

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2205019
Decision Date:	8/15/2022	Hearing Date:	08/09/2022
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
James Lockwood

Interpreter:



*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:	Dismissed	Issue:	Payment of emergency room bill
Decision Date:	8/15/2022	Hearing Date:	08/09/2022
MassHealth's Rep.:	James Lockwood	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 April 5, 2022, MassHealth approved appellant for MassHealth CarePlus. (Ex. 1). The appellant filed this appeal in a timely manner in May 2022. (Ex. 2). An applicant can request a fair hearing to contest MassHealth's scope and amount of assistance.¹ (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for MassHealth CarePlus.

Issue

The appeal issue is whether the fair hearing process is the correct forum to entertain appellant's argument that his hospital emergency room charges have not been paid by MassHealth CarePlus.

Summary of Evidence

¹ Through his testimony, appellant confirmed he did not request a fair hearing to contest the scope and amount of assistance.

The notice from MassHealth, dated April 5, 2022, approved appellant for MassHealth CarePlus. The MassHealth worker testified appellant has had MassHealth CarePlus since 2019. Appellant had recently answered requests for information and has kept his information current with MassHealth.

Appellant testified and offered documents relating to a hospital emergency room admission after he was stabbed. Appellant testified his health insurance would not pay for his emergency room admission because he did not name a primary care physician. The MassHealth worker testified appellant's primary care is Tufts Medical. It was clear from appellant's testimony he was requesting the hearing officer order his insurance to pay his overdue hospital emergency room bill.

Findings of Fact

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

1. Appellant was sent an approval letter from MassHealth for coverage under MassHealth CarePlus, which appellant appealed. (Ex. 1 and 2).
2. Appellant has been covered by MassHealth CarePlus since 2019. (Testimony).
3. Appellant had a medical condition that required he be treated at a hospital emergency room. (Ex. 4 and 5).
4. Appellant's reason for requesting a fair hearing was because his insurance would not pay his hospital emergency bill. (Testimony).

Analysis and Conclusions of Law

Appellant requested a fair hearing to obtain an order to compel his insurance company to pay his hospital emergency bill.

610.032: Grounds for Appeal (A) Applicants and members have a right to request a fair hearing for any of the following reasons: (1) denial of an application or request for assistance, or the right to apply or reapply for such assistance; (2) the failure of the MassHealth agency to give timely notice of action on an application for assistance in accordance with the requirements of M.G.L. c. 118E, § 21; (3) any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance; (4) MassHealth agency actions to recover payments for benefits to which the member was not entitled at the time the benefit was received; (5) individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations); (6) coercive or otherwise improper conduct as defined in 130 CMR 610.033 on the part of any MassHealth agency employee directly involved in the applicant's or member's case; (7) any condition of eligibility imposed by the MassHealth agency for assistance or receipt of assistance that is not authorized by federal or state law or regulations; (8) the failure of the MassHealth agency to act upon a request for assistance within the time limits required by MassHealth regulations; (9) the MassHealth agency's determination that the

member is subject to the provisions of 130 CMR 508.000: MassHealth: Managed Care Requirements; (10) the MassHealth agency's denial of an out-of-area provider under 130 CMR 508.003(A)(2); (11) the MassHealth agency's disenrollment of a member from a managed care provider under 130 CMR 508.003: Enrollment with a MassHealth Managed Care Provider; (12) the MassHealth agency's denial of a member's request to transfer out of the member's MCO, ACPP, or Primary Care ACO under 130 CMR 508.003: Enrollment with a MassHealth Managed Care Provider; (13) the MassHealth agency's determination to enroll a member in the Controlled Substance Management Program under the provisions of 130 CMR 406.442: Controlled Substance Management Program; and (14) the MassHealth agency's determination of eligibility for low-income subsidies under Medicare Part D, as set forth in the Medicare Prescription Drug and Improvement and Modernization Act of 2003 as described in federal regulations at 42 CFR Part 423, Subpart P.

It is clear no adverse action was taken against appellant that constitutes a denial under 610.032(A)(1) nor did appellant claim any adverse action had been committed against him. Nor was there an action to reduce or downgrade appellant's assistance under 610.032 (A)(3). Based upon appellant's argument at hearing, none of the grounds to request a fair hearing cited in 610.032 are present in this case. Appellant appealed to have his insurance company compelled to pay his hospital insurance bill. Nowhere in his testimony or in his documentary evidence did appellant contest the approval of MassHealth CarePlus.

As appellant's stated reason for his request for a fair hearing does not constitute grounds for appeal, as set forth in 130 CMR 610.032, the appeal is DISMISSED. (130 CMR 610.035 (4)).²

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

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

² As suggested at hearing by the MassHealth representative, appellant should contact customer service at MassHealth CarePlus to inform them Tufts Medical is his primary care.

[REDACTED]