

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407039
<b>Decision Date:</b>	6/14/2024	<b>Hearing Date:</b>	06/06/2024
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Jessica Ramirez, Tewksbury MEC  
Carmen Fabery, 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>	Denied	<b>Issue:</b>	Community Eligibility-under 65; Coverage start date; Premium Billing
<b>Decision Date:</b>	6/14/2024	<b>Hearing Date:</b>	06/06/2024
<b>MassHealth's Rep.:</b>	Jessica Ramirez Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<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 April 19, 2024, MassHealth approved the appellant's application for MassHealth benefits starting on April 9, 2024. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on May 2, 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 application for MassHealth benefits starting on April 9, 2024. See 130 CMR 502.006(A)(2)(b) and Exhibit 1.

### Issue

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

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). The appellant appeared pro se 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, who is under the age of 65, lives in a household of one. The appellant had MassHealth coverage since 2004 with automatic renewals every year. The appellant had MassHealth CommonHealth coverage from January 1, 2023, to September 6, 2023. The appellant was assessed a monthly premium of \$31.20 per month starting in the month of June 2023. She was billed for three months (June 2023 through August 2023). The appellant neither made payments nor canceled her coverage. Through a notice dated August 23, 2023, the appellant was notified that her coverage will end due to past due premiums effective on September 6, 2023. The bills and the notice were mailed to the appellant's former address. The appellant did not have MassHealth coverage from September 6, 2023, until she filed a new application on April 19, 2024. On April 19, 2024, MassHealth approved the appellant for MassHealth CommonHealth with the effective date of April 9, 2024, with a premium of \$41.60 per month.

The PBU representative corroborated the MassHealth representative's testimony and added that a bill was mailed out in May 2024 for \$41.60 which is currently outstanding.

The appellant testified that she was unaware that she had MassHealth coverage because she had moved to a new address in April of 2021. She said that she never had a MassHealth card and did not use her benefits. The appellant testified that in January 2024, she received a "1095-B" notice listing MassHealth as her insurance. On March 26, 2024, she called MassHealth to inquire about her benefits. She was told that she had to pay the past due premium of \$93.60 before she could submit a new application. On March 27, 2024, the appellant paid the outstanding premium in the amount of \$93.60. The appellant argued that since she paid for three months of insurance that she did not know she had, her coverage should now start three months before her eligibility date of April 2024. She added that when she submitted a new application, a MEC supervisor told her that since she "paid for three months of insurance that she did not have, her new coverage will be retroactive to January 2024."

## Findings of Fact

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

1. The appellant is under the age of 65, and lives in a household of one. (Testimony).

2. The appellant has had MassHealth benefits since 2004 with automatic renewals. (Testimony).
3. The appellant had MassHealth CommonHealth coverage from January 1, 2023, to September 6, 2023. (Testimony).
4. The appellant was assessed a monthly premium of \$31.20 per month starting in the month of June 2023. She was billed for three months (June 2023 through August 2023). (Testimony and Exhibit 6).
5. The appellant neither made payments nor canceled her coverage. (Testimony).
6. On August 23, 2023, MassHealth issued a notice canceling coverage due to past due premiums effective on September 6, 2023. (Testimony and Exhibit 6).
7. That notice and the bills were all mailed to the appellant's former address. (Testimony and Exhibit 6).
8. In January 2024, through a "1095-B" notice, the appellant became aware of her previous MassHealth coverage. (Testimony).
9. On March 26, 2024, the appellant became aware of her past due premiums. (Testimony).
10. On March 27, 2024, the appellant paid the outstanding premium in the amount of \$93.60. (Testimony).
11. On April 19, 2024, the appellant filed a new application for benefits with MassHealth and she was approved for MassHealth CommonHealth with the effective date of April 9, 2024, and a premium of \$41.60 per month. (Testimony and Exhibit 1).
12. The appellant filed this appeal in a timely manner on May 2, 2024. (Exhibit 2).
13. The appellant did not have any MassHealth coverage from September 6, 2023 to April 9, 2023. (Testimony).

## **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. Members who contact MassHealth "within 60 calendar days from the date of the eligibility notice and premium notification" to request a voluntary withdrawal of benefits may have their premiums waived. Id. at 506.011(C)(4). 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).

In this case, the appellant has had MassHealth benefits since 2004 with automatic renewals. She received MassHealth CommonHealth coverage on January 1, 2023. The appellant argued that since she was unaware of her benefits, she should not be responsible for her premiums. To support her argument, she stated that she had moved from her former address in April 2021 and did not receive bills and notices from MassHealth.<sup>1</sup> The issue of past due premiums which was the subject of the MassHealth notice dated August 21, 2023, is 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 Hearings within 60 days after a member receives written notice from the MassHealth agency of the intended action). Thus, the only issue on this appeal is the coverage start date.

Regarding the date of coverage, 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](http://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.

Here, the appellant's date of application was April 19, 2024, when she 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):

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<sup>1</sup> It is a member's responsibility to provide MassHealth with changes to their address. See 130 CMR 515.008(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).

The appellant argued that, because she did not know she had coverage but paid for three months of coverage she did not use, those three months of coverage should now apply retroactively. Thus, her coverage should start on January 2024 (three months before her application date of April 19, 2024). This argument is unavailing. The regulations do not allow the appellant's coverage to be backdated all the way to January 2024. The appellant is a new applicant over the age of nineteen. Thus, her coverage date begins ten days prior to the date of her application. See generally 130 CMR 502.006(A)(2).

Additionally, the appellant argued that she was told by a MEC supervisor that her coverage should be retroactive to January 2024. MassHealth did not have any record of this conversation and the appellant did not offer any other evidence in support of her assertion. Regardless, no MEC worker is allowed to override regulations which do not allow the appellant's coverage to be backdated to

January 2024. Accordingly, there is no support for the appellant's argument in the regulations and the appellant did not offer any authority supporting her 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 CommonHealth coverage.

For the foregoing reasons, this much of the 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.

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Sharon Dehmand  
Hearing Officer  
Board of Hearings

cc:

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

MassHealth Premium Billing