

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509179
Decision Date:	7/31/2025	Hearing Date:	07/24/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva, Taunton MassHealth
Enrollment Center



*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	Issue:	Community Eligibility -- Under Age 65; Start Date
Decision Date:	7/31/2025	Hearing Date:	07/24/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Taunton)	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 May 22, 2025, MassHealth approved the appellant for MassHealth CarePlus benefits with a start date of May 12, 2025. *See* 130 CMR 502.003(D)(c) and Exhibit 1. The appellant filed this appeal in a timely manner on April 10, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging a benefit start date is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CarePlus benefits with a start date of May 12, 2025.

Issue

The appeal issue is whether MassHealth imposed the correct start date when reinstating the appellant's MassHealth CarePlus benefits.

Summary of Evidence

The appellant is an adult under the age of [REDACTED] MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared at hearing by telephone. The following is a summary of the evidence and testimony provided.

The appellant has been a MassHealth member since at least 2009 and most recently received MassHealth CarePlus benefits. On or around February 28, 2025, MassHealth conducted an automatic data match in an unsuccessful attempt to confirm the appellant's income information. MassHealth therefore sent the appellant a job update form, including any change in earned income, with a request to complete and return it by March 30, 2025. On April 5, 2025, the MassHealth system ran another automatic update, determined that the appellant did not submit the job update form, and sent a notice terminating the appellant's benefits with an effective date of April 19, 2025. This notice was sent to the appellant's address on file and was not appealed. On May 22, 2025, the appellant completed the job update form over the phone, and MassHealth reinstated her benefits with an effective date of May 12, 2025.

The appellant reported that she did not receive the job update form, nor the termination notice, due to an ongoing issue with her mailman. She testified that she was unaware that she did not have coverage. She stated that on April 25, 2025, she confirmed that her MassHealth coverage was active through her online portal directly before attending an endocrinology appointment. Because it was later determined that her MassHealth coverage was not active, she was billed \$1221.00 for the appointment. The appellant reported that she is not pregnant, nor does she have breast or cervical cancer.

The MassHealth representative reported that, according to the main portal, the appellant was inactive as of April 5, 2025, and that it is not possible that the portal would have shown otherwise on April 25. She stated that MassHealth policy does not treat the job update form as a renewal application, but instead as a periodic data match, which is why the appellant is not entitled to the 90 day of retroactive benefits after incurring medical bills.

Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] and is a MassHealth member. Testimony, Exhibit 1, Exhibit 4.
2. On February 28, 2025, MassHealth sent the appellant a job update form to her address on file after being unable to automatically verify her income information. Testimony.

3. After failing to receive the appellant's returned and completed job update form, MassHealth generated and sent a notice on April 5, 2025, terminating the appellant's MassHealth CarePlus benefits with an effective date of April 19, 2025. Testimony, Exhibit 4. The appellant did not appeal that notice. Testimony.
4. On May 22, 2025, the appellant completed her job update form over the phone. Testimony. MassHealth then notified the appellant that her MassHealth CarePlus benefits would be reinstated with an effective date of May 12, 2025. Exhibit 1.
5. The appellant filed a timely request for fair hearing of the May 22 notice on June 17, 2025. Exhibit 2.
6. The appellant does not have breast or cervical cancer and is not currently pregnant. Testimony.
7. The appellant acquired a medical bill totaling \$1,221.00 for care she received on or about April 25, 2025. Testimony.
8. MassHealth policy does not treat a job update form as a renewal application, but instead as a periodic data match. Testimony; *see also* 130 CMR 502.007(C).

Analysis and Conclusions of Law

MassHealth members have an ongoing responsibility to report changes to the agency including, "but not limited to, income, the availability of health insurance, and third-party liability." 130 CMR 501.010(B). MassHealth "may initiate information matches with other agencies...periodically, in order to update or verify eligibility." 130 CMR 502.004. Members "must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.020(A). In such circumstances, MassHealth uses the following procedure:

- (a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.
 1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.
 2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.
 3. If the member does not respond within 30 days, eligibility will be determined

using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing them of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.007(C)(3).

At issue here is whether the appellant is eligible for retroactive reinstatement of her benefits to the termination date of April 19, 2025, given that she incurred medical bills during the coverage gap. MassHealth regulations distinguish between coverage start dates for applicants and those with continuing eligibility. *See* 130 CMR 502.006 and 502.007(C)(2)(b)(3). Generally, an individual whose start date is calculated pursuant to 130 CMR 502.006 is allowed ten days retroactive coverage from the date a requested verification is received and/or MassHealth makes an eligibility determination. *See id.* at 502.006(A)(2)(b), (c)(2), (d)(1)(b), and (d)(2); 502.006(B)(2) and (3). The only exception to this subsection of the regulations is if the member is pregnant or younger than ■ and has incurred covered medical expenses in the previous three months. *See id.* at 502.006(A)(2)(a), (c)(1), and (d)(1); 505.006(B)(1)(a). However, if a member's benefits are terminated after failure to submit a renewal application, they may be eligible for a lengthier period of retroactive coverage if they incur a covered medical expense during a period of termination. *See* 130 CMR 502.007(2)(B)(3).

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations." 130 CMR 610.082(A). In rendering a decision, a hearing officer "must give due consideration to *Policy Memoranda* and any other MassHealth agency representations and materials containing legal rules, standards, policies, procedures, or interpretations as a source of guidance in applying a law or regulation." *Id.* at 610.082(C)(3). For the reasons stated herein, I find that the appellant has failed to meet this burden.

In this case, MassHealth reported that a job update form is treated as a periodic change of eligibility, not a renewal application. For that reason, MassHealth policy is that it can only give ten days of retroactive coverage when a job renewal form is provided post-termination of benefits. *See also*, 130 CMR 505.008(E)(1) (the MassHealth CarePlus coverage start date begins on the tenth

day before the date the application is received if all required verifications have been received within 90 days of the date the Request for Information is received). This interpretation is consistent with the plain language of 130 CMR 502.007(C)(3), which details the process for verifying periodic data matches, and references a start date calculation based on the regulations for a new application, not a renewal. Furthermore, the renewal application regulations do not specifically state anything to contradict this.

Because the appellant did not submit a fair hearing request for the termination of her benefits within 60 days of the April 5, 2025, notice, and because I find that MassHealth fulfilled its duty to notify the appellant both of the request to submit updated information and of the termination of her benefits for failure to comply with the request for a job update, this appeal offers no mechanism to challenge the termination of the appellant's MassHealth CarePlus on April 19, 2025. See, 130 CMR 610.015(A) (MassHealth must send timely notice of an intended action); and 610.015(B) (Members have 60 days to appeal after receiving written notice or 120 days from the date of the MassHealth action when the agency fails to send written notice of the action). Additionally, because the appellant is not pregnant and is over the age of [REDACTED] MassHealth's interpretation of its regulations allows only for a ten-day period of retroactivity from the date the appellant returned her job update form on May 22, 2025. I therefore find no error with MassHealth's notice reinstating the appellant's MassHealth CarePlus benefits with an effective date of May 12, 2025.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center