

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied; Dismissed	<b>Appeal Number:</b>	2507850
<b>Decision Date:</b>	08/07/2025	<b>Hearing Date:</b>	06/30/2025
<b>Hearing Officer:</b>	Christopher Jones		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kaila Keddle – Tewksbury Under-65



*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; Dismissed	<b>Issue:</b>	Community Eligibility – under 65; Coverage start date
<b>Decision Date:</b>	08/07/2025	<b>Hearing Date:</b>	06/30/2025
<b>MassHealth's Rep.:</b>	Kaila Keddie	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephonic	<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 May 12, 2025, MassHealth approved the appellant for MassHealth Standard with the Medicare Savings Program – Qualified Medicare Beneficiaries. (Exhibit 1; 130 CMR 505.002.) The appellant filed this timely appeal on May 20, 2025. (Exhibit 2; 130 CMR 610.015(B).) Any restriction of assistance is valid grounds for appeal. (130 CMR 610.032.)

### Action Taken by MassHealth

MassHealth approved the appellant's coverage 10 days prior to the date of her application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.000, in determining the start date for benefits.

## Summary of Evidence

MassHealth's representative testified that the appellant is disabled and under the age of 65. The appellant has a household of one and verified income equivalent to 102% of the federal poverty level. The appellant completed a telephonic application on May 12, 2025, and MassHealth approved the appellant for MassHealth Standard plus the Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB). The appellant has no dispute regarding her current eligibility, rather she seeks to have MassHealth reinstate her MSP coverage back to July 2024.

Historically, MassHealth's representative saw that the appellant had applied for benefits on or around April 1, 2024. MassHealth provisionally approved the appellant for Standard with MSP – QMB benefits, but MassHealth requested that the appellant provide proof of residency. MassHealth never received proof of residency, so the benefits were terminated on July 23, 2024.

The appellant testified that she does not have stable housing, and she never received any of the notices in 2024. The appellant testified that she had gone into a local Department of Transitional Assistance office in August 2024, and she was told that they would submit her paperwork to MassHealth. The appellant is looking to be reimbursed for the money Social Security took out of her income to cover her Medicare premiums.

The appellant participated in the appeal from a hospital in [REDACTED] where she was visiting a family member in intensive care. The appellant has been splitting time between Massachusetts and [REDACTED] during the past year. The appellant also testified that she called MassHealth several times over the past year because she believed MassHealth was taking her money. MassHealth's representative testified that the first contact recorded in MassHealth's computer system since the termination was on May 12, 2025. The appellant testified that she had been in the hospital in [REDACTED] and that she definitely called from the hospital. However, the appellant was uncertain whether that occurred in Massachusetts or in [REDACTED] and she may have called the [REDACTED] agency.

The appellant did not believe that she filed a fair hearing request until she called in the request for this hearing.

## Findings of Fact

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

- 1) The appellant is a disabled individual under the age of 65. The appellant's countable income was equivalent to 102% of the federal poverty level. (Testimony by MassHealth's representative.)
- 2) The appellant completed an application for MassHealth benefits on May 12, 2025, and MassHealth approved her for Standard plus MSP - QMB benefits, effective May 2, 2025. (Testimony by MassHealth's representative; Exhibit 1; Exhibit 4.)

- 3) The appellant had been terminated from MassHealth coverage, effective July 23, 2024, for not providing proof of residency. (Testimony by MassHealth's representative.)
- 4) The first fair hearing request filed by the appellant was received by the Board of Hearings on May 20, 2025. (Testimony by the appellant.)

## Analysis and Conclusions of Law

The appellant's current coverage is not in dispute. The appellant is a disabled adult below the age of 65, and her household income qualifies her for MassHealth Standard with the MSP – QMB benefit. (See 130 CMR 505.002(E); 505.002(O); 519.010.)

For new applicants under the age of 65, the coverage start date for benefits is generally "ten days before the date the application is received," if all eligibility factors are verified. (130 CMR 502.003(E)(1)(a); see also 130 CMR 502.006(A)(2)(a).) If eligibility factors need to be verified, applicants are given 90 days to provide the requested information. (130 CMR 502.003(D)(1).) Benefits are terminated if the requested information is not provided. If an applicant provides the verifications within a year from their termination, benefits will be reinstated 10 days before the receipt of the verifications. (130 CMR 502.003(C)(2)(a); see also 130 CMR 502.006(B)(1) (coverage date for existing members whose coverage type changes to a more comprehensive benefits have a start date ten days prior to the receipt of the requested verification).)

Coverage can be approved further back for people over the age of 65, pregnant persons, and children. Even for these applicants, eligibility may only go back "to the first day of the third month before their application date." (See 130 CMR 516.006(A)(2); EOM 23-18 (July 2023).) However, MSP – QMB coverage starts in the month following the application.<sup>1</sup> (130 CMR 519.010(C).)

MassHealth made no error in approving the appellant's benefits 10 days prior to the date of her application. Therefore, this appeal must be DENIED with regards to extending coverage back from the new application for benefits.

To the extent that the appellant seeks to review MassHealth's termination of benefits effective July 23, 2024, her appeal is untimely. MassHealth's representative did not provide the date of a termination notice, but the appellant filed this appeal on May 20, 2025. This is a span of 301 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:

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<sup>1</sup> Applicants not receiving other MassHealth benefits may be eligible for MSP – Specified Low Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) up to three months before the month of application. (130 CMR 519.011(A)(3), (B)(3).)

(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 MassHealth failed to send notice of its termination of the appellant’s benefits, this appeal is untimely as it has been more than 120 days since July 23, 2024. Therefore, this appeal must be DISMISSED with regards to MassHealth’s termination of benefits in July 2024.

## 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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Christopher Jones  
Hearing Officer  
Board of Hearings

cc:

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

[REDACTED]