

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2418427
<b>Decision Date:</b>	2/24/2025	<b>Hearing Date:</b>	01/08/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**

Pro se

**Appearances for MassHealth:**

Lisa Duffney, MEC; Karishma Raja, Premium  
Billing Unit



*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>	Community Eligibility – Under 65
<b>Decision Date:</b>	2/24/2025	<b>Hearing Date:</b>	01/08/2025
<b>MassHealth's Reps.:</b>	Lisa Duffney, MEC; Karishma Raja, Premium Billing Unit	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 11/14/2024, MassHealth informed the appellant that her minor child was approved for MassHealth Family Assistance benefits with a \$28.00 per month premium, with a benefit effective date of 11/02/2024 (Exhibit 1). The appellant filed this appeal timely on 12/03/2024 (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations); are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant's minor child was eligible for MassHealth Family Assistance benefits with a benefit effective date of 11/02/2024.

### Issue

Did MassHealth correctly determine the appellant's minor child's benefit effective date for her MassHealth Family Assistance benefits?

## Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant's child was receiving MassHealth benefits. On 02/06/2024, MassHealth sent to the appellant a request for information (RFI) regarding the family's income. The income verification was due by 05/26/2024. It was not received by the due date and the child's benefits terminated on 05/27/2024. On 08/15/2024, the appellant called MassHealth and was informed that the child's case was closed because MassHealth had not received the requested income verification by the due date. On 11/12/2024, the income verification was received by MassHealth, and the child was approved for MassHealth Family Assistance benefits, with a benefit effective date of 11/02/2024.

The appellant appeared at the fair hearing and testified telephonically that she is seeking MassHealth benefits for her child effective on 05/29/2024 to cover a large medical bill. The appellant testified that she was never informed that the coverage had terminated and that she never received a request for information from MassHealth.

## Findings of Fact

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

1. The appellant is between the ages of [REDACTED] and she lives in the community (Testimony).
2. The appellant's minor daughter was eligible for and was receiving MassHealth benefits (Testimony).
3. On 02/06/2024, MassHealth sent a request for information to the appellant, requesting information regarding the family's income. The response to the request was due by 05/26/2024 (Testimony).
4. On 05/27/2024, MassHealth terminated the appellant's child's benefits because MassHealth did not receive the income verification from the appellant by the due date (Testimony).
5. The appellant did not appeal the 05/27/2024 termination notice (Testimony).
6. On 11/12/2024, MassHealth received the income verification from the appellant.
7. On 11/12/2024, MassHealth informed the appellant that her minor child was approved for MassHealth Family Assistance benefits with a \$28.00 per month premium, and a benefit

effective date of 11/02/2024 (Exhibit 1).

8. The appellant confirmed her address as being correct (Testimony).
9. The appellant's child had a lapse of MassHealth coverage between 05/27/2024 and 11/02/2024 during which she incurred unreimbursed medical expenses totaling \$4,738.00 (Testimony).
10. The appellant's request for a fair hearing was filed on 12/03/2024 (Exhibit 2).

## Analysis and Conclusions of Law

The appellant's child had been receiving MassHealth benefits. On 02/06/2024, MassHealth sent a request for information to the appellant, requesting information regarding the family's income. The response to the request was due by 05/26/2024. And on 05/27/2024, MassHealth terminated the appellant's child's benefits because MassHealth did not receive the income verification from the appellant by the due date. The appellant did not appeal the 05/27/2024 termination notice.

On 11/12/2024, MassHealth received the income verification from the appellant. And on 11/14/2024, MassHealth informed the appellant that her minor child was approved for MassHealth Family Assistance benefits with a \$28.00 per month premium, with a benefit effective date of 11/02/2024. The appellant's child had a lapse of MassHealth coverage between 05/27/2024 and 11/02/2024 during which she incurred unreimbursed medical expenses totaling \$4,738.00.

The appellant did not challenge the child's current eligibility for benefits but is seeking the benefit effective date to be made retroactive to cover her medical expenses incurred on 05/29/2024.

Fair hearing regulations at 130 CMR 610.015 address time limits as follows:

(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;

(2) unless waived by the BOH Director or his or her designee, 120 days from  
(a) the date of application when the MassHealth agency fails to act on an application;  
(b) the date of request for service when the MassHealth agency fails to act on such request;

- (c) the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action; or
- (d) the date of the alleged coercive or otherwise improper conduct, but up to one year from the date of the conduct if the appellant files an affidavit with the BOH Director stating the following, and can establish the same at a hearing (failure to substantiate the allegation either before or at the hearing will be grounds for dismissal):
  - 1. he or she did not know of the right to appeal, and reasonably believed that the problem was being resolved administratively or he or she was justifiably unaware of the conduct in question; and
  - 2. the appeal was made in good faith.
- (3) 30 days after a resident receives written notice of an intent to discharge or transfer pursuant to 130 CMR 610.029(A);
- (4) 30 days after a nursing facility initiates a transfer or discharge or fails to readmit and fails to give the resident notice;
- (5) 14 days after a resident receives written notice of an emergency intent to discharge or emergency transfer pursuant to 130 CMR 610.029(B);
- (6) 14 days after a resident receives written notice of a transfer or discharge that is the result of a nursing facility's failure to readmit the resident following hospitalization or other medical leave of absence;
- (7) for appeals of a decision reached by a managed care contractor:
  - (a) 120 days after the member's receipt of the managed care contractor's final internal appeal decision where the managed care contractor has reached a decision wholly or partially adverse to the member, provided however, that if the managed care contractor did not resolve the member's appeal within the time frames described by 130 CMR 508.010(A), 120 days after the date on which the time frame for resolving that appeal has expired;
  - (b) for timing of request for continuation of benefits pending appeal, see 130 CMR 610.036.
- (8) for appeals of PASRR determinations, 30 days after an individual receives written notice of his or her PASRR determination. 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.

Regulations at 502.003(D) address time standards as follows:

The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

- (a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.
- (b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).
- (c) ***If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.***
- (d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

***(Emphasis added.)***

MassHealth correctly determined the effective date of the appellant's child's MassHealth Family Assistance benefits. There was no dispute as to the date MassHealth ultimately received the income information from the appellant – 11/12/2024. In accordance with the above regulations, MassHealth made the child's benefits effective on 11/02/2024, 10 days prior to the date all the requested verifications were received.

Additionally, the appellant disputed receiving the request for income verification on the 05/29/2024 termination notice; however, her request for a fair hearing was received by the Board of Hearings on 12/03/2024. Therefore, it is not within 60 days of the 05/29/2024 notice. Moreover, even if the appellant alleges MassHealth never sent her notification of the denial on 05/29/2024, her request for a hearing was received well after the 120 days necessary for her appeal to be considered. Therefore, her 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88  
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