

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310465
<b>Decision Date:</b>	1/8/2024	<b>Hearing Date:</b>	12/15/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Liz Nickoson, Taunton MEC



*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>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	1/8/2024	<b>Hearing Date:</b>	12/15/2023
<b>MassHealth's Rep.:</b>	Liz Nickoson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 October 6, 2023, MassHealth notified Appellant that coverage would terminate on October 20, 2023, because Appellant must complete a new application for people 65 years old or older (130 CMR 501.002 and Exhibit 1). Appellant filed this appeal in a timely manner on October 26, 2023 (130 CMR 610.015(B) and Exhibit 2). A notice of termination of assistance is valid grounds for appeal (see 130 CMR 610.032). A hearing was scheduled for November 27, 2023 and at Appellant's request, was rescheduled to December 15, 2023 by the Board of Hearings.

### Action Taken by MassHealth

MassHealth notified Appellant that coverage would terminate on October 20, 2023 because Appellant must complete a new application for people 65 years old or older.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 501.002, 516.001, in determining that Appellant must complete a new application for people 65 years old or older.

## Summary of Evidence

The MassHealth representative testified that Appellant turned [REDACTED] years of age in [REDACTED] 2023 and was no longer eligible for coverage applicable to members under 65 years of age. Appellant's MassHealth history showed coverage on MassHealth CarePlus from April 2018 through July 2018. Appellant remained in the under-65 HIX<sup>1</sup> system due to Covid protections still in effect in February 2023. A system-generated renewal was issued on October 6, 2023 informing Appellant that coverage would terminate on October 20, 2023 for under 65 program eligibility, and notified Appellant that he must complete a new application for applicants 65 years old or older (Exhibit 1). Because an over-65 Senior Application has not been completed, eligibility terminated on October 20, 2023. MassHealth testified that Appellant was enrolled in a Health Connector plan effective March 1, 2023 which should not have been the case because Appellant is Medicare eligible and over 65 years of age. The MassHealth representative testified that Appellant should have received notice of Part D eligibility from Social Security and then enrolled in a Part D plan, in addition to completing an application for MassHealth to determine whether he is eligible for supplemental coverage through MassHealth. Notices issued by the Health Connector informed Appellant that his Tufts Health Direct Connector Care Plan Type 3 would terminate effective December 31, 2023 (Exhibit 5). Additional notices issued by the Health Connector notified Appellant that he is not eligible for health insurance coverage through the Health Connector because he is enrolled in Medicare or has access to Medicare (Exhibits 4, 6).

Appellant testified that in October 2022 he was notified by Social Security that he was eligible for Medicare. When Appellant turned [REDACTED] years old in [REDACTED] 2023, he received a Social Security check which was reduced by the Medicare premium for Medicare Parts A and B. Appellant stated that his medication costs were higher on Medicare, so he called MassHealth on February 17, 2023 and spoke with a MassHealth representative<sup>2</sup> who advised him to stay with MassHealth<sup>3</sup> rather than Medicare, and as a result he chose to not enroll in Medicare Part D, disenrolled from Part B on March 1, 2023, and now faces penalties when he is again eligible to enroll in January 2024, in addition to potential tax consequences related to his Health Connector insurance ending on December 31, 2023. Appellant testified that he met with SHINE<sup>4</sup> counselors who told him he would not be MassHealth eligible because he is not disabled, and his \$49,000 income exceeds MassHealth program limits; therefore, Appellant did not submit a Senior Application to MassHealth. Appellant testified that he has not appealed to the Health Connector any notices

---

<sup>1</sup> The common computer-based eligibility system used by MassHealth and the Health Connector is called HIX (the Health Insurance Exchange).

<sup>2</sup> Appellant testified that he spoke with "[REDACTED]" on February 17, 2023 at 9:00 a.m. However, it is unclear whether "[REDACTED]" is a representative from MassHealth or the Health Connector.

