

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2208090

Decision Date: 12/13/2022

Hearing Date: 11/29/2022

Hearing Officer: Thomas Doyle

Record Open to:

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Thelma Lizano

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:	Denied	Issue:	Eligibility
Decision Date:	12/13/2022	Hearing Date:	11/29/2022
MassHealth's Rep.:	Thelma Lizano	Appellant's Rep.:	Pro se
Hearing Location:	Phone (remote)	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 October 11, 2022, MassHealth approved the appellant's health coverage for Health Safety Net Partial. (Ex 1). The appellant filed this appeal in a timely manner on October 24, 2022. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for Health Safety Net Partial.

Issue

The appeal issue is whether appellant was eligible for additional MassHealth benefits.

Summary of Evidence

Appellant and the MassHealth worker both appeared by phone and were sworn. MassHealth approved appellant for Health Safety Net Partial. (Ex. 1; Ex. 4). MassHealth testified appellant has coverage only through the Health Connector because he was over income. (Testimony). Appellant updated his income two weeks ago. He income was \$1,120.22 every two weeks. (Testimony).

When reached by phone, appellant stated he was on his way to work and was on the street.

Appellant stated he wanted MassHealth.¹ Appellant was asked if he could understand everything we were saying and he replied “yes”. After the testimony of the MassHealth worker, appellant was asked if he wanted to ask her any questions. He declined. He was then asked if he wanted to provide any testimony of his own. He declined, other than stating he wanted MassHealth.

At one point in the hearing, the phone connection with appellant was lost. The hearing officer called him back. Appellant’s voicemail picked up. The hearing officer left a message with appellant that a written decision would be forthcoming as appellant made it known he did not wish to withdraw his appeal, he did not wish to testify and chose not to ask the MassHealth worker any questions.

Findings of Fact

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

1. Appellant is a male in his early sixties. (Ex. 2).
2. Appellant was approved for Health Safety Net Partial. (Ex. 1).
3. Appellant appealed his notice of approval for Health Safety Net Partial without indicating a reason or why he was appealing. (Testimony).
4. Appellant is employed, earning \$1,120.22 every two weeks. (Testimony).
5. On his request for hearing form, appellant did not check off that he needed the services of an interpreter. (Ex. 2). At hearing, when asked if he understand what the other party and the hearing officer were saying, appellant replied yes. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). The evidence reflects appellant has health coverage through the Health Safety Net. (Ex. 1; Testimony). Appellant stated he knew he had the Health Connector but he wanted MassHealth. (Testimony). Evidence shows appellant is employed (Ex. 5, p. 13) and earns \$1,120.22 every two weeks, making him over income for eligibility for expanded MassHealth benefits. (Testimony). Appellant did not refute any of the testimony of MassHealth nor any of the documentary evidence. Appellant has failed to meet his burden that he is eligible for MassHealth benefits, therefore, the appeal is denied.

¹ On his request for hearing form, appellant did not circle any reason for his appeal nor did he explain why he was appealing.

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