

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503510
Decision Date:	4/15/2025	Hearing Date:	04/03/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Monica Ramirez, Quincy MassHealth
Enrollment Center



*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; Start date
Decision Date:	4/15/2025	Hearing Date:	04/03/2025
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 3 (Telephone)	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 January 17, 2025, MassHealth approved the appellant's application for MassHealth benefits starting on January 7, 2025. *See* 130 CMR 502.006 and Exhibit 1. The appellant filed this appeal in a timely manner on March 3, 2025 to challenge the effective coverage start date. *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 January 7, 2025. *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 appeared telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant is an adult under the age of 65, appeared pro se, and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative began her testimony by stating that she spoke to the appellant the day before the hearing, and that it is her understanding that the appellant is here today because he is seeking backdated MassHealth coverage. She testified that the appellant is seeking coverage beginning on December 10, 2024. The appellant completed an application for MassHealth benefits on January 17, 2025 and, on the same date, was approved for MassHealth CarePlus benefits beginning January 7, 2025. Pursuant to MassHealth regulations, coverage may be backdated 10 days from the date that a completed application for MassHealth benefits is received. The appellant is eligible for his MassHealth coverage to begin on January 7, 2025 based upon the date of his application¹. Testimony.

The appellant testified that he had very little to add to the MassHealth representative's testimony. He had open heart surgery on December 10, 2025, and he was basically incapacitated during his entire hospitalization until he was discharged from the hospital on [REDACTED] 2025. Testimony. The appellant stated that he understood that "all my services during that hospitalization were not covered in the month of December when my quadruple bypass surgery occurred. I applied after I was discharged from the hospital, but because of my physical ability, I could not apply sooner." Testimony. He stated that his main issue is that he has primary insurance with BlueCross/BlueShield, and MassHealth would be his secondary insurance. There is not a lot that is not covered by his primary insurance, but whatever is not covered, the hospital bills are now coming to him. He feels that MassHealth should cover these bills. Testimony.

Findings of Fact

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

1. The appellant is an adult under the age of 65, not disabled, and lives in the community.
2. On January 17, 2025, he applied for MassHealth benefits, and he was approved for MassHealth CarePlus benefits beginning on January 7, 2025. Testimony and Exhibit 1.

¹ The notice on appeal, Exhibit 1, is dated January 17, 2025. It is an approval notice; the appellant was approved for MassHealth CarePlus benefits with a start date of coverage of January 7, 2025.

3. The appellant filed a timely appeal of the January 17, 2025 notice on March 3, 2025, challenging the coverage start-date.
4. The appellant did not have any MassHealth coverage between 12/10/2024 and 1/7/2025 and incurred out-of-pocket medical expenses during this gap.

Analysis and Conclusions of Law

Here, the appellant's eligibility for MassHealth CarePlus is not in dispute. MassHealth approved the appellant for MassHealth CarePlus coverage starting on January 7, 2025. However, the appellant is seeking a retroactive coverage start date, and the issue on appeal is whether the appellant is entitled to an earlier start date of coverage.

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).

(Emphasis added)

Since the appellant is a new applicant over the age of [REDACTED] his coverage date begins ten days prior to the date of his application. *See generally*, 130 CMR 502.006(A)(2). The appellant would like a coverage start date of at least December 10, 2024, because he incurred out-of-pocket medical expenses prior to filing his application for MassHealth benefits. Unfortunately, the appellant did not offer any arguments in support of the assertion as to why he is eligible for retroactive coverage. He did not deny completing his MassHealth application on January 17, 2025, despite also testifying to being released from the hospital on [REDACTED] 2025. He testified that he was unable to apply during his entire hospitalization. However, the appellant did not file this appeal until March 3, 2025, after he realized that his primary insurance would not fully cover the cost of his hospitalization in December 2024. There was no evidence or testimony offered that indicated that the appellant was prevented from filing his application for MassHealth benefits sooner than he did. Furthermore, there is no support for the appellant's argument in the regulations, and the appellant did not offer any authority supporting his argument.

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 CarePlus coverage.

For these reasons, the appeal as to the coverage start-date 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

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