

Appendix 4:
Table Comparing MassHealth CarePlus and ConnectorCare (2019)

Criteria	CarePlus	ConnectorCare	Comment
Residence: Living in state with intent to reside; or entered for work or seeking work. Fixed address not required.	G.L. 118E:8; 42 CFR 435.503; 130 CMR 503.007	45 CFR 155.305(a)(3); 956 CMR12.03	Essentially the same definition in both programs. Connector has rules for members of same tax household with different residences.
Incarceration	Not an inmate of a public institution (exc a patient in a medical inst) 42 CFR 435.1009-1010	Not incarcerated except pending disposition of charges. 45 CFR 155.305(a)(2)	The Connector rule is broader in allowing for pre-trial detainees to be eligible.
Eligible immigrants	Must be “Qualified” and not under 5-year bar 130 CMR 504.003(A)(1) and 504.006(A)	Must be “lawfully present” (no 5-year bar) 45 CFR 155.20 and 152.2	MassHealth CarePlus covers fewer types of immigration status than the Connector but MassHealth Family Assistance covers more.
Age limit	21 - 64 130 CMR 505.008(A)	No age limit	Other types of MassHealth have different age limits than CarePlus.
Provisional eligibility –temporary eligibility pending verification	Provisional eligibility for all eligibility factors except income 130 CMR 502.003	Provisional eligibility for all eligibility factors including income 45 CFR 155.315(f)	Provisional eligibility for income in MassHealth is limited to adults eligible for Standard or Family Assistance based on certain health conditions (pregnancy, BCCTP, HIV+) & to children
MAGI income limits	Current monthly income not over 133% FPL. 130 CMR 505.008(A) FPL updated in March	Expected annual income greater than 100% FPL (except for those ineligible for Medicaid due to immigration status) but not over 300% FPL. FPL updated for Open Enrollment 26 CFR 1.36B-1; 45 CFR 155.305; 956 CMR 12.04	Much higher income limit in ConnectorCare. No minimum income in MassHealth. See MAGI Q & A for more differences between MassHealth and Connector MAGI rules. APTC is available for those over 300% FPL to 400% FPL.

Criteria	CarePlus	ConnectorCare	Comment
MAGI household	Exceptions to use of tax household for non-filers, certain tax dependents, pregnant women, spouses living together, and disabled adults. 130 CMR 506.002	Household includes taxpayer and tax dependents, no exceptions to tax household 26 CFR 1.36B-1; 45 CFR 155.305	
MAGI income rules: MAGI counts taxable income includable in AGI plus nontaxable Social Security Income, tax exempt interest & certain tax exempt foreign income	5% FPL standard deduction; lump sum only counted as income in month of receipt & certain added deductions 42 CFR 435.603, 130 CMR 506.003-506.004	No standard deduction; no special treatment for lump sum income.	
Access to other insurance (minimum essential coverage)	Must not be eligible for Medicare or MassHealth Standard but may be eligible for any other insurance. MassHealth will be secondary to any other insurance. 130 CMR 505.008(A)	Must not be eligible for Medicare, MassHealth, Tricare, “affordable” employer insurance or enrolled in VA health system, employer insurance or COBRA. 26 CFR 1.36B-2; 45 CFR 155.	CarePlus is the only MassHealth program that excludes Medicare beneficiaries. See Q & A for more on “minimum essential coverage”
Tax filing	No tax filing requirement 130 CMR 506.002	Must file federal return for any tax year in which seeking premium tax credit. Married must file jointly unless abuse/abandonment. 26 CFR 1.36B-2; 45 CFR 155.	ConnectorCare applicants must intend to file for current year; enrollees must have also filed for past periods in which they received ConnectorCare/APTC
Open enrollment	Continuous. Can enroll at any time.	Can only enroll during annual open enrollment or after a Qualifying event including being newly eligible for ConnectorCare. 45 CFR 155.410 and 155.420; 956 CMR 12.10	2019 open enrollment was Nov 15, 2018 to Jan. 23, 2019 for coverage beginning Jan. 1 or Feb 1 2019

