

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2207818
Decision Date:	1/17/2023	Hearing Date:	11/18/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Elizabeth Nickoson (Taunton 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:	Dismissed	Issue:	CarePlus
Decision Date:	1/17/2023	Hearing Date:	11/18/2022
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton 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 September 13, 2022, MassHealth informed the appellant that she did not qualify for MassHealth benefits because MassHealth determined that her monthly income was too high. (See 130 CMR 505.008; 506.007(B), 502.003, and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on October 20, 2022. (See 130 CMR 610.015(B); Eligibility Operation Memo 22-10, and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth ended the appellant's CarePlus.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 502.003, in removing the appellant from CarePlus.

Summary of Evidence

The appellant is an individual under the age of 65. (Ex. 3). The MassHealth representative stated that the appellant has a household size of one and is a tax filer. The appellant reports monthly household earned income of \$1,343. This places her at 494.94% of the Federal Poverty Level (FPL). The appellant is enrolled in a Health Connector Plan that cost \$510.75 per month. The appellant previously received MassHealth Care Plus from July 16, 2021 through July 31, 2022. MassHealth stated that she found a

note dated July 1, 2022 which said that the appellant contacted MassHealth stating that she reinstated her Health Connector and now requested that the COVID protections be removed from her MassHealth CarePlus.

The appellant stated that in June, she learned that her employer sponsored health insurance would end on June 30, 2022 because she was becoming part-time. (Ex. 5, p. 4). On June 22, 2022, the appellant contacted MassHealth to request that her CarePlus be reinstated and was told that she was not eligible for CarePlus but should contact the Connector because she was eligible for a plan. On June 28, 2022, the appellant called the Connector and spoke to a representative. The representative informed the appellant that she would be enrolled in a ConnectorCare plan. The appellant requested that the coverage begin on July 1, 2022, and the representative agreed.

On June 30, 2022, the appellant paid her premium for the month of July 2022. (Ex. 5, p. 9). On July 1, 2022, the Health Connector sent the appellant a letter confirming her approval for the ConnectorCare plan. (Ex. 5, pp. 11-18). On July 2, 2022, the Health Connector sent a second letter stating that her ConnectorCare plan was ending on July 1, 2022.¹ (Ex. 5, pp. 19-20). Despite this, the Connector continued billing the appellant and appellant continued paying her premiums.² (Ex. 5, pp. 7, 21-22). The ConnectorCare plan continued paying for her medical appointments, and medications, as well as sending her bills in August and September 2022. (Ex. 5, pp. 24-29). The appellant also received a prior authorization approval for a medical procedure that she underwent on August 31, 2022.

On October 17, 2022, the appellant called the Connector to see if she could change her health insurance plan to a PPO. The representative for the Connector informed the appellant that she had never been enrolled with the ConnectorCare plan. The appellant was then referred to a “specialist,” who informed her that she should contact MassHealth and “be taken off of the disqualified list.” The appellant then called MassHealth on October 20, 2022 and explained her situation. The representative for MassHealth³ responded by stating the mass health did not know what the appellant was talking about in terms of being removed from a “disqualified list”. The appellant spoke to another representative who told her that she should never have been taken off CarePlus due to the COVID emergency. The appellant was directed by this representative to request a fair hearing regarding the MassHealth decision to take her off CarePlus, which is why she submitted the fair hearing request on October 20, 2022. (See Ex. 2).

The appellant stated that she never received any notice from MassHealth concerning her CarePlus coverage ending.⁴ The appellant stated that MassHealth did send her the notice she appealed, which informed her that her Health Safety Net (HSN) was ending. On October 24, 2022, the Connector notified her that she could not enroll in a plan unless she had a “qualifying event.” (Ex. 6, pp. 5-10). Therefore, the appellant will not have health insurance until there is another enrollment. The appellant was therefore seeking to have her CarePlus reinstated from July 31 through December 31, 2022.

¹ This notice, which appears to be a form letter, did not specify the reason that the coverage was ending, only that the coverage could end earlier if she had a past due balance or indicating what would happen if she voluntarily ended her coverage. (Ex. 5, p. 19-20).

² The appellant stated that the Connector did refund \$180.66 on July 28, 2022. (See Ex. 5, p. 23).

³ Not the MassHealth representative at the hearing.

⁴ Evidently, the notice dated September 13, 2022, cited above, was not a notice submitted by the appellant as part of her appeal but rather, generated by the Board of Hearings and included in the hearing file. (Ex. 1).

The MassHealth representative stated that, based on the appellant's testimony, she did not in fact contact MassHealth on July 1, 2022 asking to be removed from CarePlus, she would reinstate the appellant to CarePlus from August 1, 2022. This would continue through the end of the year, at which time the appellant would be able to enroll in a new ConnectorCare plan.

Findings of Fact

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

1. The appellant is under 65. (Ex. 3).
2. The appellant has a household size of one and is a tax filer. (Testimony of the MassHealth representative).
3. The appellant reports monthly household earned income of \$1,343, which places her at 494.94% of the FPL. (Testimony of the MassHealth representative).
4. The appellant received MassHealth CarePlus from July 16, 2021 through July 31, 2022. (Testimony of the MassHealth representative).
5. MassHealth records indicate that the appellant contacted MassHealth on July 1, 2022 requesting that she be taken off CarePlus. (Testimony of the MassHealth representative).
6. The appellant did not contact MassHealth on July 1 and never received notice that her CarePlus was ending. (Testimony of the appellant).
7. The appellant was approved for a ConnectorCare plan beginning July 1, 2022 but was disenrolled on July 2, 2022. (Testimony of the appellant).
8. The appellant will not be able to enroll in a ConnectorCare Plan until after December 31, 2022. (Testimony of the appellant).
9. MassHealth agreed to reinstate the appellant to CarePlus effective August 1, 2022, through December 31, 2022. (Testimony of the MassHealth representative).

Analysis and Conclusions of Law

MassHealth may make an adjustment in the matters at issue before or during an appeal period. (130 CMR 610.051(B)). If the parties' adjustment resolves one or more of the issues in dispute in favor of the appellant, the hearing officer, by written order, may dismiss the appeal in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. (Id.). After considering the appellant's testimony, the MassHealth representative decided to reinstate the appellant CarePlus coverage from August 1, 2022 through December 31, 2022. The appellant did not object to this, as it would allow her to have medical coverage until she could enroll in a ConnectorCare plan.

For the above stated reasons, the appeal is DISMISSED.

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.

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:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780