standard with MSP-QMB effective October 15, 2024. (Testimony by MassHealth's representative; Exhibit 1.)
- 6) The appellant filed this appeal on November 22, 2024. (Exhibit 2.)

Analysis and Conclusions of Law

The appellant's current coverage is not in dispute. The appellant is a disabled adult below the age of 65, and her household income qualifies her for MassHealth Standard with the MSP-QMB benefit. (See 130 CMR 505.002(E); 505.002(O); 519.010.)

Generally, an applicant or member has 90 days to provide requested verifications from the date of a request for information. (130 CMR 502.003(D)(1).) If the member fails to provide the verification within 90 days, their benefits will be terminated. If they provide the requested verifications within one year, benefits will be reinstated 10 days before the receipt of the verifications. (130 CMR 502.003(C)(2)(a); see also 130 CMR 502.006(B)(1) (coverage date for existing members whose coverage type changes to a more comprehensive benefits have a start date ten days prior to the receipt of the requested verification).)

This appeal must be DENIED to the extent that the appellant requests that her reinstated benefits be approved earlier than 10 days before the date MassHealth received the requested proof of residency. The appellant testified that she submitted the requested verification in a timely manner, but there is no evidence that MassHealth received it prior to October 25, 2024.

Furthermore, to the extent that the appellant seeks to review MassHealth's decision in July 2024, her appeal is untimely. MassHealth's termination notice was sent out on or around July 9, 2024. The appellant filed this appeal on November 22, 2024. This is a span of 136 days.

(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;**

(130 CMR 610.015(B).)

There is an extended 120-day timeframe for appeals where MassHealth "fails to act on an application; ... fails to act on [a request for services]; ... fails to send written notice of the action; or" the date on which it is alleged that a MassHealth employee has coerced or otherwise improperly deterred the member from filing an appeal. (130 CMR 610.015(B)(2).) Appeals must be dismissed where "the request is not received within the time frame specified in 130 CMR 610.015." (130 CMR 610.035(A)(1).) The appellant's appeal is untimely even under this extended timeline for appeal. Therefore, this appeal must be DISMISSED with regards to MassHealth's termination of benefits in July 2024.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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