

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506253
Decision Date:	06/26/2025	Hearing Date:	05/21/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:




Appearance for MassHealth:

Harry Giang, Charlestown 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>	06/26/2025	<b>Hearing Date:</b>	05/21/2025
<b>MassHealth's Rep.:</b>	Harry Giang	<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 April 17, 2025, MassHealth approved Appellant's MassHealth application with CarePlus benefits effective March 23, 2025 (130 CMR 502.006, 505.008 and Exhibit 1). Appellant filed this appeal in a timely manner on April 17, 2025 (130 CMR 610.015(B) and Exhibit 2). Determination of the start date of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved Appellant's MassHealth application with CarePlus benefits effective March 23, 2025.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, 502.006 in determining a CarePlus coverage start date of March 23, 2025.

## Summary of Evidence

The MassHealth representative testified that Appellant is a household size of one person, has no previous MassHealth history and has not been determined disabled. Appellant did not report a pregnancy, breast or cervical cancer, or that she is HIV positive. The MassHealth representative testified that Appellant called MassHealth on April 2, 2025 to report that she had no income and on April 17, 2025 provided verification that she had no income. MassHealth determined that Appellant was eligible for CarePlus coverage effective March 23, 2025, which is 10 days prior to the April 2, 2025 report date.

Appellant testified that she had surgery on [REDACTED], and lost her health insurance when she was out of work on medical leave but was not aware that she had lost her health insurance prior to losing her job in [REDACTED], after which she called MassHealth to enroll. She stated that CarePlus should be backdated to February 14, 2025. Appellant testified that she has a hearing in June 2025 to address a disability application submitted to Social Security.

## Findings of Fact

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

1. Appellant is a household size of one person between 21 and 64 years of age, has no previous MassHealth history and has not been determined disabled.
2. Appellant did not report a pregnancy, breast or cervical cancer, or that she is HIV positive.
3. Appellant called MassHealth on April 2, 2025 to report that she had no income.
4. On April 17, 2025, Appellant provided verification that she had no income.
5. MassHealth started CarePlus coverage effective March 23, 2025, which is 10 days prior to the April 2, 2025 report date.

## Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). MassHealth offers several coverage types (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances (130 CMR 515.003(B)). Regulation 130 CMR 505.000 et seq. explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

Pursuant to 130 CMR 505.008(E) the coverage start date for CarePlus is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.008(E)(2).<sup>1</sup>

#### 130 CMR 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).

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<sup>1</sup> 130 CMR 505.008(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.
  - (a) The individual is an adult 21 through 64 years old.
  - (b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
  - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
  - (d) The individual is ineligible for MassHealth Standard.
  - (e) The adult complies with 130 CMR 505.008(C).
  - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(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).

(d) For individuals denied for failure to provide verification of requested information who then provide requested verifications or report changes after 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)<sup>3</sup>.**

Here, Appellant who is a household size of one person between 21 and 64 years of age, with no previous MassHealth history and who has not been determined disabled, did not report a pregnancy, breast or cervical cancer, or that she is HIV positive, called MassHealth on April 2, 2025 to report that she had no income. On April 17, 2025, Appellant provided verification that she had no income. MassHealth correctly determined that Appellant is eligible for CarePlus coverage, and correctly started coverage effective March 23, 2025, which is 10 days prior to the April 2, 2025 report date.

The MassHealth determination is correct, and the appeal is DENIED.

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<sup>2</sup> 130 CMR 502.003(D)(2)(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> 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).

## **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

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129