

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2308443
Decision Date:	12/12/2023	Hearing Date:	10/16/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Sherri Paiva

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:	Dismissed	Issue:	Eligibility; Under 65; Over income
Decision Date:	12/12/2023	Hearing Date:	10/16/2023
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (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 September 5, 2023, MassHealth notified the Appellant that his benefits were terminating on September 19, 2023 because MassHealth determined that he was over the allowable income limits. (130 CMR 506.007(B); 502.003; Exhibit 1). The Appellant filed this appeal in a timely manner on September 11, 2023. (130 CMR 610.015(B); Exhibit 2). Termination of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that his benefits were terminating on September 19, 2023 because he was over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in terminating the Appellant's MassHealth benefits because he was over the allowable income limits.

Summary of Evidence

The MassHealth representative appeared at the hearing *via* telephone and testified as follows: The Appellant's household is comprised of a family size of one (1). The Appellant is a tax filer and his income amounts to 144.78% of the Federal Poverty Level (hereinafter "FPL"). The Appellant's (gross) weekly income amounts to \$ 420.00 or \$ 1,819.86 (gross) per month. The Appellant does qualify for Health Safety Net benefits and a Care Connector plan through the Health Connector. On September 5, 2023, MassHealth sent the Appellant a notice of termination of his MassHealth benefits due to being over the income limits. (Exhibit 1). At that time, the Appellant's gross monthly income was changed to \$ 4,333.00. On September 19, 2023, the Appellant's income was changed back to \$ 420.00 per week. The MassHealth representative explained that it appeared that the Appellant has since enrolled in a Health Connector plan which began on October 1, 2023.

The Appellant appeared at the hearing telephonically and testified through an interpreter. He explained that his income was incorrectly entered at the time that the termination notice was generated. The Appellant further explained that his income of \$ 420.00 per week has never changed. In response, the MassHealth representative testified that the Appellant's gross income of \$ 420.00 per week amounts to 144.78% of the FPL. The Appellant's income is still over the allowable income limits to receive MassHealth benefits. Thus, the Appellant's Health Connector plan was the correct determination. The Appellant inquired whether Health Safety Net benefits will cover him throughout the year. He explained that he has numerous medical appointments in the upcoming weeks. The MassHealth representative testified that the Appellant's health insurance plan that he purchased through the Health Connector is more comprehensive than Health Safety Net (Limited) coverage. She explained that his Health Connector plan covers more services than Health Safety Net coverage, which only covers emergency services at acute hospitals and community centers. The Appellant's Health Connector plan covers more services than that and therefore is a better health insurance plan for him.

Next, the Appellant made inquiry about his monthly premium. The MassHealth representative explained that his monthly premium was assessed through the Health Connector and not MassHealth. The Appellant expressed his appreciation for the explanation given and testified that he understood the difference between the two (2) plans. He explained that he is satisfied with the health coverage that he enrolled in through the Health Connector.

The Appellant then made inquiry about dental coverage. The MassHealth representative explained that it does not appear that the Appellant enrolled into a dental plan, as of date. Therefore, the Appellant would need to contact the Health Connector to enroll into a dental plan. The Appellant testified that he would contact the Health Connector. The MassHealth representative testified that aid pending was removed because it was not helpful for the Appellant, given his comprehensive health coverage through the Health Connector. The Appellant expressed his appreciation for the assistance.

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 September 5, 2023, MassHealth notified the Appellant that his coverage is terminating on September 19, 2023 due to being over the allowable income limits. (Exhibit 1).
3. The Appellant timely appealed on September 11, 2023. (Exhibit 2).
4. The Appellant's weekly gross income amounts to \$ 420.00. (Testimony).
5. The Appellant's income has not changed. (Testimony).
6. The Appellant's monthly gross income exceeds the allowable income limits to receive MassHealth benefits. (Testimony).
7. The Appellant qualifies for Health Safety Net coverage for emergency services only. (Testimony).
8. The Appellant enrolled into a health care plan through the Health Connector. (Testimony).
9. The Appellant's health coverage through the Health Connector is more comprehensive and covers more services than Health Safety Net (Limited) benefits covers. (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 by the MassHealth representative regarding the differences between his comprehensive health care coverage that he enrolled in through the Health Connector versus the limited emergency services that he would qualify for through MassHealth. 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. Any subsequent MassHealth notices issued to the Appellant may be separately appealed.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21
Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616