

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part	Appeal Number:	2308660
Decision Date:	12/7/2023	Hearing Date:	10/19/2023
Hearing Officer:	Susan Burgess-Cox	Record Open to:	11/17/23

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sunnatra Som



*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:	Approved in Part; Denied in Part	Issue:	Eligibility
Decision Date:	12/7/2023	Hearing Date:	10/19/2023
MassHealth's Rep.:	Sunnatra Som	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 13, 2023, MassHealth notified the appellant that he does not qualify for MassHealth benefits but will be eligible for Health Safety Net benefits starting September 3, 2023. (130 CMR 501.012; Exhibit 1). The appellant filed this appeal in a timely manner on September 21, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of assistance and a decision regarding the scope and amount of assistance are valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he does not qualify for MassHealth benefits but will be eligible for Health Safety Net benefits starting September 3, 2023 because his income was too high.

Issue

Whether MassHealth was correct in determining the appellant's eligibility and coverage date.

Summary of Evidence

All parties appeared by telephone. The MassHealth representative, from the Tewksbury MassHealth Enrollment Center, testified that the appellant is self-employed and has a family group of four. MassHealth determined the appellant ineligible due to income at 216% of the federal poverty level. The appellant did not dispute this income calculation. The appellant has not been deemed disabled by the Social Security Administration or MassHealth. As of the date of the hearing, the appellant was enrolled in a plan through the Health Insurance Connector Authority.

The notice on appeal states that the appellant is not eligible for MassHealth but the Health Safety Net may be able to help the appellant pay for certain health care services. The notice states that the approval for the Health Safety Net begins on September 3, 2023. The appellant testified that he had MassHealth coverage in the past and did not receive notice of that coverage ending. The appellant testified that the only notice he received was the one issued on September 13, 2023 informing him about his eligibility for the Health Safety Net as of September 3, 2023. The appellant testified that he had surgery on September 6, 2023 and received a bill for that surgery because his MassHealth coverage ended.

During the hearing, the MassHealth representative reviewed records in their system and testified that the appellant was eligible for MassHealth from 2017 through September 4, 2023. Neither party could provide clear testimony or evidence regarding the coverage type or the reason for the termination in coverage. The MassHealth representative repeatedly stated that the notice on appeal was seen as a new eligibility determination based on information provided on September 11, 2023. While the appellant repeatedly stated that he was eligible for MassHealth in the past and was challenging the coverage end date, he did not present any evidence of that past coverage type or prior eligibility decisions. Therefore, the record was held open to provide MassHealth with the opportunity to review their records and present evidence related to the eligibility history as the appellant appeared to be challenging a coverage end date rather than the eligibility decision issued on September 13, 2023 noting eligibility for the Health Safety Net as of September 3, 2023.

During the record open period, the agency adjusted their decision and deemed the appellant eligible for MassHealth Standard from September 4, 2023 through September 14, 2023. The appellant did not respond to this decision. Neither party presented records of past notices or eligibility determinations during the record open period.

Findings of Fact

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

1. MassHealth determined that the appellant is self-employed and has a family group of four.

2. The appellant was eligible for MassHealth until September 4, 2023.
3. On September 11, 2023, MassHealth received information from the appellant to make a new eligibility determination.
4. Based on information presented by the appellant, MassHealth determined that the appellant's countable income was at 216% of the federal poverty level.
5. The appellant has not been deemed disabled by the Social Security Administration or MassHealth.
6. Based on information presented by the appellant on September 11, 2023, MassHealth determined the appellant ineligible for MassHealth but eligible for services through the Health Safety Net as of September 3, 2023.
7. The appellant is enrolled in a plan through the Health Insurance Connector Authority.
8. During the appeal process, MassHealth reviewed records and adjusted the end date of the appellant's coverage from September 4, 2023 to September 14, 2023.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard – for pregnant women, children, parents and caretaker relatives, young adults, 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.

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements. (130 CMR 505.001). The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: Household Composition. (130 CMR 505.001(B)). The appellant did not dispute the categorical or financial eligibility issues related to the notice on appeal. Instead, the appellant challenged a coverage end date.

Neither party presented testimony or evidence to clearly demonstrate what, if any, actions were taken by the appellant or the agency prior to the notice on appeal. However, during the course of the appeal, MassHealth adjusted their decision and deemed the appellant eligible for MassHealth coverage from September 4, 2023 to September 14, 2023. The appellant did not respond to the message sent by MassHealth regarding this adjustment and did not present any additional evidence.

This appeal is approved in part to ensure that the agency takes action deeming the appellant eligible for MassHealth from September 4, 2023 until September 14, 2023. As noted above, neither party presented clear testimony or evidence to challenge the notice on appeal or information about a past coverage type. However, the agency agreed to adjust their decision based upon an internal record review.

Order for MassHealth

End the appellant's coverage as of September 14, 2023 rather than September 4, 2023.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

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