Criteria	CarePlus	ConnectorCare	Comment
Start date of coverage	10 days prior to date of application 130 CMR 505.008(E) & 502.006	1 st of month after selecting a plan and paying any premium due by 23d of prior month 956 CMR 12.10	
Enrollment & Auto-enrollment (default enrollment)	If MassHealth is primary, auto-enrolled in managed care if no plan selection by deadline. Until then, or if MassHealth is secondary, coverage is fee for service. 130 CMR 508.003(B)	Able to enroll during open enrollment or by deadline after a qualifying event (generally 60 days). No auto-enrollment. 45 CFR 155.410 and 155.420; 956 CMR 12.10	Individuals who are eligible for ConnectorCare and do not enroll will lose all but HSN-dental.
Managed Care	Managed care is mandatory if MassHealth is only form of coverage (primary). Managed Care options include ACOs, Primary Care Clinician Plan and MCOs. Coverage is fee for service if individual has other insurance and MassHealth is secondary. 130 CMR 508	All coverage is through Health Maintenance Organizations (HMOs) 956 CMR 12.03 (Def. of health plan)	.
Managed Care Lock-In	90 days to freely change plan during Plan Selection period; after which can only change for cause during Fixed Enrollment period. 130 CMR 508.003(C)	Can change plans during open enrollment or after a qualifying event. 45 CFR 155.410 and 155.420; 956 CMR 12.10	MassHealth good cause criteria and ConnectorCare qualifying events have some overlap but differ.

Criteria	CarePlus	ConnectorCare	Comment
Scope of covered benefits	<p>Comprehensive including dental and nonemergency transportation. CarePlus members requiring certain long term services & supports not available in CarePlus may upgrade to Standard as “medically frail.”</p> <p>130 CMR 450.105(B) and 130 CMR 505.008(F)</p>	<p>Comprehensive but not including dental or nonemergency transportation. Up to 100 days in SNF or Chronic Hospital (combined). Home health agency benefit is only benefit for help with activities of daily living in the home.</p> <p>See, 45 CFR 156.100-156.155 (min. standard for Essential Health Benefits)</p>	<p>CarePlus benefits are listed in Medicaid state plan as “Alternate Health Benefit Plan” & in state regulations & health plan contract and member book. ConnectorCare benefits are listed in plan contract and plan’s member book/evidence of coverage.</p>
Premiums & Cost-Sharing	<p>No premiums. Copayments for drugs of \$1 or \$3.65, and \$3 copay for inpatient hospitalization. No deductibles</p> <p>130 CMR 506.011 (premiums); 506.014 (copayments)</p>	<p>Premiums depend on income and plan selection. \$0 premium option for lowest cost plans for applicants with income under 150% FPL. Minimum premiums from \$44 to \$126 per person per month for those over 150% to 300% FPL (2019). Copays same as MassHealth for Plan Type 1 (income up to 100% FPL). Higher copays for Plan Types 2 and 3. No deductibles.</p> <p>956 CMR 12.10(3) and 12.11</p>	
Reconciliation	N/A	<p>Amount of federal premium tax credit received in advance must be reconciled with amount due at time of tax filing. May result in higher or lower federal credit/tax liability.</p> <p>26 CFR 1.36B-4</p>	<p>See Q & A 30 for more information on reconciliation</p>

Criteria	CarePlus	ConnectorCare	Comment
Appeal Process	<p>Right to notice and fair hearing at MassHealth Board of Hearings when denied eligibility or services. If enrolled with managed care must first follow managed care internal appeal process to appeal decisions of managed care entity to Board of Hearings.</p> <p>42 CFR 431; 130 CMR 610</p>	<p>Right to notice and fair hearing over disputes about eligibility, enrollment, premiums and adverse decision made by the Connector before Connector hearings officers.</p> <p>45 CFR 355.; 956 CMR 12.12</p> <p>Disputes with managed care plans over medical necessity or covered services may be raised with Office of Patient Protections after first following managed care internal appeal process.</p> <p>965 CMR 12.14, 958 CMR 3.00</p>	<p>See Appeals Q &As for more about ConnectorCare appeals.</p>