

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2306273
Decision Date:	10/20/2023	Hearing Date:	08/31/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
Via telephone  
Pro se

Appearance for MassHealth:  
Via telephone  
Christina Prunier



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; Under 65; Over income
<b>Decision Date:</b>	10/20/2023	<b>Hearing Date:</b>	08/31/2023
<b>MassHealth's Rep.:</b>	Christina Prunier	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 1 (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 July 12, 2023, MassHealth downgraded the Appellant's MassHealth coverage from Standard to Health Safety Net because MassHealth determined that the Appellant is over the allowable income limits. (130 CMR 505.002; 506.001; Exhibit 1). The Appellant filed this appeal in a timely manner on July 22, 2023. (130 CMR 610.015(B); Exhibit 2). Reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth downgraded the Appellant's benefits because MassHealth determined that she was over the allowable income limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant was over the allowable income limits to qualify for MassHealth benefits.

## Summary of Evidence

The MassHealth representative appeared at the hearing *via* telephone and testified as follows: The Appellant's household size is comprised of a family of 4, with no special circumstances reported on file (i.e., disabling health conditions). There is 1 source of income reported within the household. The MassHealth representative explained that MassHealth received the Appellant's annual renewal application in March of 2023 and reported a zero monthly income, with an annual income of \$ 8,000.00. She further explained that because the MassHealth database was unable to electronically verify the Appellant's income, the Appellant was sent a request for information regarding the zero-income that she reported on her renewal application. The MassHealth representative testified that the Appellant's 2022 tax information was subsequently received and updated accordingly. Next, the Appellant's income was electronically verified which prompted the downgrade notice because the Appellant and her spouse are over the income guidelines. (Exhibit 1). The MassHealth representative explained that COVID protections ended in April of 2023. The MassHealth representative further explained that for children under the age of 19, MassHealth will look to 150% of the Federal Poverty Level (hereinafter "FPL"), or \$ 3750.00 monthly. With respect to adults,<sup>1</sup> MassHealth will look to 133% of the FPL, or \$ 3,325.00 monthly. Here, the Appellant's reported income equates to 289.67% of the FPL, or \$ 7,366.67 monthly. The MassHealth representative explained that MassHealth did not receive the deduction portion from the Appellant's tax returns. As a result, MassHealth was unable to verify whether there were any qualifying deductions applicable to the Appellant.

The Appellant appeared at the hearing telephonically and testified that she is attempting to maintain her health and her family members' health. She explained that she cannot afford to pay for health insurance. The Appellant further explained that her children attend vocational schools which is costly and there is only one source of income (her spouse) within the household. The Appellant testified that she only needs assistance with health insurance coverage and requested further explanation as to what Health Safety Net coverage entails. The Appellant explained that she received a bill for \$ 56.00 and was unclear as to the reasoning because she does not qualify for MassHealth benefits.<sup>2</sup>

In response, the MassHealth representative explained that the \$ 56.00 monthly bill that the Appellant received is for Family Assistance benefits for her children. She explained that the approval notices sent to the Appellant discuss the option for terminating coverage so long as she does so within 60 days from the notice date, to cancel the monthly premium bill. The MassHealth representative clarified that the monthly premium bill that she received is for her children to continue with their health insurance coverage. She further explained that Family Assistance

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<sup>1</sup> Under the age of 65.

<sup>2</sup> The Appellant further explained that the lack of health insurance coverage resulted in the cancellation of her medical appointments.

coverage is a full health and dental plan that children qualify for when the household is over the allowable income limits to receive MassHealth Standard coverage. As for the Appellant and her spouse, the MassHealth representative testified that neither qualify for a subsidy because MassHealth does not have it on file that joint taxes are submitted. Further, the MassHealth representative testified that the Appellant's renewal form indicates that she is not filing taxes for the current year. The MassHealth representative made inquiry as to whether this information is accurate and whether the Appellant's spouse has access to health insurance through his employer.

In response, the Appellant testified that she does not believe her spouse has access to health insurance through his employer. With respect to tax filings, the Appellant testified that her spouse claims their children and she thought they filed jointly last year. The Appellant explained that she becomes anxious upon receiving voluminous amounts of paperwork, which can be overwhelming for her.

The MassHealth representative recommended that the Appellant follow up with her spouse's Human Resources (hereinafter "HR") Department. She explained that because the Appellant's spouse does not qualify for MassHealth benefits, he may qualify for a special enrollment period<sup>3</sup> through the Health Connector which would allow him to enroll into a pre-tax health insurance plan. The MassHealth representative further suggested that the Appellant converse with her spouse with respect to how they intend to file taxes this year and to update MassHealth thereafter. She testified that once the Appellant's tax filing status is received, MassHealth can determine whether the Appellant qualifies for a portion of her Health Connector plan to be paid by MassHealth.

The Appellant clarified that she is currently without MassHealth coverage. In response, the MassHealth representative explained that the Appellant currently qualifies for Health Safety Net (partial) benefits. Further, the Appellant is eligible to sign up for a health insurance plan through the Health Connector. The MassHealth representative explained that it does not appear that the Appellant is currently enrolled in a plan, though she does have access.<sup>4</sup>

## Findings of Fact

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

1. The Appellant is under the age of 65. (Exhibit 3).
2. On or about July 12, 2023, MassHealth notified the Appellant that her MassHealth coverage

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<sup>3</sup> The MassHealth representative explained that this is separate and apart from the open enrollment period.

<sup>4</sup> The MassHealth representative explained that the Appellant can opt to contact the Health Connector directly or she sign up online. Further, the MassHealth representative confirmed the Appellant's e-mail on file and offered to send the Appellant an (e-mail) invite to assist the Appellant in accessing her account, to which the Appellant agreed.

was downgraded from MassHealth Standard to Health Safety Net. (Exhibit 1).

3. The Appellant timely appealed on July 22, 2023. (Exhibit 2).
4. The Appellant is eligible for a health insurance plan through the Health Connector. (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.

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(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