

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2410222
<b>Decision Date:</b>	9/12/2024	<b>Hearing Date:</b>	08/02/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*Via Teams Videoconference:*  
Pro se

**Appearances for MassHealth:**  
*Via Teams Videoconference:*  
Sherri Paiva, Taunton MEC  
Karishma Raja, Premium Billing



*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; Under 65
<b>Decision Date:</b>	9/12/2024	<b>Hearing Date:</b>	08/02/2024
<b>MassHealth's Reps.:</b>	Sherri Paiva; Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center 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 June 19, 2024, MassHealth notified the appellant that his coverage would change from MassHealth Standard to MassHealth CommonHealth due to a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on July 1, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Modification and/or scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth informed the appellant that his coverage would change from MassHealth Standard to MassHealth CommonHealth.

### Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant from MassHealth Standard to MassHealth CommonHealth.

## Summary of Evidence

The MassHealth representative, Premium Billing representative, and appellant all appeared at hearing via Teams videoconference. The MassHealth representative testified as follows: the appellant, who is an adult under the age of [REDACTED] has a household size of one, files taxes, and has a verified disability. He receives \$2,998 per month from Social Security, which is 233.88% of the Federal Poverty Level (FPL). The income limit for MassHealth Standard for a disabled individual between the ages of [REDACTED] is 133% of the Federal Poverty Level (FPL), which is \$1,670 gross per month for a household size of one. As the appellant is over that income limit, MassHealth notified him that his coverage would change from MassHealth Standard to MassHealth CommonHealth with a \$41.60 monthly premium. The notice stated that his MassHealth Standard benefits would terminate on July 3, 2024 and his MassHealth CommonHealth benefits would take effect June 9, 2024. The MassHealth representative explained that previously, the appellant had reported zero income, which made him eligible for MassHealth Standard with Buy-In. Premium Billing stated that as of hearing, the appellant has \$41.60 due on his account for the month of July.

The appellant did not dispute his MassHealth CommonHealth coverage, but was looking for prior authorization and reimbursement for dental services. He expressed frustration with the process of getting his dental work covered. He stated he was in the middle of receiving dental work in November 2023 when his insurance switched from MassHealth to Medicare without him knowing. He has been trying to fix the issue since December 2023. He was trying to get the dental work covered and the prior authorization was denied. He could not tell this hearing officer the date of the prior authorization or when it was denied. Despite the prior authorization being denied, he went through with the procedure and paid \$4,600 out-of-pocket.

## Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] with a verified disability and a household size of one (Testimony and Exhibit 4).
2. On June 19, 2024, MassHealth informed the appellant that his benefits would change from MassHealth Standard to MassHealth CommonHealth because he was over the allowable income limit for MassHealth Standard (Testimony and Exhibit 1).
3. On July 1, 2024, the appellant filed a timely appeal of the June 19, 2024 notice (Exhibit 2).
4. The appellant receives \$2,998 per month from Social Security, which is 233.88% of the FPL for a household of one (Testimony and Exhibit 1).

5. To qualify for MassHealth Standard benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,670 gross per month (Testimony).
6. The appellant was approved for MassHealth CommonHealth effective June 9, 2024 with a \$41.60 monthly premium
7. The appellant did not dispute his income or MassHealth CommonHealth benefits; instead, he was looking for reimbursement for dental work (Testimony).
8. The appellant stated a prior authorization for dental work was denied, but he proceeded with treatment and paid about \$4,600 out-of-pocket (Testimony).
9. There was no prior authorization for dental work appealed and the appellant could not identify the date of the prior authorization or its denial (Testimony).

## Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> 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 [REDACTED] 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;

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

- (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

Categorically, as a disabled individual the appellant is eligible for MassHealth Standard and MassHealth CommonHealth; however, under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard coverage for a disabled adult between the ages of [REDACTED] is 133% of the FPL. For a household of one, that limit is \$1,670 gross per month. The appellant's most recently verified gross monthly income is \$2,998, or 233.88% of the FPL. Based on this figure, he is over the income limit for MassHealth Standard benefits. Pursuant to 130 CMR 505.004(C), MassHealth correctly determined that the appellant, a disabled adult between the ages of [REDACTED] who was not eligible for MassHealth Standard, is eligible for MassHealth CommonHealth. MassHealth correctly assessed the monthly premium pursuant to 130 CMR 506.011.

For these reasons, the MassHealth determination is correct and the appeal is denied.<sup>2</sup>

## Order for MassHealth

None.

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<sup>2</sup> Unfortunately, the issue of the appellant's dental work is outside the scope of this appeal.

## 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

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