

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500359
Decision Date:	4/17/2025	Hearing Date:	02/04/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Georges Jorcelin, Charlestown 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	Issue:	Coverage date
Decision Date:	4/17/2025	Hearing Date:	02/04/2025
MassHealth's Rep.:	Georges Jorcelin	Appellant's Rep.:	██████████
Hearing Location:	Remote (phone)	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 November 27, 2024, MassHealth approved appellant for MassHealth Standard with a starting date of November 10, 2024. (Ex. 1). Appellant filed this appeal in a timely manner on January 7, 2025 disputing the effective coverage date. (Ex. 2). Coverage date is valid ground for appeal. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for Standard starting on November 10, 2024.

Issue

Was MassHealth correct in determining appellant's start date of coverage as November 10, 2024?

Summary of Evidence

The appeal representative and the MassHealth worker (worker) both appeared by phone and were sworn. Appellant is a male in his late ████████ (Ex. 4). The worker testified appellant was sent a request for proof of residency on March 28, 2024 that was due by June 26, 2024. (Ex. 5). The worker stated no proof of residency was submitted by the deadline. Appellant was issued a

termination notice on July 2, 2024. (Ex. 6). The worker stated that MassHealth received proof of residency from appellant on November 20, 2024 and appellant was approved for MassHealth Standard. The worker testified he was not sure why the starting date for Standard coverage was set as November 10, 2024 by MassHealth. (Testimony).

The appeal representative had no questions for the worker. She stated appellant believed he had Medicare while he was in the facility. She stated she sent an SC-1 to MassHealth on November 8, 2024 so appellant could be "coded to the facility." (Testimony). She testified that when she called MassHealth, she was told appellant did not have MassHealth coverage. She stated appellant was unaware of the MassHealth notices seeking proof of residency and other notices because for the last year appellant has been in and out of hospitals and other nursing facilities.¹ (Testimony). She stated she then faxed a change of address form to MassHealth on November 20, 2024. The appeal representative stated appellant was seeking coverage from November 1, 2024.

Findings of Fact

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

1. Appellant is a male in his late [REDACTED] who was sent a request to provide a proof of residency on March 28, 2024 that was due by June 26, 2024. (Ex. 5).
2. No proof of residency was received by MassHealth by the deadline. (Testimony).
3. Appellant was issued a termination notice on July 2, 2024. (Ex. 6).
4. MassHealth received proof of residency on November 20, 2024 and on November 27, 2024, appellant was approved for MassHealth Standard, starting on November 10, 2024. (Testimony; Ex. 1).
5. Appellant did not offer any evidence he appealed the Termination notice of July 2, 2024.

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

¹ Pursuant to 130 CMR 310.081, I reopened the hearing record and requested more information from appellant including his current location, where he resides, what type of benefit he is seeking and if an application for long term care was pending. (Ex. 7). The appeal representative provided answers to my questions via email. (Ex. 8).

130 CMR 501.010: Responsibilities of Applicants and Members

- (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.

130 CMR 502.002: Reactivating the Application

If all required information is received by the MassHealth agency after the period described in 130 CMR 502.001(D), or after a denial of eligibility, the MassHealth agency reactivates the application and considers it submitted as of the date the information is received, and the medical coverage date is established in accordance with 130 CMR 502.006. A new application must be completed if all required information is not received within one year of receipt of the previous application.

130 CMR 502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000:

...

(D) Time Standards. 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.** (emphasis added).

(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.

I find there was no error by MassHealth in determining appellant's eligibility began on November 10, 2024. Appellant did not appeal the July 2, 2024 termination notice but complied by sending in verifications on November 20, 2024, which is within one year from the date of the application or renewal form being received. Therefore, pursuant to the regulations, appellant's reapplication date is November 20, 2024 and this date of reapplication replaces the date of the denied application. The begin date of appellant's MassHealth Standard is retroactive to a date ten days before the receipt of the verifications, or November 10, 2024. Appellant has not met his burden and the 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129