

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419361
Decision Date:	3/3/2025	Hearing Date:	01/23/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Brittany Holliday (Tewksbury MEC) *via*
telephone



*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:	3/3/2025	Hearing Date:	01/23/2025
MassHealth's Rep.:	Brittany Holliday	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 December 9, 2024, MassHealth informed the appellant that she was eligible for MassHealth Standard starting on November 22, 2024. (See 130 CMR 502.006 and Exhibit (Ex.) 1). The appellant filed an appeal in a timely manner on December 18, 2024, disputing the MassHealth start date. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that she was eligible for MassHealth Standard starting on November 22, 2024.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.006, in determining the start date of the appellant's MassHealth coverage.

Summary of Evidence

At the hearing, MassHealth was represented by an eligibility worker from the Tewksbury MassHealth Enrollment Center (MEC) and the appellant represented herself. Both parties attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is under the age of [REDACTED] but over the age of [REDACTED] and lives in a household of two. (Testimony; Ex. 3). The appellant submitted an eligibility renewal on November 6, 2024. (Testimony). MassHealth sent the appellant a request for Information (RFI) on the same date asking that she verify her income. (Testimony). On December 2, 2024, the appellant submitted the required documentation, which confirmed that her household had no income. (Testimony). On December 9, 2024, MassHealth issued a determination informing the appellant that she was eligible for MassHealth Standard beginning on November 22, 2024. (Testimony; Ex. 1). The MassHealth representative stated that the eligibility start date was 10 days prior to the date the appellant completed her renewal and verified her income on December 2. (Testimony; Ex. 1).

The MassHealth representative testified that the appellant reached out to MassHealth customer service on November 12, 2024, to request that her coverage be applied retroactively by 90 days. (Testimony). The MassHealth representative testified that she did not know what information the appellant was given, but she did know that customer service representatives did not have the power to approve a request of that type. (Testimony). The MassHealth representative also stated that 90-day retroactive coverage is only available to pregnant women and children under the age of [REDACTED] (Testimony). The MassHealth representative stated that the appellant was not pregnant and was over the age of [REDACTED] (Testimony; Ex. 3). The MassHealth representative explained again that the maximum retroactive coverage for a person with the appellant's status was 10 days, starting from the date that the appellant completed her renewal. (Testimony). The MassHealth representative stated that the appellant has been receiving some form of MassHealth coverage continuously since September 30, 2024. (Testimony; Ex. 3). The appellant had first been determined eligible for MassHealth Standard on September 30, 2024. (Testimony; Ex. 3). The appellant's coverage then changed to CommonHealth on October 27 due to an increase to her household income before switching back to Standard beginning November 22. (Testimony; Ex. 3). The MassHealth representative explained that the appellant had been eligible for CommonHealth because she had a verified disability. (Testimony).

The appellant responded by stating the following. The appellant's primary issue stemmed from the frequent changes in her MassHealth coverage, transitioning from Standard to CommonHealth and then back to Standard, which caused difficulties for her healthcare providers with billing. (Testimony). The appellant also confirmed receiving incorrect information about the availability of retroactive coverage for a 90-day period. (Testimony). Prior to submitting her current income verification, the appellant had contacted MassHealth concerning these billing issues but was referred to Health Safety Net operations, where she was informed that they were unsure who she

should speak with regarding the billing issues. (Testimony). The appellant further stated that her providers had submitted the bills multiple times, but MassHealth repeatedly rejected the billing, leading to frustration due to the ongoing back-and-forth. (Testimony). Unsure of how to proceed, the appellant was concerned that the bills might eventually be sent to collections. (Testimony).

Findings of Fact

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

1. The appellant is under the age of [REDACTED] but over the age of [REDACTED] and lives in a household of two. (Testimony; Ex. 3).
2. The appellant has been determined disabled. (Testimony; Ex. 3).
3. The appellant is not pregnant. (Testimony).
4. The appellant submitted an eligibility renewal on November 6, 2024. (Testimony).
5. MassHealth sent the appellant a RFI on the same date asking that she verify her income. (Testimony).
6. On December 2, 2024, the appellant submitted the required documentation, which confirmed that her household had no income. (Testimony).
7. On December 9, 2024, MassHealth issued a determination informing the appellant that she was eligible for MassHealth Standard beginning on November 22, 2024. (Testimony; Ex. 1).
8. The appellant reached out to MassHealth customer service on November 12, 2024, to request that her coverage be applied retroactively by 90 days. (Testimony).

Analysis and Conclusions of Law

MassHealth establishes coverage dates based on the individual's eligibility type. (130 CMR 502.006(A)). For MassHealth Standard, the coverage start date is outlined in 130 CMR 502.006(A)(2)(a) through (d), with specific exceptions for cases of provisional eligibility or hospital presumptive eligibility (not applicable here). (130 CMR 502.006(A)(2);(C); 505.002(P)(2)). The start date for most individuals, excluding those who are pregnant or under [REDACTED] is ten days prior to the application date, provided all necessary verifications have been submitted. (130 CMR 502.006(A)(2)(b)). Coverage that is retroactive to the first day of the third calendar month before the month of application is possible but only for persons who are pregnant or under [REDACTED] (130 CMR 502.006(A)(2)(a)1.).

The record shows that the appellant is an individual who is over the age of [REDACTED] and is not

pregnant. The appellant completed her renewal on December 2, 2024. MassHealth correctly determined that the appellant was eligible for MassHealth Standard beginning on November 22, 2024, which was 10 days prior to the date she completed the renewal. The appellant was not eligible for greater retroactive coverage because she was neither [REDACTED] (or younger) nor was she pregnant, the two statuses that would allow for greater retroactivity. That said, the appellant has been covered by some form of MassHealth continuously since September 30, 2024 – Standard, then CommonHealth, then Standard. Although they are different MassHealth coverage types, Standard and CommonHealth do cover the exact same services. (See 130 CMR 450.105(A)(1) and (E)(1)). MassHealth should pay for any covered services the appellant has received since September 30, 2024.

For the above stated reasons, the 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.

Scott Bernard
Hearing Officer
Board of Hearings

Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957