<sup>3</sup> It is unclear whether a MassHealth or Connector representative advised Appellant to enroll in a Connector plan as Appellant asserts as he also stated that he perceived "MassHealth" and "Health Connector" to be the same entity.

<sup>4</sup> See [www.mass.gov/health-insurance-counseling](https://www.mass.gov/health-insurance-counseling): The SHINE Program (Serving the Health Insurance Needs of Everyone) provides free health insurance information, counseling and assistance to all Massachusetts residents with Medicare.

issued by the Health Connector. Appellant testified that he feels the Health Connector should continue his coverage until he is able to restore Medicare coverage.

## **Findings of Fact**

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

1. Appellant turned [REDACTED] years of age in [REDACTED] 2023.
2. Appellant's MassHealth history shows MassHealth CarePlus coverage from April 2018 through July 2018.
3. Appellant remained in the under-65 HIX system due to Covid protections still in effect in February 2023.
4. A system-generated renewal was issued on October 6, 2023, informing Appellant that coverage would terminate on October 20, 2023 for under 65 program eligibility, and notified Appellant that he must complete a new application for applicants 65 years old or older.
5. Appellant has not submitted a Senior Application to MassHealth.
6. Appellant has been enrolled in a Health Connector plan since at least March 1, 2023.
7. A notice issued by the Health Connector on December 7, 2023 informed Appellant that his Tufts Health Direct Connector Care Plan Type 3 would terminate effective December 31, 2023.
8. Notices issued by the Health Connector on October 6, 2023 and December 8, 2023 notified Appellant that he is not eligible for health insurance coverage through the Health Connector because he is enrolled in Medicare or has access to Medicare.

## **Analysis and Conclusions of Law**

The issue on appeal is a MassHealth notice dated October 6, 2023 which informed Appellant that coverage would terminate on October 20, 2023 (Exhibit 1). The MassHealth notice is a system-generated notice informing Appellant that as a person over 65 years of age, Appellant would need to complete a new application applicable to people over 65 years of age for MassHealth to determine eligibility for MassHealth programs (Id.) Appellant is not currently enrolled in a MassHealth coverage type and there is no active MassHealth coverage that terminated on October 20, 2023. Because Appellant is over 65 years of age, the MassHealth

determination is correct in that a Senior Application for people 65 years of age or older must be completed to determine eligibility (130 CMR 501.002(B)(C)), 515.002, 516.001.). As of the date of hearing, Appellant had not submitted a Senior Application to MassHealth.

Appellant has been enrolled in a Connector plan since at least March 1, 2023 and received notices from the Health Connector regarding his Connector Care plan (Exhibits 4-6). While Appellant testified to being misdirected to enroll in a Connector plan rather than continuing Medicare, the issue Appellant wishes to resolve is the continuation of his Health Connector plan until he reenrolls in Medicare in addition to remedying issues arising from his enrollment in a Connector plan on March 1, 2023. The Board of Hearings (BOH) has exclusive jurisdiction to hear appeals relating to the programs administered by the MassHealth agency.<sup>5</sup> The scope of BOH's authority is limited to the review of certain actions or inactions by the MassHealth agency or a MassHealth managed care contractor relating to programs administered by the MassHealth agency.<sup>6</sup> Accordingly, the Board of Hearings does not have authority to review eligibility determinations made by the Health Connector.<sup>7</sup>

Because MassHealth correctly issued notice on October 6, 2023 informing Appellant that a Senior Application for people 65 years or older was necessary to determine MassHealth eligibility, the appeal must be DENIED.

Appellant can direct any questions about appealing Health Connector determinations to 1-877-MA-ENROLL (1-877-623-6765).

## **Order for MassHealth**

None.

---

<sup>5</sup> See 130 CMR 610.002.

<sup>6</sup> See 130 CMR 610.003.

<sup>7</sup> Regulations governing eligibility, enrollment, and the hearing process for Connector Programs are found at 956 CMR 12.00 et seq.

## 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.

---

Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

Appeals Coordinator: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St.,  
Ste. 4, Taunton, MA 02780