

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404346
Decision Date:	5/6/2024	Hearing Date:	04/25/2024
Hearing Officer:	Patrick Grogan		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Mayra Vazquez, Tewksbury 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:	Eligibility Under 65 Coverage; Start Date
Decision Date:	5/6/2024	Hearing Date:	04/25/2024
MassHealth's Rep.:	Mayra Vazquez	Appellant's Rep.:	Pro se
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 February 26, 2024, MassHealth approved the appellant's application for MassHealth benefits beginning February 6, 2024. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on March 20, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's imposition of a coverage date is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant's application for MassHealth benefits beginning on February 6, 2024. See 130 CMR 502.006(A)(2)(b) and Exhibit 1.

Issue

Whether MassHealth was correct in determining the appellant's coverage dates in pursuant to 130 CMR 502.006(A).

Summary of Evidence

The following is a summary of the testimonies and evidence provided at the hearing:

MassHealth was represented telephonically by a worker from the Tewksbury MassHealth Enrollment Center. The MassHealth representative testified that on February 16, 2024, MassHealth received a new application for MassHealth benefits from the appellant. The appellant is over the age of [REDACTED]. On February 26, 2024, MassHealth approved the appellant for MassHealth CarePlus with the effective date of February 6, 2024; ten days before the application date.

The appellant participated telephonically. The appellant verified his identity and confirmed the date of the application. The appellant stated that he was admitted to an in-patient psychiatric hospital four different times between [REDACTED]. Due to his ongoing issues with mental health, he was unable to submit an application at an earlier date. The appellant argued that due to his inability to apply for MassHealth benefits earlier, he should be allowed to have coverage dating back to January 1, 2024. The appellant did not offer any authority to support his argument.

Findings of Fact

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

1. The appellant is under the age of [REDACTED] and lives in a household of one. (Testimony).
2. On February 16, 2024, the appellant submitted a new application for MassHealth benefits. (Testimony).
3. On February 26, 2024, MassHealth approved the appellant for MassHealth CarePlus coverage. (Testimony and Exhibit 1).
4. The appellant's MassHealth CarePlus coverage began on February 6, 2024, ten days before the date of his application. (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 502.001, the date of an application for MassHealth benefits is determined in the following manner:

(A) Filing an Application. To apply for MassHealth, an individual or his or her authorized representative must file an application online at www.MAHealthConnector.org, complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC).

(1) Date of Application.

(a) The date of application for an online, telephonic, or in-person application is

the date the application is submitted to the MassHealth agency.

(b) The date of application for a paper application that is either mailed or faxed is the date the application is received by the MassHealth agency.

In this case, the appellant's date of application was February 16, 2024, when he submitted a new application for MassHealth benefits online. The question then becomes the determination of the start date for the appellant's coverage.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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 (d), except individuals described at 130 CMR 502.006(C).

(a) The start date for individuals who are pregnant or younger than 19 years of age who submit all required verifications within the 90-day time frame is described in 130 CMR 502.006(A)(2)(a)1. and 2.

1. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the requested verifications and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).

2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, 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 not described in 130 CMR 502.006(A)(2)(a) 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 502.006(C).

Here, since the appellant is a new applicant over the age of [REDACTED], his coverage date begins ten days prior to the date of his application. See generally 130 CMR 502.006(A)(2). The appellant argued that since he was unable to file an application for benefits due to his hospitalization, his start date for coverage should date back to the first day of his hospital admission. There is no support for the appellant's argument in the regulations and the appellant did not offer any

authority supporting his argument. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(proof by a preponderance of the evidence is the standard generally applicable to administrative proceedings). Therefore, MassHealth was correct in determining the start date of appellant's CarePlus¹ coverage.

For the foregoing reasons, this appeal is 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.

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.

Patrick Grogan
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

¹ [REDACTED] of age who are not eligible for MassHealth Standard will be eligible for MassHealth CarePlus. 130 CMR 505.001(A)(1)-(3).