

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2310523
Decision Date:	01/18/2024	Hearing Date:	11/29/2023
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Chanthy Kong

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:	DENIED	Issue:	Community Eligibility; Under 65
Decision Date:	01/18/2024	Hearing Date:	11/29/2023
MassHealth's Rep.:	Chanthy Kong	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MEC	Aid Pending:	YES

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 17, 2023, MassHealth informed Appellant that her coverage would change from MassHealth Standard to Connector Care with provisional Health Safety Net (Exhibit A). Appellant filed this appeal in a timely manner on October 27, 2023 and was granted AID PENDING status forestalling the planned change in benefit levels until this decision issues (see 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth is to change Appellant's coverage from MassHealth Standard to Connector Care with provisional Health Safety Net.

Issue

The appeal issue is whether MassHealth correctly applied the controlling regulation(s) to accurate facts in changing Appellant's coverage from MassHealth Standard to Connector Care with provisional Health Safety Net.

Summary of Evidence

The MassHealth representative testified that the subject action concerns a downgrade of Appellant's benefits from MassHealth Standard to ConnectorCare with provisional Health Safety Net. The determination was based on a change in Appellant's verified gross countable household income. The MassHealth representative testified that Appellant is a non-disabled adult under the age of 65 who resides in the community with one child under the age of 19. Appellant has verified monthly income of \$3,932.90 (\$1,815.00 every two weeks). The MassHealth representative testified that the MassHealth Standard income limit for a non-disabled adult under the age of 65 residing in a household of two is \$2,186.00 (133% of the federal poverty limit for a household of two). Because Appellant's income exceeds this limit, her coverage was changed to ConnectorCare.

Appellant did not dispute MassHealth's income figures or her household size. Appellant discussed her monthly expenses and net income. Appellant also testified that her and her daughter would like to remain on Standard for six to seven additional months so they can complete dental treatment that they both recently started. In her written Fair Hearing Request, Appellant indicated that she was appealing because she could not afford to pay the monthly premium associated with ConnectorCare (Exhibit A).

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. MassHealth downgraded Appellant's benefits from MassHealth Standard to ConnectorCare with provisional Health Safety Net.
2. The downgrade was based on a change in Appellant's verified gross countable household income.
3. Appellant is a non-disabled adult under the age of 65 who resides in the community with one child under the age of 19 (household of two).
4. Appellant has verified monthly income of \$3,932.90 (\$1,815.00 every two weeks).
5. Appellant would like to remain on Standard for six to seven additional months so they can complete dental treatment that they both recently started.
6. In her written Fair Hearing Request, Appellant indicated that she was appealing because she could not afford to pay the monthly premium associated with ConnectorCare (Exhibit A).

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Appellant has not met her burden. Appellant did not dispute the income figures, household size or the calculation and income limit that MassHealth used to make its determination. Appellant did object to using her gross income as it does not take into consideration her many monthly expenses. MassHealth financial eligibility is, however, based on gross income, not net (130 506.002(A)(1)).

Appellant asserted in her fair hearing request that she could not afford the ConnectorCare premium and at hearing she asked for an extension of Standard coverage so that she and her daughter may finish recently-commenced dental treatment. Unfortunately, the regulations provide neither as a basis for establishing or maintaining coverage under any coverage type (130 CMR 505.000 generally and 130 CMR 505.002 specifically).

For the foregoing reasons, the appeal is DENIED.

Order for MassHealth

Remove AID PENDING and proceed with the change in coverage pursuant to the subject notice of October 17, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

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