

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2303263
Decision Date:	7/25/2023	Hearing Date:	5/25/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
*Via telephone*



Appearance for MassHealth:  
*Via telephone*  
Michelle Trainor



*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>	Dismissed	<b>Issue:</b>	Eligibility; Over Income
<b>Decision Date:</b>	7/25/2023	<b>Hearing Date:</b>	5/25/2023
<b>MassHealth's Rep.:</b>	Michelle Trainor	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 2 (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 April 11, 2023, MassHealth downgraded the Appellant's MassHealth benefits from MassHealth Standard to Buy In (Part B) because MassHealth determined that the Appellant was over the allowable income limits. (See, Exhibit 1). The Appellant filed this appeal in a timely manner on or about April 27, 2023.<sup>1</sup> (See, 130 CMR 610.015(B) and Exhibit 4). Reduction of assistance is valid grounds for appeal. (See, 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth downgraded the Appellant's MassHealth benefits because he was over the allowable income limits.

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<sup>1</sup> The Appellant initially appealed the April 11, 2023 MassHealth downgrade letter on April 18, 2023. (See, Exhibit 2). The Board of Hearings dismissed the initial appeal for failure to submit written authorization from the Appellant. (See, Exhibit 3). On or about April 30, 2023, the Board of Hearings received the necessary documentation from the Appellant. (See, Exhibits 4, 6, and 7).

## Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant was over income for MassHealth Standard benefits.

## Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: MassHealth received the Appellant's annual renewal application in March of 2023 and processed the application. At that time, MassHealth did not incorporate the Appellant's working disabled letter to ensure that the Appellant would be approved for MassHealth CommonHealth benefits. (See, Exhibit 9). Therefore, the April 11, 2023 notice that was sent to the Appellant was done so in error because MassHealth failed to implement the Appellant's CommonHealth benefits. The MassHealth representative explained that she corrected this error and sent an approval letter to the Appellant in May of 2023, notifying him that he was approved for MassHealth CommonHealth with a monthly premium. The MassHealth representative further explained that she also protected the Appellant's benefits so that he would not have a gap in coverage.

The Appellant's representative appeared at the hearing via telephone and testified that she appreciated the explanation given. She confirmed receipt of the approval letter from the MassHealth representative. However, during a previous conversation with the MassHealth representative she was told that the Appellant would receive another letter stating the effective date of coverage. As of the hearing date she has not received it. In response, the MassHealth representative explained that she was unexpectedly out of the office however, the Appellant should receive it in the mail today.

The Appellant's representative made inquiry as to why the Appellant would be charged a monthly premium. The MassHealth representative explained that during the Public Health Emergency which began in March of 2020, all MassHealth members that had existing benefits were not changed nor charged a monthly premium during this time. Upon the end of the Public Health Emergency in April of 2023, MassHealth redetermined the Appellant's household income (which includes his gross social security amount and private pension). The Appellant's total household income slightly exceeds 150% of the Federal Poverty Level (FPL) for MassHealth Standard benefits. The Appellant qualifies for MassHealth CommonHealth though, which is the next category of assistance. Because the Appellant's income slightly exceeds the FPL, the Appellant will be charged the minimum monthly premium amount.

The Appellant's representative testified that she would await receipt of the letter which shows the Appellant's protected date of CommonHealth coverage. The MassHealth representative explained that when letters are initially generated, it does not show the protection date. Therefore, she sent the Appellant an additional letter that highlights the protection date for his convenience.

The Appellant's representative made inquiry as to whether she could have the premium bills sent to her mailing address. In response, the MassHealth representative explained that monthly premium bills are sent by the Billing Department. She suggested that once the Appellant receives the first bill (which should be in June of 2023) to contact the Billing Department to ascertain whether she can have a copy sent to her mailing address.

## Findings of Fact

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

1. The Appellant is over the age of 65 and a MassHealth recipient. (Exhibit 5).
2. On or about April 11, 2023, MassHealth sent a downgrade notice to the Appellant after determining that the Appellant was over income. (Testimony; Exhibit 1).
3. The Appellant's income includes his gross social security amount and pension amount which placed him over-income for MassHealth Standard benefits. (Testimony).
4. The Appellant timely appealed on April 27, 2023. (Exhibit 4).
5. MassHealth failed to incorporate the Appellant's working disabled letter to ensure that he was approved for MassHealth CommonHealth benefits. (Testimony, Exhibit 9).
6. MassHealth rectified this error and sent the Appellant an approval letter for MassHealth CommonHealth benefits. (Testimony).
7. The MassHealth representative sent an additional letter to the Appellant which states the effective coverage date to ensure there is not a gap in the Appellant's benefits. (Testimony).

## Analysis and Conclusions of Law

MassHealth may make an adjustment in the matters at issue before or during an appeal period. (See, 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.*

With respect to 130 CMR 610.035, the Board of Hearings will dismiss a hearing when....

- (1) the request is not received within the time frame specified in 130 CMR 610.015;

- (2) the request is withdrawn by the appellant;
  - (3) the sole issue is one of state or federal law requiring automatic change in assistance for classes of members;
  - (4) the stated reason for the request does not constitute grounds for appeal as set forth in 130 CMR 610.032. Without limiting the generality of the foregoing, except as provided in 130 CMR 610.032(A)(11), no provider decision or action including, but not limited to, a provider determination about whether or the extent to which a service is medically necessary constitutes an appealable action hereunder;
  - (5) the stated reason for the hearing request is outside the scope of 130 CMR 610.000 as set forth in 130 CMR 610.003;
  - (6) BOH has conducted a hearing and issued a decision on the same appealable action arising out of the same facts that constitute the basis of the request;
  - (7) the party requesting the hearing is not an applicant, member, or resident as defined in 130 CMR 610.004;
  - (8) BOH learns of an adjustment or action that resolves all of the issues in dispute between the parties;
  - (9) BOH learns that the applicant or member has passed away prior to the date of filing and there is no full compliance with 130 CMR 610.016(B) within ten days of a BOH request;
  - (10) BOH learns that the applicant or member has passed away prior to the date of filing and scheduling a hearing and is not informed until the date of the hearing and there is no full compliance with 130 CMR 610.016(B); or
  - (11) the appellant fails to appear at a scheduled hearing.
- ....

(130 CMR 610.035(A)).

In the present case, the Appellant was satisfied with the explanation given at the hearing by the MassHealth representative. Because the appeal issue has been resolved in the Appellant's favor, there is nothing left to dispute before the hearing officer. For the above-stated reasons, this 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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290