

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2203116
<b>Decision Date:</b>	6/2/2022	<b>Hearing Date:</b>	6/1/2022
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Stephanie Steven, Charlestown



*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>	Approved	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	6/2/2022	<b>Hearing Date:</b>	6/1/2022
<b>MassHealth's Rep.:</b>	Stephanie Steven	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown (remote)	<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

By notice dated April 13, 2022, MassHealth notified Appellant that her child was approved for MassHealth Family Assistance effective April 3, 2022. Exhibit 1. Appellant filed this appeal in a timely manner on April 25, 2022. Exhibit 2. 130 CMR 610.015(B). Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth notified Appellant that her child was approved for MassHealth Family Assistance effective April 3, 2022.

## Issue

The appeal issue is whether Appellant's child is entitled to an earlier coverage start date.

## Summary of Evidence

A MassHealth eligibility representative appeared remotely and testified as follows. Appellant and her spouse receive health insurance through the Health Connector. MassHealth's current information shows that Appellant's monthly income is \$2,749.75 and her spouse's monthly income is \$1,435.08. For a household of three, the household monthly income is 213.05% of the federal poverty level (FPL). Exhibit 1.

On April 13, 2022, MassHealth was notified that Appellant gave birth to her child. MassHealth notified Appellant that her child qualified for MassHealth Family Assistance effective April 3, 2022. *Id.* The MassHealth representative testified that MassHealth can only provide retroactive coverage for ten days following the birth of a child if the child's parents are not currently on MassHealth. MassHealth could not provide retroactive coverage to the date of the child's birth, [REDACTED].

When asked if MassHealth could allow for retroactive coverage up to 90 days pursuant to protections in place due to the COVID-19 pandemic, the MassHealth representative testified that MassHealth could not use this protection, because MassHealth would have to approve coverage to the first of the month. MassHealth cannot approve coverage for the child prior to the birthdate.

Appellant appeared at hearing remotely and submitted a letter in support of her appeal. Exhibit 2. A summary follows. Appellant has had a Health Connector plan for the past few years. Appellant called the Health Connector and asked about adding her child to the plan. Appellant was told that she could not add her child before the birth, but had thirty days following the birth to report the change. Appellant relied upon this information she received from the Health Connector representative. On [REDACTED], Appellant delivered her child via emergency C-section. On April 13, 2022, Appellant called the Health Connector to add her child to the plan. At this time, Appellant was informed that her child would qualify for MassHealth and could not be added to Appellant's Health Connector plan. Appellant's child has a lapse in coverage between March 15, 2022 and April 2, 2022, a time during which Appellant was seen multiple times by the pediatrician. Appellant seeks retroactive coverage to the date of her child's birth.

## Findings of Fact

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

1. Appellant's family is a household of 3 with monthly income at 213.05% of the FPL. Exhibit 1.
2. On [REDACTED], Appellant gave birth to her child. At the time, Appellant did not receive MassHealth benefits but was covered by a plan through the Health Connector.
3. On April 13, 2022, Appellant called the Health Connector to add her child. Appellant was informed that her child would qualify for MassHealth and could not be added to Appellant's Health Connector plan.
4. On April 13, 2022, MassHealth notified Appellant that her child qualified for MassHealth Family Assistance effective April 3, 2022. *Id.*
5. Appellant filed a timely appeal on April 25, 2022. Exhibit 2.

## Analysis and Conclusions of Law

To apply for MassHealth, an individual or his or her authorized representative must complete an application either in writing, over the phone, online, or in person at a MassHealth Enrollment Center. The “date of the application” for an online, telephonic, or in-person application is the date the application is submitted to the MassHealth agency. However, the “date of the application” for a paper application either mailed or faxed to MassHealth is the date that the application is received by MassHealth. 130 CMR 502.001(A).

A child under the age of 19 years old is eligible for Family Assistance coverage if the modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the FPL. 130 CMR 505.005(B)(1). Pursuant to 130 CMR 505.005(I)(1), the medical coverage date for MassHealth Family Assistance “begins on the 10<sup>th</sup> day **before the date of the application**” (emphasis added).

Here, MassHealth approved coverage for Appellant’s child effective April 3, 2022, ten days prior to April 13, 2022. MassHealth therefore treated the date Appellant called the Health Connector to report the birth of her child, April 13, 2022, as the application date.

MassHealth has issued COVID-19 relief rules for the duration of the public health national emergency and through the month in which it ends.<sup>1</sup> The MassHealth Eligibility Flexibilities for COVID-19 updated in August 2020<sup>2</sup> states the following:

***Retroactive Eligibility for Individuals Under the Age of 65:** Upon request, any individuals under the age of 65 who applied on or after March 1, 2020, will have their coverage be retroactive as early as the first day of the third calendar month before the month of application, but no earlier than March 1, 2020.*

As MassHealth treated April 13, 2022 as Appellant’s child’s application date, MassHealth’s eligibility flexibilities allow Appellant to request retroactive coverage “**as early as** the first day of the third calendar month before the month of application” (emphasis added). Here, Appellant requests coverage beginning [REDACTED], within the three month period allowed by the eligibility flexibilities. The language of the policy does not require MassHealth to start coverage on the first of the month, as MassHealth testified. Accordingly, this appeal is approved.

## Order for MassHealth

Adjust the coverage start date for Family Assistance to March 15, 2022.

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<sup>1</sup> The Public Health Emergency has been renewed and is effective through July 15, 2022.

<sup>2</sup> <https://www.mass.gov/doc/masshealth-eligibility-flexibilities-for-covid-19-0/download> (last reviewed June 1, 2022).

## 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Jennifer Vitt, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Policy Implementation Unit 7<sup>th</sup> fl. Rm 7004

General Counsel's Office –Sharon Boyle