

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412279
Decision Date:	10/31/2024	Hearing Date:	09/13/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Nancy Derisma, Charlestown MEC

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:	10/31/2024	Hearing Date:	09/13/2024
MassHealth's Rep.:	Nancy Derisma	Appellant's Rep.:	██████
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 August 1, 2024, MassHealth approved the appellant's application for MassHealth CarePlus benefits with a coverage date beginning July 22, 2024. (Ex. 1). Appellant filed this appeal challenging the coverage date in a timely manner on August 7, 2024. (130 CMR 610.015(B); Ex. 2). Imposition of a coverage date is a MassHealth action and is valid grounds for appeal. (130 CMR 610.032(3)).

Action Taken by MassHealth

MassHealth limited the coverage start date to July 22, 2024.

Issue

The appeal issue is whether MassHealth was correct in determining that coverage for the member begins July 22, 2024.

Summary of Evidence

Appellant, acting pro se, and the MassHealth worker (worker) appeared at hearing and were sworn. Exhibits 1 through 4 were marked as evidence. The worker stated appellant had MassHealth Standard coverage that ended on June 5, 2024. Appellant went into a “MassHealth office” on August 1, 2024 and filed an application. MassHealth processed the application the same day and appellant was found eligible for MassHealth CarePlus on that day, coverage to start on July 22, 2024. (Testimony; Ex. 1). The worker testified she could not find any notes as to why appellant’s Standard coverage ended on June 5, 2024. After discussion between the parties, appellant stated she received food stamps from the Department of Transitional Assistance (DTA). The worker stated appellant had the Standard benefit through DTA. (Testimony). The worker stated she could not find any notice generated by MassHealth cancelling the Standard coverage, supporting the worker’s statement that appellant received Standard through DTA. The worker further stated if appellant’s Standard coverage was provided through MassHealth, appellant would have received a letter from MassHealth notifying appellant coverage was ending. (Testimony). The worker could not find any such letter or notice having been sent by MassHealth. (Testimony). The worker confirmed there were no subsequent notices sent to appellant from MassHealth after the August 1, 2024 approval notice. (Testimony).

Appellant testified she went to the hospital in early [REDACTED]. Sometime after the hospital visit, she received notice from the hospital that she owed the hospital for her medical bills because she had no insurance. Appellant stated that is why she went to MassHealth on August 1, 2024. Appellant stated she did not know her Standard coverage had ended as she did not receive any notice. (Testimony). Appellant confirmed she does receive assistance through DTA but stated she did not know she had Standard coverage through DTA.

Findings of Fact

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

1. MassHealth received an application from appellant on August 1, 2024 and it was processed and approved for CarePlus the same day. (Testimony; Ex. 1).
2. Appellant’s MassHealth CarePlus coverage start date is July 22, 2024. (Testimony; Ex. 1).
3. Appellant is appealing the start date of her CarePlus coverage. (Testimony).
4. Appellant had MassHealth Standard coverage through DTA and DTA ended appellant’s Standard coverage on June 5, 2024. (Testimony).
5. Appellant is not pregnant or younger than 19 years old. (Ex. 4).

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).

505.008: MassHealth CarePlus

...

(E) MassHealth CarePlus Coverage Begin Date.

- (1) The MassHealth CarePlus coverage start date is described at 130 CMR 502.006: Coverage Dates, except as described at 130 CMR 505.008(E)(2).
- (2) Provisional eligibility is described in 130 CMR 502.003(E): Provisional Eligibility.

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).

(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).

(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).

(c) For individuals who fail to provide verifications of information within 90 days of the receipt of the MassHealth agency's request and the MassHealth agency used information received from electronic data sources to determine eligibility, the start date of coverage is determined upon the agency's eligibility determination and coverage begins as described in 130 CMR 502.006(A)(2)(c)1. and 2.

1. For individuals who are pregnant or younger than 19 years old

a. 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 information received from electronic data sources 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).

b. 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 information received from electronic data sources and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

2. For all other individuals, coverage will begin ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after the denial, the start date of coverage is described in 130 CMR 502.006(A)(2)(d)1. and 2.

1. For individuals who are pregnant or younger than 19 years old

a. 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 verifications and may be retroactive to the first day of the third calendar month before the received date of the verifications, except as specified in 130 CMR 502.006(C).

b. 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 verifications and coverage begins ten days prior to the received date of the verifications, except as specified in 130 CMR 502.006.

2. For all other individuals, 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).

Pursuant to the regulations, because appellant is not pregnant or younger than 19 years old, her coverage date begins ten days prior to the date of application. The application date is August 1, 2024. There was no error by MassHealth in determining the start date of appellant's CarePlus coverage as July 22, 2024. Regarding DTA ending appellant's Standard benefit,

MassHealth has no jurisdiction over DTA determinations.¹ Therefore, 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

¹ Appellant is encouraged to contact DTA about why they ended her Standard benefit.