

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409420
Decision Date:	9/6/2024	Hearing Date:	08/01/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Steven Aguiar, Quincy MEC
Karishma Raja, Premium Billing

Interpreter:



*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:	Coverage Date
Decision Date:	9/6/2024	Hearing Date:	08/01/2024
MassHealth's Rep.:	Steven Aguiar Karishma Raja	Appellant's Rep.:	Pro se ¹
Hearing Location:	Remote (phone)	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 June 12, 2024, MassHealth approved appellant for MassHealth Family Assistance beginning June 2, 2024. (Ex. 1). The appellant filed this appeal in a timely manner on June 12, 2024. (Ex. 2). Restriction of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for Family Assistance beginning on June 2, 2024.

Issue

Was MassHealth correct in determining the start date of appellant's coverage.

Summary of Evidence

The MassHealth worker (worker), a Premium Billing representative, appellant and the Spanish interpreter all appeared via phone and were sworn. The worker stated the head of household called MassHealth on November 17, 2023 with a renewal. Based on the renewal information, the child

¹ Appellant (child) is a teenage female and MassHealth member. She is represented at this hearing by her father.

was found eligible for Children's Medical Safety Plan (CMSP). The worker stated that CMSP was for emergencies only. The worker testified that, when the November 2023 renewal was done, a notice was sent out that the child was eligible for CMSP. The worker then testified that the head of household called MassHealth on June 12, 2024 and reported an income change. After this update, the child was found eligible for MassHealth Family Assistance, to begin on June 2, 2024. The worker stated the father wanted coverage to be retroactive because the child had an emergency hospital stay in March 2024. (Testimony). The worker stated that MassHealth denied this retroactive coverage and he cited a "HIX Release 26" as guidance. This HIX Release states that, "retro coverage will not be granted when the member was eligible for Health Safety Net or Children's Medical Security Plan within the 3 month retro request timeframe or if the application is in a Decision Pending or Suspended status." (Testimony; Ex. 7, p. 18).

Appellant stated that he owed money for an emergency hospital stay the child had in March 2024. He was asked if he had signed up for the Health Connector and he said that he did not sign up for a plan through the Health Connector. He stated that he did not remember receiving any information in November 2023 that he had to sign up for a Connector plan or any information the child had CMSP. Appellant was asked if he had the same residential address in November 2023 that he has now and he answered yes. (Testimony).

Findings of Fact

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

1. The head of household called MassHealth on November 17, 2023 and completed a renewal and based on the renewal information, the child was found eligible for CMSP. (Testimony).
2. A notice was sent out that the child was eligible for CMSP. (Testimony).
3. The head of household called MassHealth on June 12, 2024 and reported an income change and thereafter, the child was found eligible for MassHealth Family Assistance, to begin on June 2, 2024. (Testimony; Ex. 1).
4. The child had an emergency hospital stay in March 2024. (Appellant Testimony).
5. Appellant's current residential address is the same address he lived at in November 2023. (Appellant Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

130 CMR 502.006: Coverage Dates

(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).

...

(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 old 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).

Here, at the time medical services were provided to appellant in March 2024, appellant was not eligible for MassHealth as she was covered only by CMSP. In this case, MassHealth approved the child for coverage as of June 2, 2024 because the father of the child called in to MassHealth on June 12, 2024 to report an income change. This was akin to an application for the child. Therefore, pursuant to the regulations and the "HIX Release 26" cited by the worker (Ex. 7) coverage is not retroactive to the first day of the third calendar month before the month of application.

The appeal is denied.²

Order for MassHealth

None.

² Appellant is encouraged to inform the hospital where the child was treated and convey to them she was covered by CMSP at the time of the emergency.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

Cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street,
6th Floor, Quincy, MA 02171

Premium Billing