

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2301589
Decision Date:	5/30/2023	Hearing Date:	05/10/2023
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:



Appearances for MassHealth:

Fabienne Jeanniton, Tewksbury MEC
Kim Driscoll, Third-Party Liability Unit



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Managed Care Eligibility
Decision Date:	5/30/2023	Hearing Date:	05/10/2023
MassHealth Reps.:	Fabienne Jeanniton Kim Driscoll	Appellant's Rep.:	Pro Se
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated February 9, 2023, MassHealth informed the appellant that he would no longer receive coverage through a managed care plan because he has access to comprehensive third-party health insurance (Exhibit 1). The appellant filed this appeal in a timely manner on February 27, 2023 (130 CMR 610.015(B); Exhibit 3). The Board of Hearings dismissed the appeal on March 2, 2023, for failure to provide a copy of the notice; BOH later vacated the dismissal after the notice was submitted (Exhibits 4 and 5). Disenrollment from managed care is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is no longer eligible to receive coverage through a managed care plan because he has access to comprehensive third-party health insurance.

Issue

The appeal issue is whether MassHealth's determination was correct.

Summary of Evidence

MassHealth was represented by a caseworker from the Tewksbury MassHealth Enrollment Center as well as a representative of the Third-Party Liability (TPL) Unit. The TPL representative testified that the appellant has had MassHealth Standard continuously since August 2, 2019, and has been receiving MassHealth coverage through a managed care plan. MassHealth received notification that the appellant will become eligible for Medicare as of June 1, 2023. The agency then informed the appellant that once his comprehensive third-party health insurance (Medicare) coverage begins, he will no longer receive benefits through the MassHealth managed care plan. The TPL representative stated that the appellant will keep MassHealth as secondary coverage and that MassHealth will also pay his Medicare premiums; she stated that “this is the most coverage he can get.”¹

The appellant appeared at the hearing and testified on his own behalf. He stated that he had surgery on March 15 and is still receiving physical therapy services as part of his recovery. He testified that he tried to get information about his coverage once he becomes eligible for Medicare and was told that his physical therapy will not be covered for the first 60 days after he enrolls. He expressed frustration with the transition, stating that he has not been able to get all of his questions answered through MassHealth Customer Service.

Findings of Fact

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

1. The appellant has had MassHealth Standard continuously since August 2, 2019. He has been receiving his coverage through a managed care plan.
2. The appellant will be eligible for Medicare as of June 1, 2023.
3. On February 9, 2023, MassHealth notified the appellant that he would be disenrolled from the MassHealth managed care plan because he is eligible for comprehensive third-party health insurance.
4. On February 27, 2023, the appellant filed a timely appeal.

¹ The Tewksbury caseworker added that the appellant can keep his Medicare and MassHealth coverage separate or that he can look into signing up for a OneCare plan, which would combine the two.

Analysis and Conclusions of Law

MassHealth requirements for enrollment in managed care plans are set forth at 130 CMR 508.001 et seq. Pursuant to 130 CMR 508.001(A), MassHealth members who are younger than 65 years old must generally enroll in a MassHealth managed care provider available for their coverage type. However, certain members are excluded from participation in managed care; this includes members who have Medicare. See 130 CMR 502(A)(1). As there is no dispute regarding the appellant's Medicare eligibility, MassHealth correctly disenrolled the appellant from managed care coverage as of the date his Medicare coverage begins.²

This appeal is therefore 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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Tewksbury MEC

Kimberly Driscoll
Third-Party Liability Unit
Schraffts Center
529 Main St., 3rd Floor
Charlestown, MA 02129

Appeals & Grievances Coordinator
Mass. Behavioral Health Partnership
Metro Boston Regional Office
1000 Washington St., S310
Boston, MA 02118

² The extent of the appellant's coverage under Medicare and/or MassHealth is beyond the scope of this appeal.