

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401566
Decision Date:	4/25/2024	Hearing Date:	02/29/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva (Taunton MEC) *via telephone*



*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:	Under 65/End of Coverage Date
Decision Date:	4/25/2024	Hearing Date:	02/29/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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Through a notice dated December 5, 2023, MassHealth informed the appellant that she had voluntarily withdrawn her application for MassHealth and that her coverage would end on December 19, 2023. (See 130 CMR 502.009 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on January 31, 2024. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that she had voluntarily withdrawn her application for MassHealth and that her coverage would end on December 19, 2023.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.009 and 502.006, in determining that the end date of coverage should be December 19, 2023.

Summary of Evidence

The MassHealth representative testified to the following. The appellant lives in a household of four with her husband, and her sons who are over the age of [REDACTED]. (Testimony). On December 5, 2023 the appellant reported a change in her employment to MassHealth. (Testimony). During this interaction, the appellant was asked whether she wanted to explore assistance with paying for some or all of her premium costs for health coverage and answered no to this question. (Testimony). Answering yes to this question would have caused subsequent income related questions to appear. (Testimony). By being able to answer these questions, MassHealth would redetermine whether the appellant continued to be eligible for coverage or, if ineligible for MassHealth, whether she was eligible for a subsidized plan with the Health Connector. (Testimony). Because the appellant answered “no” to the question, however, those income related questions did not appear and MassHealth determined that the appellant was voluntarily withdrawing. (Testimony; Ex. 1). The coverage ended on December 19, 2023, because that was 14 days after the date the appellant contacted MassHealth on December 5, 2023. (Testimony). The appellant and her husband eventually did enroll in an unsubsidized plan with the Health Connector with a monthly premium of \$1,078.71 and their coverage started on January 1, 2024. (Testimony).

The appellant testified to the following. The appellant thought MassHealth would continue covering her until December 31, 2023. (Testimony). The appellant stated that she was not made aware that her MassHealth coverage ended on December 19, 2023. (Testimony). The appellant had medical appointments scheduled between [REDACTED] and [REDACTED] and only discovered she was not covered when she went to the appointments. (Testimony). The appellant now has bills from these appointments. (Testimony). The appellant felt that MassHealth did not adequately inform her as to the end date of her coverage and this left her feeling blindsided and unsure of how to proceed. (Testimony). The appellant had been proactive in seeking assistance and navigating the system, but it had been confusing and overwhelming, especially considering potential gaps in coverage and unexpected bills. (Testimony). The appellant stated that she is a freelance writer and that she contacted MassHealth in December because she had a contract job that was going to start in January. (Testimony). The start of the job was delayed, however, and in that time the appellant has been accumulating bills. (Testimony). The appellant was very concerned about the bills. (Testimony). This was why she submitted her appeal on January 31, 2024, requesting that MassHealth cover her medical appointments through the end of 2023. (Testimony; Ex. 2).

The MassHealth representative stated that the appellant need not have reported the change in employment but the change of income when she actually received her first change. (Testimony). The MassHealth representative also stated that if she was experiencing difficulties, she should contact MassHealth again and answer yes to the question concerning her need for assistance. (Testimony). The appellant may minimally be eligible for a subsidized plan. (Testimony).

Findings of Fact

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

1. The appellant lives in a household of four with her husband, and her sons who are over the age of [REDACTED]. (Testimony).
2. On December 5, 2023 the appellant reported a change in her employment to MassHealth. (Testimony).
3. During this interaction, the appellant was asked whether she wanted to explore assistance with paying for some or all of her premium costs for health coverage and answered no to this question. (Testimony).
4. Answering yes to this question would have caused subsequent income related questions to appear. (Testimony).
5. By being able to answer these questions, MassHealth would redetermine whether she continued to be eligible for coverage or, if ineligible for MassHealth, whether she was eligible for a subsidize plan with the Health Connector. (Testimony).
6. Because the appellant answered no to the question, however, those income related questions did not appear and MassHealth determined that the appellant was voluntarily withdrawing. (Testimony; Ex. 1).
7. The coverage ended on December 19, 2023 because that was 14 days after the date the appellant contacted MassHealth on December 5, 2023. (Testimony; Ex. 1).
8. The appellant and her husband eventually did enroll in an unsubsidized plan with the Health Connector with a monthly premium of \$1,078.71 and their coverage started on January 1, 2024. (Testimony).
9. The appellant thought MassHealth would continue covering her until December 31, 2023. (Testimony).
10. The appellant had appointments that were not covered between December 19 and December 31, 2023. (Testimony).
11. The appellant requested that MassHealth cover the cost of her medical appointments through the end of 2023. (Testimony; Ex. 2).

Analysis and Conclusions of Law

A MassHealth applicant may voluntarily withdraw their application for MassHealth. (130 CMR 502.009). MassHealth benefits will then terminate no sooner than 14 days from the date of termination notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits. (130 CMR 502.006(D)). The appellant voluntarily withdrew from MassHealth when she contacted MassHealth on December 5, 2023. MassHealth sent the appellant a notice on the same date saying that her benefits would end on December 19, 2023. As December 19, 2023 was no sooner than 14 days after the date of the termination notice, MassHealth correctly determined the date that it would implement the termination of the appellant's coverage barring the timely filing of an appeal requesting that her benefits continue pending the appeal or the reinstatement of the benefits.

In order to be considered timely, BOH must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. (130 CMR 610.015(A)). In order for an appellant to receive aid pending resolution of that appeal, however, BOH must either receive the appeal before the implementation date of the appealable action; or, if the appealable action has already been implemented, within ten days of the mailing of the notice of the appealable action (at which point the assistance will be reinstated and continued pending resolution of the appeal). (130 CMR 610.036(A)). MassHealth sent the notice under appeal on December 5, 2023, indicating that the appellant's benefits would end on December 19. BOH did not receive the appellant's appeal until January 31, 2024, which was well after the implementation date of the appealable action. Despite the fact that the appellant's appeal was submitted in a timely manner, it was not timely for the purposes of receiving aid pending the appeal. The appellant's benefit appropriately ended on December 19, 2023. Despite the appellant's seemingly reasonable request that her coverage extend until December 31, 2023 the regulations do not appear to give the hearing officer leeway to order a coverage extension.

For that reason, the appeal is DENIED.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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