

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409780
Decision Date:	9/4/2024	Hearing Date:	7/31/2024
Hearing Officer:	Cynthia Kopka		

Appearances for Appellant:



Appearance for MassHealth:

Jesus Tijero, Quincy 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, retroactive start date
Decision Date:	9/4/2024	Hearing Date:	7/31/2024
MassHealth's Rep.:	Jesus Tijero	Appellant's Reps.:	Pro se with friend
Hearing Location:	Quincy (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

By notice dated May 23, 2024, MassHealth approved Appellant for MassHealth Standard effective May 12, 2024. Exhibit 1. Appellant filed this appeal in a timely manner on June 24, 2024. Exhibit 2. 130 CMR 610.015(B). Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard effective May 12, 2024.

Issue

The appeal issue is whether Appellant is eligible for an earlier coverage start date.

Summary of Evidence

MassHealth was represented at hearing by phone by an eligibility representative. Appellant appeared by phone with his representative. A summary of testimony and documentary evidence follows.

MassHealth received Appellant's application for benefits on May 22, 2024. On May 23, 2024, MassHealth approved Appellant for MassHealth Standard effective May 12, 2024. Exhibit 1. MassHealth also notified Appellant that it would cover Appellant's Medicare Part B premium. *Id.* Appellant has been deemed disabled. Appellant's monthly income is 95% of the federal poverty level (FPL). *Id.*

Appellant's application indicated that Appellant has medical bills dating back to March 5, 2024 for which MassHealth coverage was requested. However, MassHealth was not able to approve retroactive coverage beyond 10 days from the application date. MassHealth's regulations and policies allow for up to three months retroactive coverage for members under the age of 19 or pregnant at the time of application. Those circumstances were not present here.

Appellant was transported by ambulance to a hospital in April 2024. Appellant has incurred over \$5,000 in bills for these services. Appellant does not have adequate income to cover these bills. Appellant's representative had reached out to the billing departments, who encouraged Appellant to seek MassHealth coverage.

Findings of Fact

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

1. On May 22, 2024, Appellant submitted an application for MassHealth benefits.
2. Appellant is in a household of one and is under 65.
3. Appellant is disabled and receives Medicare.
4. Appellant's monthly income is 95% of the FPL.
5. On May 23, 2024, MassHealth approved Appellant for MassHealth Standard effective May 12, 2024. Exhibit 1.
6. Appellant filed this appeal in a timely manner on June 24, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) Standard - for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-In and Buy-In - for certain Medicare beneficiaries.

130 CMR 505.001(A).

MassHealth Standard coverage is available to disabled individuals whose monthly income is less than 133% of the FPL. 130 CMR 505.001(E)(1)(b). Pursuant to 130 CMR 505.002(P), the medical coverage date for Standard is described at 130 CMR 502.006. Under 130 CMR 502.006(A)(2)(a)(1), individuals who are pregnant or under the age of 19 may be eligible for retroactive coverage on the first day of the calendar month three months prior to the application date. For individuals who are not pregnant or are 19 years old or older, “the start date of coverage is determined upon receipt of the requested verifications and coverage begins ten days prior to the date of application.” 130 CMR 502.006(A)(2)(b).

During the public health emergency for Covid-19, MassHealth allowed all applicants under the age of 65 to request retroactive coverage up to three months prior to the application if eligible. Eligibility Operations Memo (EOM) 22-10. However, when the emergency was lifted, MassHealth only preserved this benefit to individuals who were pregnant or under age 19. EOM 22-18 and 23-18.

Here, Appellant submitted his application on May 22, 2024. MassHealth approved Standard coverage effective May 12, 2024, ten days prior to the application date. Appellant is not under the age of 19 and not pregnant. Accordingly, MassHealth determined the medical coverage date correctly.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings



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