

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305641
Decision Date:	8/15/2023	Hearing Date:	08/10/2023
Hearing Officer:	Paul C. Moore		

Appearance for Appellant:



(by telephone)

Appearance for MassHealth:

Raisa Guzman, Charlestown MassHealth
Enrollment Center (by telephone)



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Coverage Start-Date
Decision Date:	8/15/2023	Hearing Date:	08/10/2023
MassHealth Rep.:	Raisa Guzman	Appellant Rep.:	Pro se
Hearing Location:	Board of Hearings (remote)		

Authority

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

Jurisdiction

Through a notice dated May 5, 2023, MassHealth notified the appellant that he is eligible for MassHealth CarePlus coverage effective April 25, 2023 (Exh. 1). The appellant filed a timely appeal of this notice with the Board of Hearings (BOH) challenging the coverage start-date on July 10, 2023 (130 CMR 610.015; Exh. 2). Disputing the start-date of MassHealth coverage is valid grounds for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is eligible for MassHealth CarePlus effective April 25, 2023.

Issue

Is the appellant entitled to an earlier coverage start-date?

Summary of Evidence

A MassHealth representative from the Charlestown MassHealth Enrollment Center testified by telephone that the appellant is under age 65, and lives in a household of one. The appellant filed

an application for MassHealth benefits on May 5, 2023, and was approved for MassHealth CarePlus effective ten days prior to the application date, or April 25, 2023. The MassHealth representative testified that the appellant is not disabled, and has no earned or unearned income at this time. She testified that the appellant appears to be challenging the MassHealth coverage start-date, because he has unpaid medical bills incurred prior to April 25, 2023. She explained that since the Covid-19 public health emergency ended, effective April 1, 2023, MassHealth is able to establish coverage 90 days prior to an application date only if the applicant or member is pregnant or is a child under the age of 18. She testified that the appellant does not fall into these categories (Testimony, Exh. 1).

The appellant testified by telephone that has not been employed since February, 2022 due to an ongoing illness. He became ill in October, 2021, with periods of excessive vomiting, nausea and severe abdominal pain. He was employed as a family counselor for at-risk youth through an organization on the North Shore. He has not been able to work since October, 2021 and used sick time to remain on the payroll of his company through February, 2022. He has had health insurance coverage through COBRA, and was paying premiums for a Blue Cross/Blue Shield individual health plan until approximately May, 2023. For calendar year 2023, he has to meet a deductible of \$2,000.00 under his Blue Cross/Blue Shield plan. He has incurred approximately \$1,960.00 in medical bills for dates prior to April 25, 2023. He submitted into evidence copies of some of his unpaid medical bills, which included services such as hospital visits, diagnostic testing, and intravenous therapy (Exh. 4). He is hoping that MassHealth can establish coverage earlier than April 25, 2023, as he cannot afford to pay these bills out of pocket (Testimony).

The appellant has received tentative diagnoses of gastroparesis, gastroesophageal reflux disorder (GERD), and Mallory-Weiss Syndrome, but his primary care doctor is still running tests. In July, 2023, he applied for disability benefits through the Social Security Administration (SSA), but has not yet received a decision (Testimony).

Findings of Fact

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

1. The appellant is under age 65, and lives in a household of one (Testimony).
2. The appellant filed an application for MassHealth benefits on May 5, 2023 (Testimony).
3. The appellant has no earned or unearned income (Testimony).
4. The appellant has not been deemed disabled (Testimony).
5. By notice dated May 5, 2023, the appellant was approved for MassHealth CarePlus coverage with an effective date of April 25, 2023 (Exh. 1).

6. The appellant timely filed a request for fair hearing with the BOH (Exh. 2).
7. The appellant had an individual Blue Cross/Blue Shield plan, for which he paid premiums out of pocket through May, 2023 (Testimony).
8. For calendar year 2023, the appellant has a \$2,000.00 deductible to meet under his Blue Cross/Blue Shield plan (Testimony).
9. The appellant incurred approximately \$1,960.00 in medical bills from January 1, 2023 through April 24, 2023 (Testimony).

Analysis and Conclusions of Law

MassHealth regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type.

Regulation 130 CMR 505.001(A) notes in relevant part:

(A) The MassHealth coverage types are the following:

(1) Standard – for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;

(5) Small Business Employee Premium Assistance – for adults or young adults who
(a) work for small employers;

(b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

(c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and

(d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;

(6) Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(7) Senior Buy-In and Buy-In – for certain Medicare beneficiaries.

Because the appellant is not considered disabled by MassHealth, he does not qualify for MassHealth Standard or MassHealth CommonHealth.

In order to qualify for MassHealth CarePlus, regulation 130 CMR 505.008(A) notes as follows:

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.

(2) Persons eligible for MassHealth CarePlus direct coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years of age.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133 percent of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

Pursuant to MassHealth Eligibility Operations Memo 23-11, "Ending Temporary Eligibility Policies Established during the Federal Public Health Emergency (COVID-19 Pandemic)," (April, 2023):

Members younger than 65, except pregnant persons and children, will no longer receive retroactive coverage as early as the first day of the third calendar month before the month of application. **Retroactive coverage will be provided up to 10 days before the date of application.**

(Emphasis added)

This policy was effective April 1, 2023 (*Id.*).

In addition, regulation 130 CMR 502.006(A), "Coverage Dates," states as follows:

(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 (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).

(b) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(c) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage is ten days prior to the date of receipt of all requested verifications or a reported change, except as specified in 130 CMR 502.003(D)(2)(d) and 502.006(C).

...

(Emphasis added)

Based on the above, the appellant is not entitled to a coverage start-date earlier than 10 days before the date of his application. In this case, that coverage date is April 25, 2023.

For all of these reasons, the appeal must be 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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Nga Tran, Appeals Coordinator, Charlestown MassHealth Enrollment Center