Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Approved	**Appeal Number:**	2506614
Decision Date:	6/4/2025	**Hearing Date:**	05/30/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
[redacted]

Appearance for MassHealth:
Sherianne Paiva, Taunton 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:	Approved	**Issue:**	Eligibility; Comm. Under 65; Coverage Start Date
Decision Date:	6/4/2025	**Hearing Date:**	05/30/2025
MassHealth's Rep.:	Sherianne Paiva	**Appellant's Rep.:**	[redacted]
Hearing Location:	Board of Hearings, Telephonic	**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 4/22/25, MassHealth notified the Appellant that he was approved for MassHealth Standard with a coverage start date of 4/8/25. *See* Exhibit 1. Appellant filed this appeal in a timely manner on 4/25/25 to challenge the effective coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. An agency action to limit or reduce the scope of assistance is a valid ground for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for Standard with an effective start date of 4/8/25, which left him with a 10-day gap in coverage.

Issue

The appeal issue is whether MassHealth correctly reactivated Appellant's Standard benefit with an effective start date of 4/8/25, and whether Appellant is entitled to an earlier coverage start date.

Summary of Evidence

A MassHealth eligibility representative appeared at the hearing by telephone and testified as follows: Appellant is an adult MassHealth member under the age of 65 who resides in a household size of one (1). He has a verified disability and receives monthly Social Security income of $1,326, which places him at 96.67% of the federal poverty level (FPL). On 12/22/24, while Appellant was enrolled in Standard plus MSP (Buy-in), MassHealth sent a notice to Appellant informing him that he needed to provide proof of residency by the deadline of 3/2/25, and that if he did not provide such proof within the allotted timeframe, his benefits may be terminated. On 3/13/25, after having not received the requested verifications, a system batch redetermination prompted MassHealth to notify Appellant that his coverage would end on 3/27/25. According to system notes, Appellant contacted MassHealth on 4/10/25 at which time he was told that he needed to submit verification of residency before his benefit could be restored. On 4/18/25, MassHealth received the outstanding proof of residency. This prompted MassHealth to issue an updated notice, dated 4/22/25, informing Appellant that he was approved for Standard with MSP with an effective start date of 4/8/25. See Exh. 1.

The MassHealth representative testified that per regulations, MassHealth can only implement coverage 10 days retroactive to the date all eligibility factors are established. Because MassHealth did not receive verification of residency until 4/18/25, the earliest start date permitted under the regulations is 4/8/25. The MassHealth representative clarified that had Appellant submitted all requested verifications in a timely manner, he would have been otherwise eligible for benefits, as his income, per the information in his account, has been under the allowable limit of 133% of the FPL for all relevant time periods.

Appellant was represented at the hearing by a senior manager from Appellant's home health agency provider. Appellant's representative testified that Appellant has been receiving home health skilled nursing visits for the purpose of administering his medications on a daily basis, which, as a result, allows him to remain in the community. Due to his significant mental health diagnoses, Appellant is unable to perform basic upkeep tasks such as checking and responding to mail. He never opened the letters from MassHealth informing him that he needed to submit verifications to MassHealth. It was only after his coverage lapsed that his caregivers tried to assist Appellant in figuring out why his benefit ended. To successfully obtain the information needed to get Appellant's coverage reinstated, Appellant's representative was appointed as his ARD, thereby allowing her to speak to MassHealth on his behalf. Because this process took some time, it was not until 4/18/25 that they were able provide MassHealth with the outstanding proof of residency. Because this gave Appellant a coverage start date of 4/8/25, he was left with an approximate 10-day gap in coverage between 3/28/25 and 4/7/25 during which he incurred unpaid medical expenses.

The representative testified that that based on Appellant's condition, the home health agency cannot simply stop showing up to provide services. The skilled nursing services and other community medical expenses he incurred during the gap in coverage have not been paid. Appellant's representative testified that for all relevant times, Appellant has resided in Massachusetts and lived in the same apartment where nursing staff perform their in-home visits. The representative confirmed that Appellant's income is accurately reflected in his case, and this amount has remained consistent for all relevant time frames. The representative asserted that given Appellant's need for continuous care, as well as the fact that he continued to meet all eligibility requirements for benefits, they were seeking an earlier start date to close any gap in coverage.

Findings of Fact

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

1. Appellant is an adult MassHealth member under the age of 65 and is in a household size of 1.

2. Appellant has a verified disability and receives a monthly Social Security income of $1,326, which places him at 96.67% of the FPL.

3. On 12/22/24, MassHealth notified Appellant that he needed to provide proof of residency by 3/2/25.

4. At the time of the 12/22/24 notice, Appellant was receiving active Standard and MSP benefits.

5. On 3/13/25, after having not received the requested information, MassHealth issued a notice to Appellant informing him that his coverage would end on 3/27/25.

6. On 4/18/25, after having received all outstanding verifications, MassHealth notified Appellant that he had been approved for Standard with MSP effective 4/8/25.

7. Appellant has a 10-day lapse in coverage from 3/28/25 through 4/7/25 during which he continued to receive continuous health care services that were not covered.

8. At all relevant times, Appellant has been a Massachusetts resident, with a verified disability, and with income that places him at 96.67% of the FPL.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 502.006 describe the protocols for determining an applicant or member's coverage start date. Subsection (d) of this regulation, states, in relevant part, the following:

> (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…
>
> 2. […] will begin ten days prior to the date of receipt of all requested verifications or reported change…

See 130 CMR 502.006(A)(2)(d).

Pursuant to this authority, MassHealth appropriately reapproved Appellant for Standard with an effective start date of 4/8/25, which is 10 days prior to 4/18/25 – the date MassHealth received Appellant's outstanding proof of residency. In addition, when a party timely appeals a MassHealth action, the hearing officer, in accordance with MassHealth Fair Hearing Rules at 130 CMR 610.00 *et. seq.* may consider evidence of eligibility as follows:

> The hearing officer will not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. ***The effective date of any adjustments to the appellant's eligibility status will be the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.***

See 130 CMR 610.071(A)(2) (emphasis added).

The evidence shows that, despite having failed to submit verifications by the required deadline, Appellant continued to meet all categorical and financial eligibility requirements to remain eligible for Standard and MSP following the date his benefits terminated on 3/27/25. *See* 130 CMR 505.002(E); 130 CMR 519.011. Appellant's representative testified, under oath, that Appellant, for all relevant times – including the 3/28/25 through 4/7/25 lapse in coverage - has been a disabled Massachusetts resident with a total monthly income of $1,326 from Social Security. As this places Appellant at 96.67% of the FPL, he has remained under the 133% limit to qualify for Standard benefits. Based on the evidence, Appellant's coverage start date may be adjusted to 3/28/25, as all eligibility conditions were met on this date. *See* 130 CMR 610.071(A)(2).

Based on the foregoing, the appeal is APPROVED.

Order for MassHealth

With respect to the 4/22/25 approval notice under appeal, adjust the retroactive coverage start date to 3/28/25, thereby closing any lapse in coverage from the benefit end date of 3/27/25.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Casey Groff
Hearing Officer
Board of Hearings

[redacted]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780