

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2300717

Decision Date: 4/6/2023

Hearing Date: 03/14/2023

Hearing Officer: Alexis Demirjian

Appearance for Appellant:




Appearance for MassHealth:

Patricia Rogers, Taunton 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

Appeal Decision:	Denied	Issue:	Coverage Date
Decision Date:	4/6/2023	Hearing Date:	03/14/2023
MassHealth's Rep.:	Rogers	Appellant's Rep.:	
Hearing Location:	Remote	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 December 27, 2022, MassHealth approved the Appellant's application for MassHealth benefits with a start date of August 1, 2022 because MassHealth received the Appellant's application on November 9, 2022 (see 130 CMR 516.006(2) and Exhibit 3). The Appellant's guardian filed this appeal in a timely manner on January 27, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Scope of assistance valid grounds for appeal before the Board of Hearings (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the Appellant's coverage with a start date of August 1, 2022.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.006 (2), in determining that the Appellant's start date for coverage was August 1, 2022.

Summary of Evidence

MassHealth testified that on August 12, 2022, MassHealth received a Status Change for Member in a Nursing Facility or Chronic Disease and Rehabilitation Inpatient Hospital (SC-1). On August 16, 2022, MassHealth send a request for information. The request indicated that information needed

included: the end date of the short-term stay period, a completed Long-Term-Care Supplement (LTC-SUPP) and a completed Application for Health Coverage for Seniors and People Needing Long-Term Care Services (SACA-2). The notice further stated, “If you do not send back the completed forms WITHIN 30 DAYS OF THE DATE OF THIS NOTICE, MassHealth will be unable to determine eligibility for payment of long-term-care services.”

On November 9, 2022, MassHealth received the Application for Health Coverage for Seniors and People Needing Long-Term Care Services.

Accordingly, on December 27, 2022, MassHealth approved the Appellant’s application for Standard benefits to cover her care in a nursing facility. The eligibility date was determined to be [REDACTED] which is approximately three months from the date MassHealth received the Appellant’s application. MassHealth testified that the Appellant’s start date was consistent with 130 CMR 516.006 (2) which states that the begin date of MassHealth Standard may be retroactive to the first day of the third calendar month before the month of application, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided.

The Appellant’s guardian filed this appeal seeking an adjustment of the Appellant’s start date for coverage. Specifically, the Appellant’s guardian was requesting a start date of [REDACTED], and not [REDACTED]

The Appellant’s guardian testified that he first became aware that an application needed to be filled out in September. The Appellant’s guardian testified that initially the nursing home sent the forms to the Appellant’s former guardian who has resigned from their duties. The Appellant’s guardian could not offer an explanation as to why he did not then fill out the paperwork prior to November.

Findings of Fact

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

1. On August 12, 2022, MassHealth received a Status Change for a Member in Nursing Facility or Chronic Disease and Rehabilitation Inpatient Hospital. (Testimony; Exhibit 4)
2. On August 16, 2022, MassHealth sent a request for information so that they could review relevant information and determine the Appellant’s eligibility for benefits. The notice included the statement, “If you do not send back the completed forms WITHIN 30 DAYS OF THE DATE OF THIS NOTICE, MassHealth will be unable to determine eligibility for payment of long-term-care services.” (Testimony; Exhibit 4)
3. On November 9, 2022, MassHealth received the Appellant’s Application for Health Coverage for Seniors and People Needing Long-Term Care Services. (Testimony; Exhibit 4)
4. On December 27, 2022, the Appellant was approved for MassHealth Standard with coverage

dating back to August 1, 2022. (Testimony; Exhibit 4)

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to 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 other health insurance. See 130 CMR 515.008

Once an application for MassHealth long-term-care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. See 130 CMR 516.001. 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

The facts in this matter are clear, MassHealth sent a request for information on August 16, 2022. The Appellant's guardian did not submit the required documentation to determine eligibility until November 9, 2022. The submission on November 9, 2022, was well outside 30 days of the date of the request. Thus, MassHealth was unable to determine the Appellant's eligibility.

130 CMR 516.002 sets forth the process for reactivating an application after denial and provides as follows:

The MassHealth agency will reactivate the application after a denial of eligibility for provide requested verifications.

- (A) If the requested information is received within 30 days of the date of denial, **the date of receipt of one or more of the verifications is consider the date of reapplication.**
- (B) **The date of reapplication replaces the date of the denied application. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.**

(Bold emphasis added)

Accordingly, the date of reapplication in this matter is the date that MassHealth received the Appellant's Application for Health Coverage for Seniors and People Needing Long-Term Care Services which was November 9, 2022.

130 CMR 516.006 (2) sets forth how a retroactive eligibility date is determined:

The begin date of MassHealth Standard, Family Assistance, or Limited coverage may be retroactive to the first day of the third calendar month before the month of application, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided. If more than one application has been submitted and not denied, the begin date will be based on the earliest application that is approved. Retroactive eligibility does not apply to services rendered under a home- and community-based services waiver provided under section 1915(c) of the Social Security Act.

According to the regulations and the date MassHealth received the outstanding documentation, the earliest retroactive date that could be determined for the Appellant was August 1, 2022.

A review of the facts and the guiding regulations affirms that MassHealth's determination of the August 1, 2022 as the eligibility start day was correct. For those reasons, this appeal is DENIED.

Order for MassHealth

None.

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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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

Appellant Representative: [REDACTED]