# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2412179

**Decision Date:** 10/31/2024 **Hearing Date:** 09/11/2024

Hearing Officer: Marc Tonaszuck Record Open to:

Appearance for Appellant:

Appearance for MassHealth:

Danielle Syrek, 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

years of age

**Decision Date:** 10/31/2024 **Hearing Date:** 09/11/2024

MassHealth's Rep.: Danielle Syrek Appellant's Rep.:

Hearing Location: Springfield Aid Pending: No

MassHealth

**Enrollment Center** 

# **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 07/29/2024, MassHealth informed the appellant that he was eligible for MassHealth CarePlus benefits effective 07/19/2024 (Exhibit 1). The appellant filed this timely appeal on 08/07/2024 (130 CMR 610.015(B); Exhibit 2). Eligibility start date is valid grounds for appeal (130 CMR 610.032).

## **Action Taken by MassHealth**

MassHealth approved the appellant's application for MassHealth CarePlus benefits with a benefit effective date of 07/19/2024.

#### Issue

Did MassHealth determine the correct eligibility start date for the MassHealth CarePlus benefits?

## **Summary of Evidence**

The MassHealth representative testified that the appellant was previously on his father's case and was receiving MassHealth benefits. In February 2024, he was removed from his father's case and a termination notice was sent, informing the appellant that he would be required to file his own application for benefits. On 07/29/2024, the appellant submitted his own application for MassHealth benefits. MassHealth determined he was eligible for CarePlus benefits and made the benefits retroactive to 10 days prior to his application date, or 07/19/2024. The representative stated that MassHealth started the benefits as early as the regulations allow.

The appellant appeared at the hearing and testified telephonically that he wants his coverage made retroactive to 03/01/2024, to cover medical bills he incurred when he sought treatment for chest pain in March 2024. He stated he "tried to apply for MassHealth on my own in March but was told I could not because I was on my father's plan." The appellant reports that he is a college student with no income and no job.

### **Findings of Fact**

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

- 1. The appellant is an adult who is over 19 years of age and under the age of 65. He lives in the community.
- 2. Up until February of 2024, the appellant was on his father's MassHealth case and he received MassHealth benefits.
- 3. In February 2024, MassHealth informed the appellant that he was no longer part of his father's case and that he would need to submit his own application for benefits.
- 4. The appellant submitted his application for MassHealth benefits on 07/29/2024.
- 5. MassHealth processed the appellant's application on 07/29/2024 and he was approved for MassHealth CarePlus benefits with a benefit effective date of 07/19/2024 (Testimony; Exhibit 1).

## **Analysis and Conclusions of Law**

This appeal involves the MassHealth CarePlus benefit effective date for the appellant. MassHealth confirmed that it received the application on 07/29/2024. MassHealth processed the application on the same date and approved the appellant's application, determining that he

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is eligible for MassHealth CarePlus benefits with a benefit start date of 07/19/2024, 10 days prior to the date the application was received by MassHealth.

Regulations at 130 CMR 502.006(A), regarding medical coverage date, state as follows:

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 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).
    - 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).

#### (Emphasis added.)

The appellant is over the age of 19 and under the age of 65. He lives in the community. His MassHealth benefits were terminated in February 2024. MassHealth testified that he submitted an application on 07/29/2024. The appellant has not presented any documentary evidence to show that he applied for MassHealth benefits prior to the 07/29/2024 application date. Accordingly, MassHealth correctly began the appellant's MassHealth CarePlus benefit effective date 10 days prior to its receipt of the application - on 07/19/2024, pursuant to the above regulation.

This appeal is therefore 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.

Marc Tonaszuck Hearing Officer Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

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