

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501931
Decision Date:	04/04/2025	Hearing Date:	03/05/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:  
Chantal Centeio, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility-Under 65-Coverage Start Date
<b>Decision Date:</b>	04/04/2025	<b>Hearing Date:</b>	03/05/2025
<b>MassHealth's Rep.:</b>	Chantal Centeio	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 January 14, 2025, MassHealth approved CommonHealth coverage effective January 4, 2025 with a \$12 premium amount due (130 CMR 505.004, 506.011 and Exhibit 1). Appellant filed this appeal in a timely manner on January 30, 2025 (130 CMR 610.015(B) and Exhibit 2). Determination of a start date of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved CommonHealth coverage effective January 4, 2025, with a \$12 premium amount due.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.004, in determining coverage effective January 4, 2025.

## Summary of Evidence

The MassHealth representative testified that a MassHealth application was submitted on January 14, 2025, which resulted in an approval for CommonHealth benefits effective January 4, 2025 which is 10 days prior to the application date. The MassHealth representative testified that Appellant is a household size of one disabled person under 65 years of age. Appellant requested retroactive coverage effective November 23, 2024, however MassHealth regulations direct eligibility to begin 10 days prior to the application date unless an applicant is pregnant or under 19 years of age. MassHealth testified that an application for a Medicare Savings Program (MSP) was received on November 12, 2024. Because the application was not for MassHealth benefits other than MSP programs, Appellant's eligibility for MassHealth benefits was not determined. Appellant's previous MassHealth coverage was administered by the Department of Transitional Assistance with CarePlus coverage terminating on December 26, 2023. MassHealth records show no active MassHealth case between December 26, 2023 and December 31, 2024. A Premium Billing representative testified that there is no outstanding balance as Appellant has been billed \$12 monthly and has paid the \$12 premium.

Appellant testified that Old Colony Elder Services helped her submit the MassHealth application in November 2024 and told her that a complete application was submitted on her behalf. Appellant testified that she underwent an emergency appendectomy on November 23, 2024. She testified that Medicare paid for most of the expenses related to the surgery, but she has received 3 additional bills for over \$2,000 which she cannot afford to pay. Appellant also testified that she called MassHealth when she received bills, and was told there would be a 90-day grace period.

## Findings of Fact

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

1. A MassHealth application was submitted on January 14, 2025, which resulted in an approval for CommonHealth benefits effective January 4, 2025.
2. Appellant is a household size of one disabled person under 65 years of age.
3. Appellant is not pregnant or under 19 years of age.
4. An application for a Medicare Savings Program was received on November 12, 2024.
5. Appellant's previous MassHealth coverage was administered by the Department of Transitional Assistance with CarePlus coverage terminating on December 26, 2023.
6. MassHealth records show no active MassHealth case between December 26, 2023 and

December 31, 2024.

7. Appellant has been billed a \$12 monthly premium and has paid the \$12 premium, and has no outstanding balance.

## Analysis and Conclusions of Law

The medical coverage date for MassHealth CommonHealth benefits is described at 130 CMR 505.004:

(M) Medical Coverage Date.

- (1) The medical coverage date for MassHealth CommonHealth is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.004(M)(2) and (3).
- (2) Persons described in 130 CMR 505.004(C) who have been notified by the MassHealth agency that they must meet a one-time deductible have their medical coverage date established in accordance with 130 CMR 506.009(E): *Notification of the Deductible*.
- (3) 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 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).

(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)(c)1 and 2.

1. For individuals who are pregnant or younger than 19 years of age
  - 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).<sup>1</sup>**

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after

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<sup>1</sup> 130 CMR 502.006(C) Limitations. MassHealth coverage start dates are subject to the following limitations.

(1) The start date for Medicare premium payments for individuals determined eligible for MassHealth Standard, MassHealth CommonHealth, and MassHealth Medicare Savings Programs is described at 130 CMR 505.002(O), 505.004(L), and 505.007.

(2) The start date for Premium Assistance Payments for individuals eligible for MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, and MassHealth CarePlus is described at 130 CMR 506.012(F)(1)(d).

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 of age
  - 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)<sup>2</sup> and 502.006(C).**

(emphasis in bold)

The issue on appeal is limited to the medical coverage date for MassHealth CommonHealth coverage. A MassHealth application for benefits was submitted on January 14, 2025. Appellant is a household size of one disabled person under 65 years of age. MassHealth records show no active MassHealth case between December 26, 2023 and December 31, 2024. Appellant is not pregnant or under 19 years of age which would allow 90 days of retroactive coverage, nor is there an issue involving submission of documentation to show eligibility.<sup>3</sup> Therefore, MassHealth correctly

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<sup>2</sup> 130 CMR 502.003(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.
  - (a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.
  - (b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).
  - (c) If the required verifications are received within one year from the date of the application or renewal form was received, coverage is reinstated to a date 10 days before the receipt of the verifications.
  - (d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

<sup>3</sup> See also Exhibit 5, EOM 23-09 and EOM 22-18 referenced by MassHealth.

approved CommonHealth benefits effective January 4, 2025, which is 10 days prior to the January 14, 2025 application date.

The Medicare Savings Program (MSP) application is specifically for the purpose of seeking help with payment of Medicare premiums and cost sharing and directs an applicant for other MassHealth benefits to call MassHealth Customer Service to ask for a different application, or to download the appropriate application online. Because the incorrect application was filed, and the MSP application is only for determining eligibility for MSP programs, the medical coverage date for CommonHealth cannot be determined based on the MSP application date.

Because the MassHealth action is correct, the appeal must be 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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