

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2416198
Decision Date:	12/20/2024	Hearing Date:	11/26/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Michael Rossi, Quincy 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:	Community Eligibility – under 65; Coverage start date
Decision Date:	12/20/2024	Hearing Date:	11/26/2024
MassHealth's Rep.:	Michael Rossi	Appellant's Rep.:	██████
Hearing Location:	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

Through a notice dated August 19, 2024, MassHealth approved the appellant's application for MassHealth benefits starting on August 9, 2024. See 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on October 22, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's determination of a coverage date is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant's application for MassHealth benefits starting on August 9, 2024. See 130 CMR 502.006(A)(2)(b) and Exhibit 1.

Issue

Whether MassHealth was correct in determining the appellant's coverage date pursuant to 130 CMR 502.006(A).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant, assisted by an interpreter, appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant is over the age of 19 and has not been deemed disabled. The appellant's MassHealth CarePlus coverage ended on January 31, 2019. He has had a ConnectorCare plan through Massachusetts Health Connector since March 7, 2019. On August 19, 2024, the appellant submitted a new application to MassHealth. Through a notice on August 19, 2024, MassHealth approved the appellant for MassHealth CarePlus coverage with an effective date of August 9, 2024, ten days before the application date.

The appellant testified that he was hospitalized on [REDACTED], for three days, followed by a four-day inpatient psychiatric admission. During his hospitalization, he informed the medical staff that he required MassHealth as his secondary insurance; however, no one from MassHealth visited him. Consequently, he was unable to submit an application to MassHealth until after his discharge. He argued that it is unfair for MassHealth to automatically adjust his eligibility when his income increases but not to automatically qualify him for benefits when his income decreases to meet the eligibility threshold. He requested retroactive MassHealth coverage to August 5, 2024, to cover his hospitalization costs.

Findings of Fact

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

1. The appellant is between is between the ages of 19 and 65. (Testimony and Exhibit 4).
2. The appellant's MassHealth CarePlus coverage ended on January 31, 2019. (Testimony and Exhibit 4).
3. The appellant has had a ConnectorCare plan through Massachusetts Health Connector since March 7, 2019. (Testimony and Exhibit 4).
4. On August 19, 2024, the appellant submitted a new application for MassHealth benefits. (Testimony).
5. Through a notice on August 19, 2024, MassHealth approved the appellant for MassHealth CarePlus coverage. (Testimony and Exhibit 1).
6. The appellant's MassHealth CarePlus coverage began on August 9, 2024, ten days before the

application date. (Testimony and Exhibit 1).

7. The appellant filed this appeal in a timely manner on October 22, 2024. (Exhibit 2).

Analysis and Conclusions of Law

MassHealth determines the date of an application pursuant to 130 CMR 502.001 in the following manner:

(A) Filing an Application. To apply for MassHealth, an individual or his or her authorized representative must file an application online at www.MAHealthConnector.org, complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC).

(1) Date of Application.

(a) The date of application for an online, telephonic, or in-person application is the date the application is submitted to the MassHealth agency.

(b) The date of application for a paper application that is either mailed or faxed is the date the application is received by the MassHealth agency.

In this case, the appellant's date of application was August 19, 2024, when he submitted a new application for MassHealth benefits. The question then becomes whether the determination of the start date for the appellant's coverage was correct.

The start date of MassHealth benefits is determined by 130 CMR 502.006(A)(2)(b):

(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 of age 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).

Here, since the appellant is a new applicant over the age of nineteen, his coverage date begins ten days prior to the date of his application. See generally 130 CMR 502.006(A)(2). The appellant argued that his coverage start date should date back to August 5, 2024, to cover his hospitalization costs. In support of his argument, he stated that it was unfair for MassHealth to automatically adjust his eligibility when his income increases but not to automatically qualify him for benefits when his income decreases to meet the eligibility threshold.

There is no support for the appellant's argument in the regulations and the appellant did not offer any authority supporting his argument. In fact, the regulations place the responsibility of reporting changes, including changes to income, squarely on the shoulders of the member. See 130 CMR 501.010(B)(the applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility). An appellant bears the burden of proof at a fair hearing "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006); see also Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(proof by a preponderance of the evidence is the standard generally applicable to administrative proceedings). The appellant has failed to meet this burden. Therefore, MassHealth was correct in determining the start date of the appellant's CarePlus¹ coverage.

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

None.

¹ Adults 21 through 64 years of age who are not eligible for MassHealth Standard will be eligible for MassHealth CarePlus. See 130 CMR 505.001(A)(1)-(3).

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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