

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed; Denied	<b>Appeal Number:</b>	2502916
<b>Decision Date:</b>	5/7/2025	<b>Hearing Date:</b>	03/21/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Chantal Centeio, Quincy MEC

**Interpreter:**



*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>	Dismissed; Denied	<b>Issue:</b>	Community Eligibility—under 65
<b>Decision Date:</b>	5/7/2025	<b>Hearing Date:</b>	03/21/2025
<b>MassHealth's Rep.:</b>	Chantal Centeio	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (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 January 7, 2025, MassHealth approved the Appellant for MassHealth Standard, effective December 2, 2024. Exhibit 1. The Appellant filed this appeal on February 18, 2025, stating that she wanted her MassHealth coverage backdated to cover bills incurred on October 29, 2024, and November 11, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth Standard, effective December 2, 2024.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.006, in determining the Appellant's coverage start date.

### Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that on July 25, 2024, MassHealth notified the Appellant that she had access to employer-sponsored insurance and that she had until September 23, 2024, to enroll in the employer-sponsored insurance. The MassHealth representative testified that on September 28, 2024, MassHealth sent the Appellant notice that her benefit was terminated, and that the Appellant's MassHealth benefits ended on October 12, 2024. The MassHealth representative explained that the notices were sent to a different address for the Appellant, which is what MassHealth had on file. The MassHealth representative testified that the Appellant's MassHealth coverage could not be back-dated further because she is not pregnant or under the age of [REDACTED]. The MassHealth representative testified that on December 4, 2024, the Appellant called MassHealth to update her address, and that on December 12, 2024, the administrative closure was removed from the Appellant's account, because MassHealth confirmed that the Appellant enrolled in employer-sponsored insurance. The MassHealth representative testified that she had spoken with the Appellant, via an interpreter, on the previous day to explain about the Appellant's address and that the Appellant needs to update MassHealth within 10 days of a change. The MassHealth representative also explained that the MassHealth case notes indicate that the Appellant called MassHealth in October about the administrative closure of her account, not updating the Appellant's address.

The Appellant testified through an interpreter and verified her identity. The Appellant also corrected the address that the Board of Hearings had for her. The Appellant testified that the day before the hearing, someone called her during her dental appointment and pressured her to withdraw her appeal. The Appellant said the person was very rude and would not provide their name. The Appellant expressed that she did not like this and wanted to participate in the appeal hearing. The Appellant clarified that she also spoke with the MassHealth representative testifying at the hearing, and that she was very nice. The Appellant explained that this was a different individual. The Appellant testified that she did not receive MassHealth's letters about enrolling in employer-sponsored insurance. The Appellant testified that she had some problems receiving mail at her former address. The Appellant testified that she called MassHealth in October, 2024 to update her address. The Appellant testified that she called MassHealth multiple times in 2024, and that she enrolled in her employer-sponsored insurance. The Appellant explained that she has a number of health problems and so needs to keep her health insurance in good standing.

## **Findings of Fact**

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

1. The Appellant is an adult between the ages of [REDACTED] Exhibit 4.
2. On January 7, 2025, MassHealth approved the Appellant for MassHealth Standard, effective December 2, 2024. Exhibit 1.

3. On September 28, 2024, MassHealth terminated the Appellant's MassHealth benefits, effective October 12, 2024. Testimony.
4. On February 18, 2025, the Appellant filed an appeal with the Board of Hearings.

## **Analysis and Conclusions of Law**

MassHealth regulations provide the following:

### 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.

(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 benefits may be terminated.

130 CMR 501.010.

### 130 CMR 502.006: Coverage Dates

(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 [REDACTED] 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).

(c) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins as described in 130 CMR 502.006(A)(c)1. and 2.

1. For individuals who are pregnant or younger than [REDACTED] years of age

a. 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 information received from electronic data sources 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).

b. 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

information received from electronic data sources and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

2. For all other individuals, coverage will begin ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage is described in 130 CMR 502.006(A)(2)(d)1. and 2.

