

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



|                  |                   |                |            |
|------------------|-------------------|----------------|------------|
| Appeal Decision: | Denied            | Appeal Number: | 2407060    |
| Decision Date:   | 07/11/2024        | Hearing Date:  | 06/13/2024 |
| Hearing Officer: | Casey Groff, Esq. |                |            |

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Jessica Ramirez, 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

|                           |                              |                          |   |
|---------------------------|------------------------------|--------------------------|---|
| <b>Appeal Decision:</b>   | Denied                       | <b>Issue:</b>            | Eligibility; Under 65;<br>Coverage Start Date |
| <b>Decision Date:</b>     | 07/11/2024                   | <b>Hearing Date:</b>     | 06/13/2024                                    |
| <b>MassHealth's Rep.:</b> | Jessica Ramirez              | <b>Appellant's Rep.:</b> | <i>Pro se</i>                                 |
| <b>Hearing Location:</b>  | Board of Hearings,<br>Remote | <b>Aid Pending:</b>      | 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 5/1/24, MassHealth notified Appellant that she was approved for MassHealth CarePlus with a coverage start date of 4/21/24. See Exhibit 1. On 5/1/24, the same day the notice was issued, Appellant filed a timely appeal to seek an earlier coverage start date. See Exhibit 2; 130 CMR 610.015(B)(1). Challenging the scope of benefits is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved Appellant for CarePlus with a coverage start date 4/21/24.

### Issue

The appeal issue is whether MassHealth was correct in approving Appellant for MassHealth CarePlus with a coverage start date of 4/21/24.

## Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows: Appellant is between the ages of 21 and 64 with no verified disability on file. Appellant submitted an initial application for MassHealth benefits as a household size of one (1) on 2/28/24. At that time, Appellant reported her income information, which, MassHealth calculated, placed her at 149.59% of the federal poverty level (FPL). To qualify for MassHealth, an applicant must have income that does not exceed 133% of the FPL. Based on her 2/28/24 application, Appellant did not qualify for MassHealth benefits but was eligible through a ConnectorCare Plan Type 2B through the Massachusetts Health Connector. On 5/1/24, Appellant sent information to MassHealth showing that she had a decrease in income, which placed her at 91% of the FPL. This prompted MassHealth to issue a notice dated 5/1/24, informing Appellant that she had been approved for MassHealth CarePlus with an effective coverage start date of 4/21/24. Appellant timely appealed the 5/1/24 notice to challenge the benefit start date. The MassHealth representative explained that per regulations, benefits are made effective 10 days retroactive from the date of application, or the date on which eligibility is established. Because Appellant did not establish eligibility until 5/1/24, MassHealth could not adjust Appellant's coverage start date to begin prior to 4/21/24.

Appellant appeared at the hearing and testified that was previously covered under her mother's health insurance plan. Sometime between June and August of 2023, she was informed that she was going to be removed from her mother's coverage and would need to reapply for health care benefits as an individual. Around this time, she contacted, what she believed was, MassHealth and the representative assisted her through the application process. At the end of that conversation, the representative assured her that she now had coverage and that she was "all set." The representative failed to tell her, however, that she now needed to shop for a health plan. In December 2023, assuming she now had coverage, she attended two doctors' appointments. In February 2024, she received bills for these appointments, prompting her to again call the agency she believed was MassHealth. During this subsequent call, an agent informed her that she needed to pick a plan, which they did over the phone, and the agent confirmed with her that she now was covered and would have to make a monthly payment. After she attended a dentist appointment in April 2024, she learned that she did not in fact have coverage and would have to pay out-of-pocket. Appellant argued that she has trying to obtain health insurance for nearly a year and has continued to receive misleading and incorrect information. It was not until she called back on 5/1/24 and provided her updated income information that she actually obtained coverage. Appellant requested that, due to the misleading and incorrect information she received, MassHealth should retroactively backdate her CarePlus coverage to December 2023 to cover the medical expenses she incurred.

## Findings of Fact

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

1. Appellant is between the ages of 21 and 64 with no verified disability.
2. Appellant submitted an initial application for MassHealth benefits as a household size of one (1) on 2/28/24, through which, she reported income information that placed her at 149.59% of FPL.
3. Based on her 2/28/24 application, Appellant did not qualify for MassHealth but did qualify for a ConnectorCare Plan Type 2B through the Massachusetts Health Connector.
4. On 5/1/24, Appellant provided MassHealth with updated information reflecting a decrease to her earned income, which placed her at 91% of the FPL.
5. Based on the updated information, MassHealth notified Appellant, through a letter dated 5/1/24, that she had been approved for MassHealth CarePlus effective 4/21/24.

## Analysis and Conclusions of Law

It is undisputed that the Appellant currently meets all eligibility requirements for MassHealth coverage. See 130 CMR 505.008. The issue on appeal, however, concerns whether MassHealth correctly approved a CarePlus start date of 4/21/24 and/or whether Appellant is entitled to have her start date retroactively adjusted to December 2023, which is when she began to incur out-of-pocket medical expenses under the mistaken assumption she had coverage.

MassHealth regulations at 130 CMR 502.006 describe the process for determining the coverage start date for qualifying applicants. For individuals who report changes or provide verification of eligibility after having been denied coverage, MassHealth instructs that “coverage will begin **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).<sup>1</sup> See 130 CMR 502.006(A)(2)(d) (emphasis added); see also 130 CMR 505.008(E)(regarding *MassHealth CarePlus Coverage Begin Date*).

---

<sup>1</sup> The regulatory exceptions listed in this provision do not apply as they pertain to individuals receiving MassHealth assistance in paying the premiums for their primary insurance, or individuals that do not submit requested information within a year from the prior application or renewal.

The evidence shows that MassHealth received an initial application from Appellant on 2/28/24. At that time, Appellant's income exceeded the program limit, and she did not qualify for MassHealth. See 130 CMR 505.008 (requiring, as a condition of eligibility for CarePlus, that the individual's income not exceed 133% of the FPL). Appellant was, however, eligible for a subsidized plan through a separate entity – the Massachusetts Health Connector. The issues raised by Appellant at hearing, appear to involve confusion on whether she had been properly enrolled in a plan that she qualified for through the Health Connector, not MassHealth. The evidence shows that Appellant did not establish eligibility for MassHealth until 5/1/24, when she reported a lower income, thereby reducing her income to be under 133% of the FPL. In accordance with 130 CMR 502.006, MassHealth correctly approved her CarePlus coverage to become effective on 4/21/24 - ten days prior to the date Appellant established eligibility. See id. As Appellant did not demonstrate eligibility prior to 5/1/24, there is no regulatory authority that would authorize an earlier coverage start date.

Based on the foregoing, 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.

---

Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

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