

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2200850
Decision Date:	3/25/2022	Hearing Date:	March 11, 2022
Hearing Officer:	Brook Padgett		

Appellant Representative:




MassHealth Representative:

Darcy Chapdelaine, Springfield MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth of Medical Assistance
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 502.006
Decision Date:	3/25/2022	Hearing Date:	March 11, 2022
MassHealth Rep.:	D. Chapdelaine	Appellant Rep.:	
Hearing Location:	Springfield		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated December 02, 2021, stating: We have determined you do not qualify for MassHealth as you withdrew your application. (130 CMR 502.009). (Exhibit 1).

The appellant filed this appeal timely on February 02, 2022. (130 CMR 610.015(B); Exhibit 2).¹

Eligibility start date is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Family Assistance coverage beginning October 26, 2021.

Issue

Did MassHealth correctly determine the appellant's eligibility start date?

¹ This appeal is only considered timely as the time period to appeal has been extended outside the 30-day limit due to COVID 19.

Summary of Evidence

MassHealth testified that the appellant's representative withdrew the appellant's application on December 26, 2021; however, the issue at hand concerns the appellant's MassHealth coverage start date of October 23, 2021. MassHealth stated the appellant's mother applied for MassHealth on June 25, 2021, as a household of four (wife, husband, child, and unborn child) with income of \$4,750.00 per month² (210% of the federal poverty level). MassHealth determine the husband and wife were eligible for Connector coverage (they enrolled August 01, 2021) and the child was placed on Family Assistance. On November 05, 2021, MassHealth was notified by the hospital the appellant was born on October 23, 2021. Based on the hospital information MassHealth determined the appellant was eligible for MassHealth Family Assistance beginning October 26, 2021, 10 days prior to the hospital notification of birth (application) per the regulations.

The appellant representative stated he was told by the hospital at the time of the appellant's birth that the hospital would submit the necessary paperwork to cover the appellant's hospital bills. The appellant's father testified that had he known that the information needed to be in submitted within 10 days he would have done so, but he relied on the hospital. The appellant's representative stated the appellant's current eligibility is not at issue and requested MassHealth back date the appellant's coverage to October 23, 2021, to cover the appellant's first 12 hours of life.

MassHealth responded that MassHealth counts the unborn child to determine financial eligibility, however the child is not added to the case until MassHealth is notified of the birth and the regulations only allow for 10 days of retroactivity from the date of notification.

Findings of Fact

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

1. On June 25, 2021, the appellant applied MassHealth as a household of four with income of \$4,750.00 (210% federal poverty level). (Testimony).
2. The appellant was born on October 23, 2021. (Testimony).
3. MassHealth was notified of the appellant's birth on November 05, 2021. (Testimony).
4. The appellant was added to the family unit on December 26, 2021. (Testimony).
5. The appellant requested her MassHealth application be withdrawn on December 26, 2021. (Testimony).

² The household had earned income of \$5,000.00 per month minus a \$250.0 tax deduction.

Analysis and Conclusions of Law

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). Generally, eligibility is based on 133% of the federal-poverty level for adults and 200% of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers and persons who are HIV positive. Children under the age of 19 may establish eligibility for Standard coverage if the gross income of the group is less than or equal to 150% of the federal poverty level. (130 CMR 505.002(C)(2)). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth. (130 CMR 506.007(B)).

The appellant's mother applied for MassHealth on June 25, 2021, as a household of four with income of \$4,750.00 per month. The appellant's mother and father were determined ineligible for MassHealth and approved for Connector coverage and their child was placed on Family Assistance. On November 05, 2021, the hospital contacted MassHealth indicating the appellant was born on October 23, 2021.

The appellant's father credibly testified that he was informed by the hospital that they would submit the paperwork to MassHealth informing them of the appellant's birth. Unfortunately, the hospital did not provide information of the appellant's birth to MassHealth until November 05, 2021. Based on this information the appellant was approved for MassHealth coverage beginning October 26, 2021, which is 10 days prior to the application/notification as required by the regulations. (See 130 CMR 502.006).³

Although the appellant has medical bills which were incurred prior to her approval date, the appellant and/or the hospital did not inform MassHealth of the birth or the appellant's child until November 05, 2021; as a result, the appellant is ineligible for MassHealth assistance prior to October 26, 2021 and this appeal is DENIED.

³ 130 CMR 502.006: Coverage Dates (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). (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 (c), except individuals described at 130 CMR 502.006(C). (a) **For individuals 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 506.006(C). (Emphasis added).**

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC