

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part, Denied in part	<b>Appeal Number:</b>	2508754
<b>Decision Date:</b>	08/08/2025	<b>Hearing Date:</b>	06/25/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Carmen Rivera, Quincy 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

<b>Appeal Decision:</b>	Dismissed in part, Denied in part	<b>Issue:</b>	Eligibility--Under 65; Coverage start date
<b>Decision Date:</b>	08/08/2025	<b>Hearing Date:</b>	06/25/2025
<b>MassHealth's Rep.:</b>	Carmen Rivera	<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 June 2, 2025, MassHealth approved the Appellant for MassHealth CarePlus with a coverage start date of May 23, 2025. *See* Exhibit 1. The Appellant filed this appeal on June 6, 2025, to challenge the effective coverage start date. *See* 130 CMR 610.015(B) and Exhibit 2. Limiting or reducing the scope of assistance is a valid ground for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth CarePlus with an effective start date of May 23, 2025.

### Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant's eligibility for MassHealth CarePlus began May 23, 2025.

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is under the age of 65, lives in the community in a household of one, and was originally approved for MassHealth CarePlus on March 25, 2024. The MassHealth representative testified that on July 31, 2024, MassHealth sent a job update form to the Appellant to the address on file requesting that the Appellant complete it by August 30, 2024. The MassHealth representative testified that the Appellant failed to complete the job update form in time, and on September 13, 2024, MassHealth notified the Appellant that it was terminating her CarePlus coverage, effective September 27, 2024, for failure to return the job update form. The MassHealth representative testified that on June 2, 2025, the Appellant called MassHealth and updated her address and reported that she had no income. MassHealth issued a notice that same day approving the Appellant for MassHealth CarePlus benefits, effective May 23, 2025. On June 9, 2025, MassHealth performed a data match on the Appellant and confirmed that the Appellant had no income and a household size of one. The Appellant filed an appeal on June 6, 2025 with the Board of Hearings.

The Appellant testified that she failed to complete the job update form in time because she moved addresses and did not receive the notices. The Appellant testified that she was hit by a bus in [REDACTED] and sustained long-term injuries, resulting in her staying in the hospital for over a month, which was covered by her employer-sponsored insurance. Due to her extended stay in the hospital, the Appellant testified that she lost her job and private insurance and had to move to a new address. The Appellant testified that she asked her prior landlady to hold onto her mail for her. The Appellant testified that she never received the job-update-form request from MassHealth and did not know her coverage would end. The Appellant is seeking to not have a gap in coverage and to have MassHealth coverage for an emergency room visit and ambulance ride. The Appellant stated that she thought these events occurred in 2024, though she could not recall the exact date. The Appellant testified that it is challenging because she has been moving between AirBnBs and other short-term accommodations so that she did not have a consistent address until she got her P.O. box set up.

The MassHealth representative responded that according to MassHealth guidelines, it is the member's responsibility to report any changes in address, income, or insurance to MassHealth within ten days of the change or as soon as possible. The MassHealth representative testified that it was therefore the Appellant's responsibility to notify MassHealth of the change in her address.

## Findings of Fact

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

1. The Appellant is an adult under the age of 65 and she resides in a household of one with an income of 0% of the federal poverty level. Testimony and Exhibit 1.

2. In August 2024, the Appellant failed to respond to a request for information and return a job update form to MassHealth, and as a result, her MassHealthCarePlus benefits were terminated on September 27, 2024. Testimony.
3. On June 2, 2025, the Appellant verified her income with MassHealth customer service, and she was approved for MassHealth CarePlus benefits beginning on May 23, 2025. Testimony and Exhibit 1.
4. On June 6, 2025, the Appellant filed an appeal seeking an earlier coverage start-date. Exhibit 2.

## Analysis and Conclusions of Law

MassHealth regulations provide:

### 610.015: Time Limits

(A) Timely Notice. Before an intended appealable action, the MassHealth agency must send a written timely notice to the member except as provided in 130 CMR 610.027. A timely notice is a notice mailed at least ten days before the action. Such notice must include a statement of the right of appeal and the time limit for appealing.

