

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2416105 2416115
<b>Decision Date:</b>	1/13/2025	<b>Hearing Date:</b>	11/21/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dominique Correa, Springfield 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 Date
<b>Decision Date:</b>	1/13/2025	<b>Hearing Date:</b>	11/21/2024
<b>MassHealth's Rep.:</b>	Dominique Correa	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (Teams video)	<b>Aid Pending:</b>	Yes

### 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 September 17, 2024, MassHealth approved appellants for MassHealth CarePlus benefits with a coverage effective date of September 3, 2024. (Ex. 2). Through a notice dated October 17, 2024, MassHealth downgraded appellants from MassHealth CarePlus to Health Safety Net with a coverage effective date of October 7, 2024, and the MassHealth CarePlus ending on November 30, 2042. (Ex. 1). Appellants filed this appeal in a timely manner on October 17, 2024. (Ex. 3). Appellants are appealing the start of coverage date of September 3, 2024 for the CarePlus benefit. Determination of a coverage effective date is a valid basis for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved appellants for MassHealth CarePlus benefits with a coverage effective date of September 3, 2024.

### Issue

The appeal issue is whether appellants are entitled to an earlier start date for coverage.

## Summary of Evidence

Appellants<sup>1</sup> and the MassHealth worker (worker) appeared by Teams video. The hearing began, parties were sworn and documents were marked as evidence. Appellants completed an online application on September 13, 2024. (Testimony). A request for information regarding income was sent to appellants on September 13, 2024 with a due date of December 12, 2024. Proof of income from appellants was received on September 13, 2024 and appellants were approved on September 17, 2024 for MassHealth CarePlus, with a coverage start date of September 3, 2024. (Testimony; Ex. 2).

Appellants called MassHealth on October 17, 2024, to report income changes. Appellant husband's reported income from unemployment was \$4,475 a month with appellant wife reporting no income. (Testimony). Appellants are in a household of 2, both are under 65 with no disability reported. Appellants' income is 257.78% of the federal poverty level. The worker stated 133% of the federal poverty level is \$2,266 a month for a household of 2. MassHealth sent a downgrade notice to appellants on October 17, 2024, notifying them their coverage was changing from CarePlus to Health Safety Net effective October 7, 2024, due to "no longer meeting income requirements." The CarePlus coverage ended on November 30, 2024. (Testimony; Ex. 1; 7). There is aid pending. (Ex. 6).

The worker stated it was her understanding appellants were appealing the beginning coverage date because they had a gap in insurance coverage. The worker concluded by saying as of April 1, 2023, the temporary eligibility policies established during the public health emergency ended, therefore the coverage begin date for the CarePlus of September 3, 2024, was correct. (Testimony).

Appellants offered the following written and testimonial evidence. In the summer of 2024, the appellant husband was terminated from his job after decades of employment. After the job loss, appellants received from the husband's former employer information pertaining to COBRA coverage. Appellants noted a deadline for continued coverage of October 3, 2024. (Testimony; Ex. 5). Appellants believed they had until that October date to enroll in a health plan with coverage retroactive to Jul 27, 2024. Appellants then "went to the Health Connector website and spoke to an advisor" on September 13, 2024.<sup>2</sup> Appellants were then notified they qualified for MassHealth CarePlus, effective September 3, 2024. Appellants are seeking a retroactive date of July 27, 2024

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<sup>1</sup> Pursuant to 130 CMR 610.073, I consolidated the hearings for appellants as the facts are common to each appeal and they are both appealing the coverage start date.

<sup>2</sup> MassHealth and the Health Connector share a website and based on testimony of the worker it appears appellants were on the MassHealth portion of the website.

to cover a gap in coverage. (Testimony; Ex. 5).

## Findings of Fact

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

1. Appellants completed an online application on September 13, 2024. (Testimony).
2. A request for information regarding income was sent to appellants on September 13, 2024 with a due date of December 12, 2024. (Testimony).
3. Proof of income from appellants was received by MassHealth on September 13, 2024. (Testimony).
4. Appellants were approved on September 17, 2024, for MassHealth CarePlus, with a coverage start date of September 3, 2024. (Testimony; Ex. 2).
5. Appellants are seeking an earlier start date for the CarePlus benefit to cover a gap in coverage. (Testimony).
6. There is aid pending. (Ex. 6).

## 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).

The start date of coverage for MassHealth applicants is governed by 130 CMR 502.006. Pursuant to 130 CMR 502.006(A)(2)(b), for individuals 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 506.006(C).

In this case, MassHealth approved appellants for coverage on September 17, 2024, with a start date for coverage to begin on September 3, 2024. This was based on a September 13, 2024, online application completed by appellants. MassHealth's determination of the effective coverage date was consistent with the regulatory provisions set forth above. Under these circumstances, there is nothing in the regulations that would permit an earlier effective date.

This appeal is denied as to both appellants.

## **Order for MassHealth**

None, except end aid pending for both appellants.

## **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 Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186