

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied in part; Dismissed in part	Appeal Number:	2505423
Decision Date:	6/13/2025	Hearing Date:	05/05/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Interpreter:




Appearance for MassHealth:

Chanthy Kong



*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 in part; Dismissed in part	Issue:	Community Eligibility - under 65; Coverage start date
Decision Date:	6/13/2025	Hearing Date:	05/05/2025
MassHealth's Rep.:	Chanthy Kong	Appellant's Reps.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 March 31, 2025, MassHealth approved the appellant for MassHealth Standard, effective December 30, 2024. (Exhibit 1; 130 CMR 505.002.) The appellant filed this timely appeal on April 3, 2025. (Exhibit 2; 130 CMR 610.015(B).) Limitations of assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Standard back to December 30, 2024, but not back to September 27, 2024, when her Standard benefits had stopped.

Issue

The appeal issues are whether MassHealth was correct, pursuant to 130 CMR 502.006, in approving the appellant's coverage back to December 30, 2024, and whether the appellant could appeal the termination of benefits that occurred on September 27, 2024, pursuant to 130 CMR 610.032.

Summary of Evidence

MassHealth's representative appeared virtually and testified that the appellant has a household of 5, including herself and 4 minor children. The appellant has no income. MassHealth's representative testified that MassHealth terminated the appellant's Standard benefits on September 27, 2024, because she did not return the job update form. On March 31, 2025, the appellant went into the Tewksbury Enrollment Center with proof of her social security number, a non-custodial parent form, and proof of her current address. MassHealth mailed out a notice on the same day approving the appellant's MassHealth Standard benefits, effective December 30, 2024.

The appellant does not speak or read English, and she testified through the assistance of a telephonic interpreter. The appellant testified that her housing situation is not stable, and she and her husband are now estranged. The appellant did not receive any notice regarding the termination of coverage in September 2024, but that may have been because it was mailed to an old address. The appellant testified that she did not know her MassHealth coverage had ended until she went to a doctor's appointment in October 2024. The appellant testified that her doctor's office told her that her MassHealth benefits had ended, and the appellant asked for their assistance re-applying for coverage. The appellant's doctor's office told her they would file the application for her, and she believed that her coverage was all set because they continued to provide care for her. The appellant then received bills for medical care received in October and November 2024.¹ The appellant could not recall any other attempts to communicate with MassHealth prior to coming into the Enrollment Center on March 31, 2025.

MassHealth was repeatedly asked to explain why they approved benefits as of December 30, 2024. MassHealth's representative was unable to do so.

Findings of Fact

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

- 1) MassHealth terminated the appellant's MassHealth Standard coverage on September 27, 2024. (Testimony by MassHealth's representative; see also Exhibit 4.)
- 2) The appellant went to the doctor in October and November 2024, and she has unpaid medical bills from those visits. (Testimony by the appellant; Exhibit 2.)

¹ One of these bills is labeled as coming from a pediatrician's office, but the appellant was certain that this bill related to care she received, not care for her children.

- 3) The appellant came into a MassHealth enrollment center on March 31, 2025. She provided proof of her social security number, a non-custodial parent form, and proof of her current address. (Testimony by MassHealth's representative.)
- 4) The appellant has a household of 5, including herself and 4 children. She has no income. (Testimony by MassHealth's representative.)
- 5) The appellant had no direct communication with MassHealth between September 27, 2024, and March 31, 2025. The appellant's housing is not stable, and she never received the notice terminating her benefits as of September 27, 2024. (Testimony by the appellant and MassHealth's representative.)
- 6) Through a notice dated March 31, 2025, MassHealth approved the appellant for Standard coverage, starting December 30, 2025. (Exhibit 1; testimony by MassHealth's representative.)

Analysis and Conclusions of Law

The appellant's current coverage is not in dispute. The appellant is a single mother of four minor children with zero income. The appellant is eligible for MassHealth Standard. (130 CMR 505.002(C).) For existing members whose coverage type changes to a more comprehensive benefit, the coverage starts 10 days prior to the receipt of the requested verification. (130 CMR 502.006(B).) For new applicants, coverage can go back to 10 days before the date an application, if any required verifications are submitted within 90 days of the application. (See 130 CMR 502.006(A).) The appellant testified that she had made no contact with MassHealth between the termination of her coverage on September 27, 2024, and coming into the MEC on March 31, 2025. Therefore, to the extent that the appellant seeks to have coverage go back further than 10 days prior to March 31, 2025, this appeal must be DENIED.

Nonetheless, MassHealth approved coverage back to December 30, 2024. MassHealth's representative was unable to provide any insight into this backdating. As this inexplicable decision appears to be in the appellant's benefit, this decision is DISMISSED with regards to MassHealth's decision to allow coverage back to December 30, 2025.²

² It is possible that a new application was filed on the appellant's behalf on or around January 10, 2025. The documents provided on March 31, 2025, satisfied the need for verifications within 90 days. This would allow benefits to start back as of December 30, 2024. Under this hypothetical scenario, the earliest an application could have been filed would have been December 31, 2024, 90 days prior to March 31, 2025. This would allow the appellant's coverage could go back to December 21, 2025. As this does not resolve the appellant's uncovered bills, it is not worth exploring this theory further.

To the extent that the appellant seeks to review MassHealth's decision to terminate her coverage effective September 27, 2024, her appeal is untimely. Presumably, MassHealth sent a termination notice on or around September 13, 2024. The appellant filed this appeal on April 3, 2025. This is a span of over 200 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).) Even if no notice were mailed of the termination, the MassHealth action occurred 188 days prior to the fair hearing request. Therefore, this appeal must be DISMISSED with regards to MassHealth's termination of benefits on September 27, 2025.

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

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957