

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2206683
<b>Decision Date:</b>	10/11/2022	<b>Hearing Date:</b>	10/03/2022
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*

Pro se

**Appearance for MassHealth:**

*Via telephone:*

Andre Malcom, 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>	Eligibility
<b>Decision Date:</b>	10/11/2022	<b>Hearing Date:</b>	10/03/2022
<b>MassHealth's Rep.:</b>	Andre Malcom	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center 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 July 25, 2022, MassHealth denied the appellant's application for MassHealth benefits because the appellant is 65 years old or older and did not complete the correct application for individuals 65 years old or older (Exhibit 1). The appellant filed this appeal in a timely manner on September 6, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's under-65 application because he is over the age of 65.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 501.002, in determining that the appellant needed to submit an over-65 application in order to get benefits.

## Summary of Evidence

The MassHealth representative appeared at hearing via telephone and testified as follows: on November 9, 2021, MassHealth received all proof of income and verifications related to an under-65 case and approved the appellant for a Connector Care Plan Type 2B and temporary Health Safety Net (HSN). The temporary HSN was for three months, through February 12, 2022, at which point it switched over to HSN dental through April 12, 2022. When the appellant's HSN coverage switched from temporary HSN to HSN dental, MassHealth generated a request for proof of residency. On April 12, 2022, the appellant's HSN was closed for not providing proof of residency. Notes show that the appellant attempted to submit proof of residency a few times, including on May 12, 2022, but it was not an acceptable form of proof. The appellant resolved the proof of residency on July 1, 2022, at which point he was already over the age of 65. Thus, on July 25, 2022, MassHealth issued the notice under appeal denying the appellant coverage for being 65 years old or older and not completing the correct application for individuals 65 years old or older.

The appellant appeared at hearing via telephone and testified that he was appealing because he wants coverage for bills he had in the month of May 2022. He did not dispute that he was over the age of 65. He received a notice dated April 12, 2022 stating that he did not provide proof in the time allowed. He did not appeal that notice because he tried to resolve the issue by sending in proof of residency. He stated he sent it in multiple times, but every time, he was told it was not an acceptable form of proof. He finally submitted an acceptable form of proof of residency on July 1, 2022, but then he received the denial on July 25, 2022 stating that he was denied because he was over 65 and did not complete the correct application. He currently has Tufts health insurance through Medicare which has been active since June 1, 2022.

The MassHealth representative noted that there is no over-65 application filed. He also explained the Health Connector is a separate agency over which MassHealth has no authority and he did not have access to Health Connector information or notices. But it appeared that the appellant was enrolled in Tufts through the Health Connector and if he wants to address a loss of coverage of his Connector Care plan, he needs to contact the Health Connector, which has its own appeal process. If his Health Connector plan was terminated, he should have a notice from the Health Connector with appeal rights. The MassHealth representative provided the appellant with the Health Connector customer service number; informed him that there was an online option on the Health Connector website to complete an appeal request; and also offered to assist him over the phone with the Health Connector customer service if the appellant wanted the help.

## Findings of Fact

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

1. The appellant is over the age of 65 (Testimony and Exhibit 4).
2. The appellant submitted an application for benefits for individuals under the age of 65 (Testimony and Exhibit 1).

3. On November 9, 2021, the appellant was approved for temporary HSN and a Connector Care Type 2B plan through the Health Connector (Testimony).
4. The appellant was on a Health Connector plan and is looking for coverage from the Health Connector for the month of May 2022, when there was a gap in coverage (Testimony).
5. On April 12, 2022, MassHealth issued a notice informing the appellant that he did not provide proof in the time allowed, but he did not appeal that notice (Testimony).
6. On July 1, 2022, MassHealth received the necessary proof of residency, but by that time the appellant was over the age of 65 (Testimony).
7. On July 25, 2022, MassHealth issued a notice informing the appellant that he did not complete the correct application for individuals 65 years old or older (Testimony and Exhibit 1).
8. On September 6, 2022, the appellant timely appealed the July 25, 2022 denial 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.<sup>1</sup> See 130 CMR 610.032. Here, based on the notice under appeal dated July 25, 2022, the only MassHealth related dispute is whether MassHealth correctly denied the appellant's application for MassHealth benefits based upon the type of application submitted.

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. One of the major dividing lines for categorical eligibility is the age of 65. Individuals aged 65 and older have eligibility for MassHealth benefits determined using the regulations at 130 CMR 515.000-520.000, and those under 65 are typically determined by the regulations at 130 CMR 501.000-508.000.

The first step to getting a determination for eligibility is completing the relevant application. A senior application must be submitted in order to qualify for the benefits described in the regulations at 130 CMR 515.00-520.000. While the appellant was under 65 when he began the application process, by the time he provided the relevant proof of residency needed to issue a determination, he was over 65. The appellant agreed that he was over the age of 65 and had not submitted an application for senior

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<sup>1</sup> 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).

benefits pursuant to 130 CMR 516.001(A)(1)(a). Therefore, MassHealth correctly decided that the appellant was not eligible for any benefits specifically available to individuals over the age of 65. This 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Jennifer Vitt, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129