

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2406629
<b>Decision Date:</b>	06/14/2024	<b>Hearing Date:</b>	06/07/2024
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Faisal Mugimi, Charlestown MEC  
Karishma Raja, Premium Billing



*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>	Premium Billing; Coverage start date
<b>Decision Date:</b>	06/14/2024	<b>Hearing Date:</b>	06/07/2024
<b>MassHealth's Rep.:</b>	Faisal Mugimi Karishma Raja	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Remote		

### 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 29, 2024, MassHealth approved the appellant's child's MassHealth Family Assistance benefits with a start date of February 3, 2024. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on April 24, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's determination 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 child's MassHealth Family Assistance benefits to start on February 3, 2024. See 130 CMR 502.006(A)(2)(a) and Exhibit 1.

### Issue

Whether MassHealth erred in determining the appellant's coverage start date in pursuant to 130 CMR 502.006(A)(2)(a).

### Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). The appellant appeared pro se on behalf of her child and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant's child was approved for MassHealth Family Assistance benefits on August 4, 2023, to start on July 25, 2023. The appellant was assessed a monthly premium of \$36.00 per month starting in the month of September 2023. She was billed for three months (September 2023 through November 2023). The appellant neither made payments nor canceled the coverage. Through a notice dated November 16, 2023, the appellant was notified that her child's coverage will end due to past due premiums effective on November 30, 2023. On January 29, 2024, the past due premium of \$108.00 was paid in full. MassHealth removed the non-payment code from the appellant's account on February 13, 2024. On February 29, 2024, MassHealth approved the appellant's child for MassHealth Family Assistance coverage with the start date of February 3, 2024, with a monthly premium of \$36.00.

The PBU representative corroborated the MassHealth representative's testimony and added that the new monthly premium for the child will be waived as long the appellant stays on a Massachusetts Health Connector Plan.

The appellant testified that her child broke his wrist in [REDACTED] or early [REDACTED] 2023 and wants MassHealth to cover the bills. MassHealth representative stated that he would have had coverage during that time. Upon further discussion, the appellant stated the bills may have been for December 2023 or January 2024. She would like retroactive coverage to start from November 2023.

## **Findings of Fact**

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

1. The appellant is the mother of a minor child whose MassHealth benefits are at issue in this appeal. (Testimony and Exhibit 1).
2. On August 4, 2023, the child was approved for MassHealth Family Assistance benefits to start on July 25, 2023. (Testimony and Exhibit 5).
3. The appellant was assessed a monthly premium of \$36.00 per month starting in the month of September 2023. She was billed for three months (September 2023 through November 2023). (Testimony).

4. The appellant did not make any payments and a past due amount of \$108.00 accrued on the account. (Testimony).
5. On November 16, 2023, MassHealth issued a notice canceling the child's MassHealth Family Assistance benefits due to past due premiums effective on November 30, 2023. (Testimony and Exhibit 5).
6. On January 29, 2024, that balance was paid in full. (Testimony).
7. On February 13, 2024, MassHealth removed the non-payment code from the account. (Testimony).
8. On February 29, 2024, MassHealth approved the child for MassHealth Family Assistance coverage with an effective start date of February 3, 2024. (Testimony and Exhibit 1).
9. The appellant filed this appeal in a timely manner on April 24, 2024. (Exhibit 2).

## Analysis and Conclusions of Law

Pursuant to 130 CMR 505.004(I), disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).

Additionally, 130 CMR 506.011(C)(1) states that with the exception of persons described in 130 CMR 505.004(C), MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination. If the MassHealth agency has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. See 130 CMR 506.011(D). A member can have their benefits reactivated, "after the member has paid in full all payments due, has established a payment plan with MassHealth, or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G)." See 130 CMR 506.011(E)(1). However, for children younger than 19 years, as here, "coverage may be reactivated after 90 days from the date [of] termination upon request, regardless of any outstanding payments due." Id. at (E)(2).

In this case, the appellant did pay the full amount owed on January 29, 2024, for three months of MassHealth coverage (September 2023 through November 2023). Accordingly, the appellant's son had MassHealth coverage for those months.<sup>1</sup> The issue on this appeal is whether the start

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<sup>1</sup> MassHealth notices dated August 4, 2023 and November 16, 2023 are beyond the scope of this appeal. See 130 CMR 610.015(B)(1)(a) request for a fair hearing should be received by the Board of

date of coverage on February 3, 2024, is incorrect.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(a)(1):

(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).

In this case, the appellant testified that her child broke his wrist in November 2023. He has bills in the months of December 2023 and/or January 2024. Although the appellant was not clear about the exact months in which the medical expenses were incurred, the exact dates are irrelevant. The appellant's child is under the age of 19 and has incurred medical expenses. Thus, the regulations

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Hearings within 60 days after a member receives written notice from the MassHealth agency of the intended action).

allow the child's coverage to be dated back to the first day of the third calendar month before the month of application. Id. at 502.006(A)(2)(a)(1); also see MassHealth Eligibility Operations Memo 22-18 (December 2022). Since the MassHealth notice was dated February 29, 2024, with the start date of February 3, 2024, the start date for the child's coverage may be dated back to December 1, 2023.

For the foregoing reasons, the appeal is APPROVED.

## **Order for MassHealth**

Adjust the start date on February 29, 2024 notice to the start date of December 1, 2023.

## **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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Sharon Dehmand  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

MassHealth Premium Billing