

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2206925
Decision Date:	12/8/2022	Hearing Date:	10/19/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Cathy Tobin (Tewksbury MEC) *via* telephone



*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:	Approved	Issue:	Eligibility
Decision Date:	12/8/2022	Hearing Date:	10/19/2022
MassHealth's Rep.:	Cathy Tobin	Appellant's Rep.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center		

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 August 17, 2022, MassHealth notified the appellant that she did not qualify for MassHealth because she withdrew the application. (See 130 CMR 502.009 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 14, 2022. (See 130 CMR 610.015(B) and Ex. 2). On September 8, 2022, MassHealth notified the appellant that the appellant did not qualify for MassHealth because she was 65 years or older and did not complete the correct application for individuals 65 years or older. (See 130 CMR 501.002(B); Ex. 4, p. 5). On the same date MassHealth notified the appellant that she did not qualify for MassHealth benefits but that Health Safety Net (HSN) may be able to help pay for certain health care services. (Ex. 4, p. 6).

Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth because she withdrew her application. MassHealth later informed the appellant that she did not qualify because she was 65 years old or older and did not complete the correct application for individuals age 65 or older. MassHealth ended her MassHealth on August 31, 2022.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.009 and 501.002, in

determining that the appellant was not eligible for MassHealth.

Summary of Evidence

The MassHealth representative stated that MassHealth sent a notice on August 17, 2022 stating that the appellant voluntarily withdrew from her MassHealth coverage. The appellant's coverage ended on August 31, 2022. The MassHealth representative stated that she read through the notes for the case. These state that the appellant's spouse was trying to submit his own senior application. This then shut off the appellant's benefits. The appellant is under the age of 65. The appellant began receiving MassHealth on November 10, 2014, which continued until August 31, 2022. The MassHealth representative stated that the spouse's senior application appeared to still be pending. The appellant would have to reapply. The MassHealth representative stated that MassHealth did send a renewal form on September 8, 2022. The appellant's income was updated on September 19, at which time she was referred to the Health Connector based on the household income, which was reported a \$3,716 for a household of two. The MassHealth representative stated that the income limit for CarePlus, which was the type of MassHealth the appellant was receiving, was \$2,030 per month.

The appellant's spouse represented her in the hearing. (Ex. 4, p. 2). The spouse stated that, on June 30, 2022, he received a letter from MassHealth concerning the appellant's coverage. (Ex. 4, p. 3). The letter stated that the selection period started on August 28, but that the appellant- did not need to do anything if she was still happy with her health plan. (Ex. 4, p. 3). Around August 2, 2022, the spouse received a 16-page MassHealth application. The appellant's spouse attempted to complete the application online but was told that he could not complete the application online since he was over 65. The spouse stated that on August 16, 2022, he withdrew his own application but did not withdraw the appellant's application. The spouse was prompted to call in, which he did on August 29, applying by telephone at that time. As of the date of the hearing, MassHealth was still processing the application.

The appellant's spouse stated that the appellant received two letters from MassHealth (both dated September 8, 2022) stating she was ineligible for MassHealth. (Ex. 4, pp. 5, 6). The first stated that the appellant was not eligible because she was 65 or older and did not complete the correct application for individuals 65 years or older. (Ex. 4, p. 5). The second stated that the appellant was not eligible for MassHealth but was eligible for Health Safety Net (HSN). (Ex. 4, p. 6). It was at this point that the appellant filed the fair hearing request. The appellant has not had health insurance since the end of August and the appellant needs relief. The appellant's spouse stated that the appellant's insurance should not have ended because of a mistake that he may have made.

The MassHealth representative stated that, upon further inspection, the notes in the appellant's file indicated that these notices were all sent in error. Once the appellant submitted updated income information, she was approved for ConnectorCare Plan Type 3B with tax credit. The appellant's spouse again reemphasized that he never had any intention to withdraw the appellant from MassHealth.

Findings of Fact

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

1. The appellant is under the age of 65. (Testimony of the MassHealth representative; Ex. 4, p. 5).

2. The appellant began receiving MassHealth on November 10, 2014. (Testimony of the MassHealth representative).
3. The appellant has a household of two, which includes her spouse. (Testimony of the MassHealth representative).
4. On June 30, 2022 the appellant's spouse received a letter from MassHealth concerning the appellant's coverage, which stated that the selection period started on August 28, but that the appellant did not need to do anything if she was still happy with her health plan. (Ex. 4, p. 3; Testimony of the appellant's spouse).
5. Around August 2, 2022, the appellant's spouse received a 16-page MassHealth application. (Testimony of the appellant's spouse).
6. The appellant's spouse attempted to complete the application online but was told that he could not complete the application online since he was over 65. (Testimony of the appellant's spouse).
7. On August 16, 2022, the appellant's spouse withdrew his own application. (Testimony of the appellant's spouse).
8. MassHealth sent a notice on August 17, 2022 notifying the appellant that she voluntarily withdrew from MassHealth and that her coverage would end on August 31, 2022. (Ex. 1).
9. MassHealth sent a notice on September 8, 2022, notifying the appellant that she was 65 years old or older and did not complete the correct application for individuals 65 years old or older. (Ex. 4, p. 5; Testimony of the appellant's spouse).

Analysis and Conclusions of Law

To apply for MassHealth, an individual or his or her authorized representative must file an application online, complete a paper application, complete a telephone application, or apply in person at a MassHealth Enrollment Center (MEC). (130 CMR 502.001(A)). The applicant or authorized representative may voluntarily withdraw his or her application for MassHealth. (130 CMR 502.009).

MassHealth regulations define the term authorized representative as “a person or an organization identified as the authorized representative of an applicant or member **in a completed Authorized Representative Designation Form or another form prescribed by the MassHealth agency that has been signed by the authorized representative and, if applicable, the applicant or member and submitted to the MassHealth agency and in which the authorized representative agrees to comply with applicable rules regarding confidentiality and conflicts of interest in the course of representing the applicant or member...**” (emphasis added). (130 CMR 501.001).

The appellant has shown, by a preponderance of the evidence, that neither she nor an authorized representative voluntarily withdrew her application for MassHealth. The appellant should not have been disqualified for this reason.

MassHealth has separate application requirements for those who are under the age of 65 and those who are over the age of 65. (130 CMR 501.002). The record shows, however, that the appellant is not over the age of 65 and therefore should not have been disqualified for this reason.

For the above stated reasons, the appeal is APPROVED.

Order for MassHealth

Reinstate MassHealth benefits from September 1, 2022 until such time that the appellant began receiving Connector Care coverage.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957