

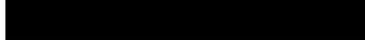
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303304
Decision Date:	6/20/2023	Hearing Date:	05/25/2023
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:



Appearances for MassHealth:

Emma Levine, Charlestown MEC



*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:	Eligibility
Decision Date:	6/20/2023	Hearing Date:	05/25/2023
MassHealth Rep.:	Emma Levine	Appellant's Rep.:	Pro se
Hearing Location:	Board of Hearings (Remote)		

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 April 7, 2023, MassHealth approved the appellant for MassHealth CommonHealth, with a coverage effective date of March 28, 2023 (Exhibit 1). The appellant filed this appeal in a timely manner on April 25, 2023 (130 CMR 610.015(B); Exhibit 2). Determination of eligibility is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth effective March 28, 2023.

Issue

The appeal issue is whether there is any error in MassHealth's determination.

Summary of Evidence

An eligibility worker from the Charlestown MassHealth Enrollment Center appeared at the hearing telephonically and offered the following testimony: The appellant, who has a household of one, was previously found eligible to enroll in a Massachusetts Health Connector plan. MassHealth subsequently received verification that the appellant is disabled, which qualified him for an upgrade from the Connector plan to a MassHealth coverage type. On April 7, 2023, MassHealth notified the appellant that he had been approved for MassHealth CommonHealth effective March 28, 2023, and that he would have to pay a \$35 monthly premium beginning in May 2023. The MassHealth representative noted that in the time since the approval notice was issued, however, the appellant called the agency to cancel his MassHealth coverage.

The appellant appeared at the hearing telephonically and testified on his own behalf. He stated that he did not want the upgrade to CommonHealth and instead wants to keep his Health Connector plan. He contended that his Connector plan was still active. The MassHealth representative responded that the appellant's call to cancel his MassHealth coverage would have ended any coverage he had through the Connector as well.¹

Findings of Fact

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

1. The appellant is between the ages of 21 and 64.
2. The appellant has a household of one and income at 193.34% of the federal poverty level.
3. The appellant was previously approved to enroll in a Massachusetts Health Connector plan.
4. MassHealth received verification of the appellant's disability, which qualified him for an upgrade from the Connector plan to a MassHealth coverage type.
5. On April 7, 2023, MassHealth notified the appellant that he had been approved for MassHealth CommonHealth. MassHealth calculated a monthly premium of \$35, which began in May 2023.
6. On April 15, 2023, the appellant filed a timely appeal of the CommonHealth approval notice.

¹ The appellant dropped off the call multiple times during the hearing. After the hearing officer reconnected him the final time, he stated again that his Connector plan remains active, and then said "goodbye" and hung up the phone.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults², disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

As a disabled individual, the appellant is potentially eligible for MassHealth Standard or CommonHealth coverage. Under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard is 133% of the federal poverty level for disabled adults. The appellant's income is at 193.34% of the federal poverty level for a household of one, putting him over the limit for MassHealth Standard. However, MassHealth determined he was eligible to upgrade from his existing Health Connector plan to MassHealth CommonHealth. Pursuant to 130 CMR 502.007, when MassHealth receives updated information it determines the most comprehensive benefit for which the individual qualifies and sends notification of the new coverage start date. MassHealth's

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

action was consistent with these regulations.³

This appeal is 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: Charlestown MEC

³ The issue in this appeal is limited to the propriety of the MassHealth CommonHealth approval dated April 7, 2023. Any action subsequent to this notice is beyond the scope of the appeal.