(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;
- (2) unless waived by the BOH Director or his or her designee, 120 days from
  - (a) the date of application when the MassHealth agency fails to act on an application;
  - (b) the date of request for service when the MassHealth agency fails to act on such request;
  - (c) the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action; or
  - (d) the date of the alleged coercive or otherwise improper conduct, but up to one year from the date of the conduct if the appellant files an affidavit with the BOH Director stating the following, and can establish the same at a hearing (Failure to substantiate the allegation either before or at the hearing will be grounds for dismissal.):
    1. he or she did not know of the right to appeal, and reasonably believed that the problem was being resolved administratively or he or she was justifiably unaware of the conduct in question; and

2. the appeal was made in good faith.
- (3) 30 days after a resident receives written notice of an intent to discharge or transfer pursuant to 130 CMR 610.029(A);
- (4) 30 days after a nursing facility initiates a transfer or discharge or fails to readmit and fails to give the resident notice;
- (5) 14 days after a resident receives written notice of an emergency discharge or emergency transfer pursuant to 130 CMR 610.029(B);
- (6) 14 days after a resident receives written notice of a transfer or discharge that is the result of a nursing facility's failure to readmit the resident following hospitalization or other medical leave of absence;
- (7) for appeals of a decision reached by a managed care contractor:
  - (a) 120 days after the member's receipt of the managed care contractor's final internal appeal decision where the managed care contractor has reached a decision wholly or partially adverse to the member, provided however that if the managed care contractor did not resolve the member's appeal within the time frames described by 130 CMR 508.010(A), 120 days after the date on which the time frame for resolving that appeal has expired;
  - (b) for timing of request for continuation of benefits pending appeal, see 130 CMR 610.036.
- (8) for appeals of PASRR determinations, 30 days after an individual receives written notice of his or her PASRR determination. 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(A), (B).

Regarding the Appellant's termination from MassHealth Care Plus in September 2024, the Appellant's June 6, 2025 appeal is not timely, as it occurred well more than 60 days after the September 15, 2024 notice. 130 CMR 610.015(B)(1). Accordingly, to the extent that the Appellant is contesting her termination September 2024 termination, that appeal is dismissed. 130 CMR 610.035(A)(1).

Here, the Appellant's current eligibility for MassHealth CarePlus is not in dispute. MassHealth approved the Appellant for MassHealth CarePlus coverage starting on May 23, 2025. However, the Appellant is seeking a retroactive coverage start date, and the issue on appeal is whether the Appellant is entitled to an earlier start date of coverage.

In order to determine eligibility, applicants have certain responsibilities as set forth in 130 CMR 501.010:

- (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 may be terminated.

As part of the enrollment and renewal process, MassHealth sets forth the following requirements for individuals who have already been enrolled in MassHealth:

502.007: Continuing Eligibility

(A) **Annual Renewals.** The MassHealth agency reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility

- (1) by information matching with other agencies, health insurance carriers, and information sources;
- (2) through a written update of the member's circumstances on a prescribed form;
- (3) through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account; or
- (4) based on information in the member's case file.

(B) **Eligibility Determinations.** The MassHealth agency determines, as a result of this review, if

- (1) the member continues to be eligible for the current coverage type;
- (2) the member's current circumstances require a change in coverage

type, premium payment, or premium assistance payment; or  
(3) the member is no longer eligible for MassHealth.

See 130 CMR 502.007.

In this case, both the Appellant and MassHealth agree that the Appellant verified her income on June 2, 2025. MassHealth approved the Appellant for MassHealth CarePlus starting on May 23, 2025. The question then becomes whether MassHealth correctly determined the start date for the Appellant's coverage.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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 19 years 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 502.006(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).

Here, since the Appellant is over the age of nineteen, and is not pregnant, her coverage date begins ten days prior to the date of her application. See 130 CMR 502.006(A)(2). The Appellant would like

an earlier coverage start date because she has incurred out-of-pocket medical expenses during the time period when her MassHealth benefits were terminated. Unfortunately, the Appellant did not offer any arguments in support of the assertion as to why she is eligible for retroactive coverage. The Appellant testified that she did not receive the MassHealth notices, but this was due to her failure to report a change in address to MassHealth. The Appellant also did not provide specific dates for her accident and for the hospital visit she is requesting coverage for. According to MassHealth's regulations, it is the member's responsibility to report any changes in address to MassHealth within ten days of the change or as soon as possible. 130 CMR 501.010(B). The Appellant was able to timely appeal the June 2, 2025 approval notice, but there was no evidence presented at hearing that shows that the Appellant is entitled to an earlier coverage start date than May 23, 2025. For these reasons, 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

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