1. For individuals who are pregnant or younger than ■ years of age

a. 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 verifications and may be retroactive to the first day of the third calendar month before the received date of the verifications, except as specified in 130 CMR 502.006(C).

b. 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 verifications and coverage begins ten days prior to the received date of the verifications, except as specified in 130 CMR 502.006.

2. For all other individuals, coverage will begin ten days prior to the date of receipt of all requested verifications or a reported change, except as specified in 130 CMR 502.003(D)(2)(d) and 502.006(C).

(B) Coverage Dates for Existing Members Who Have a Change in Benefits. The date of coverage for existing members whose MassHealth coverage type changes due to a change in circumstances are described in 130 CMR 502.006(B)(1) through (4).

(1) For existing members who are pregnant or younger than ■ years of age, when an eligibility determination results in a more comprehensive benefit, except as described in 502.006(C)

(a) 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 the new coverage may be retroactive to the first day of the third calendar month prior to

1. the receipt of the requested verifications;
2. the receipt date of the annual renewal;
3. the date of the eligibility determination for reported changes that do not result in request for verification; or
4. the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(b) 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 the new coverage is ten days prior to

1. the receipt of the requested verifications;
2. the receipt date of the annual renewal;
3. the date of the eligibility determination for reported changes that do not result in request for verification; or
4. the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(2) for existing members not described in 130 CMR 502.006 (B)(1), when an eligibility determination results in a more comprehensive benefit, except as described at 130 CMR 502.006(C), the start date of the new coverage is ten days prior to

- (a) the receipt of the requested verifications;
- (b) the receipt date of the annual renewal;
- (c) the date of the eligibility determination for reported changes that do not result in request for verification; or
- (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(3) for existing members whose eligibility determination results in a less comprehensive benefit, the end date of the existing coverage is no sooner than 14 days from the date of the notice unless the MassHealth member files an appeal in a timely manner and requests continued MassHealth benefits pending such an appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal* and the start date of the new coverage is ten days prior to

- (a) the receipt of the requested verifications;
- (b) the receipt date of the annual renewal;
- (c) the date of the eligibility determination for reported changes; or
- (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;

(4) for existing members, effective dates for changes in premium payments are described at 130 CMR 506.011(C).

(C) Limitations. MassHealth coverage start dates are subject to the following limitations.

(1) The start date for Medicare premium payments for individuals determined eligible for MassHealth Standard, MassHealth CommonHealth, and MassHealth Medicare Savings Programs is described at 130 CMR 505.002(O), 505.004(L), and 505.007.

(2) The start date for Premium Assistance Payments for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d).

(D) End Date of Coverage. Except as specified in 130 CMR 502.003(H)(2), MassHealth

benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal*. MassHealth will extend coverage to the end of the month only for those individuals whose MassHealth eligibility is terminated and who become eligible for the Premium Tax Credit (PTC). If the effective date of the termination is on or before the 15th of the month, MassHealth coverage will end on the last day of that month. If the effective date of the termination is after the 15th of the month, MassHealth coverage will end on the last day of the following month.

130 CMR 502.006.

130 CMR 610.015: Time Limits

....

(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)(1).

Under 130 CMR 610.015(B)(1), appeals must be filed with the Board of Hearings within 60 days of written notice of the MassHealth action. 130 CMR 610.015(B)(1). Here, the Appellant's February 18, 2025 appeal was not filed within 60 days of the September 28, 2024 termination notice. Therefore, the appeal of the September 28, 2024 termination notice is dismissed. 130 CMR 610.035(A)(1).

Regarding the January 7, 2025 notice, and the start date of the Appellant's MassHealth coverage, the Appellant is over the age of [REDACTED] and no evidence was presented to suggest that the Appellant is pregnant. Accordingly, MassHealth did not err in finding that the Appellant's coverage would "begin ten days prior to the date of receipt of all requested verifications or a reported change," or on December 2, 2024. 130 CMR 502.006(A)(2)(d)2.

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.

---

Emily Sabo  
Hearing Officer  
Board of Hearings

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