

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419314
Decision Date:	1/23/2025	Hearing Date:	01/22/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:

Katie Burgess, Taunton 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

Appeal Decision:	Denied	Issue:	Under 65; Eligibility; Start Date
Decision Date:	1/23/2025	Hearing Date:	01/22/2025
MassHealth's Rep.:	Katie Burgess	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center, 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 November 29, 2024, MassHealth approved the appellant for MassHealth CarePlus with a start date of August 18, 2024 (Exhibit 1). The appellant filed this appeal in a timely manner on December 17, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Determinations regarding scope and amount of assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CarePlus with a start date of August 18, 2024.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is eligible for MassHealth CarePlus benefits beginning August 18, 2024.

Summary of Evidence

The appellant and the MassHealth representative both appeared at hearing via telephone.

The MassHealth representative testified as follows: the appellant is appealing a notice dated November 29, 2024 approving him for MassHealth CarePlus benefits with a start date of August 18, 2024. A MassHealth worker verified the appellant's address on November 29, 2024, prompting the notice which is a duplicate of the approval notice issued on August 28, 2024. The appellant, who is an adult between the ages of [REDACTED] has a household size of one and zero income. The appellant called MassHealth on August 28, 2024 to re-apply and was approved for CarePlus benefits. Per regulations, MassHealth went back ten days from the date of the application, to August 18, 2024, for the coverage start date, and the appellant has been eligible and active on MassHealth CarePlus since that date.

The MassHealth representative provided additional background on the appellant's case. On October 30, 2023, MassHealth received pay stubs for the appellant and he was determined over income for MassHealth and was found eligible for a Connector Care plan through the Health Connector. He enrolled in a Health Connector plan at that time, but the Health Connector disenrolled him on May 31, 2024. As MassHealth and the Health Connector are separate, the MassHealth representative did not have information as to why he was disenrolled. The appellant has a gap in coverage from June 1, 2024 until his MassHealth coverage began on August 18, 2024. The MassHealth representative noted that there was no MassHealth application until August 28, 2024.

The appellant explained that he lost his job in June 2024 and did not know he had any lapse in his insurance until one of his health care providers informed him that two of his regular services were not covered. Until he re-applied on August 28, 2024, he did not understand the difference and separation between MassHealth and the Health Connector. He was looking for retroactive coverage to cover the gap. He never received termination notices from the Health Connector because mail went to an old address, even though he kept his information up to date. He did receive the August 28, 2024 MassHealth approval notice, but did not appeal it. He was told by the person he did the phone application with that he was approved for MassHealth effective August 18, 2024, but she would appeal for him to get retroactive coverage. He got the impression that the person assisting him was doing everything on her end that needed to be done in his file to cover the gap in coverage.

The MassHealth representative stated MassHealth records show that on August 28, 2024 the appellant spoke to a Health Connector agent (not MassHealth representative), who did the application over the phone, updated his income to zero, and made the initial approval. She explained that MassHealth representatives cannot file fair hearing requests on behalf of members. MassHealth records indicate that the August 28, 2024 approval notice went out to the correct

address.

Findings of Fact

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

1. The appellant is an adult between the ages of [REDACTED] with a household size of one and zero income (Testimony and Exhibit 4).
2. On August 28, 2024, MassHealth received a phone application from the appellant (Testimony).
3. On August 28, 2024, MassHealth approved the appellant for MassHealth CarePlus benefits with a start date of August 18, 2024 and issued a notice informing him of its determination (Testimony).
4. The appellant had previously been enrolled in a Health Connector plan from the end of 2023 to May 31, 2024 (Testimony).
5. After verifying proof of address, on November 29, 2024, MassHealth sent a new notice informing the appellant that he had been approved for MassHealth CarePlus with a start date of August 18, 2024 (Testimony and Exhibit 1).
6. On December 17, 2024, the appellant timely appealed the November 29, 2024 notice (Exhibit 2).

Analysis and Conclusions of Law

The Board of Hearings has limited jurisdiction to redress complaints. Particularly, the Board of Hearings may only redress disputes arising from MassHealth determinations.¹ See 130 CMR 610.032. Here, based on the notice under appeal dated November 29, 2024, the only MassHealth related dispute is whether MassHealth correctly determined the coverage type and start date. If the appellant has an issue with the Health Connector coverage and termination, he needs to contact the Health Connector.²

¹ Certain other limited areas of jurisdiction exist within the Board of Hearings that are not based upon MassHealth decisions or decisions by MassHealth contractors, such as decisions by a nursing facility to discharge or transfer a resident. See 130 CMR 610.032(C). Any authority regarding Health Connector decisions is specifically limited to those matters the Health Connector has delegated to the Board of Hearings. At the moment, no such delegation exists. See 130 CMR 610.032(A).

² Health Connector Customer Service can be reached via telephone at 1-877-623-6765. Alternatively, the Health Connector Ombuds Office can be contacted via mail at P.O. Box 960484, Boston, MA 02196. The letter should

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,³ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

Categorically, the appellant is eligible for CarePlus. Under 130 CMR 505.008(A)(2)(c), the income limit for that coverage type is 133% of the FPL. The appellant has zero income and MassHealth correctly determined that he is eligible for MassHealth CarePlus. Under 130 CMR 505.008(E),

include the full name of the primary person on the Health Connector account; preferred phone number(s); email address; and a summary of the issue(s) experienced. The Health Connector Ombuds can also be contacted via an online contact form at <https://betterhealthconnector.com/ombuds-contact-form>.

³ "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

MassHealth CarePlus coverage start date is described at 130 CMR 502.006(A)(2)(b) as follows:

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 the 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.

MassHealth's determination regarding the start date is correct and this appeal is denied. While the appellant's testimony is credible and it appears there was some miscommunication with the Health Connector representative, pursuant to 130 CMR 502.006(A), MassHealth coverage begins ten days prior to the date of the application. Unfortunately, as the application was received on August 28, 2024, the earliest start date possible is August 18, 2024.

For these 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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780