

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304510
Decision Date:	08/24/2023	Hearing Date:	07/14/2023
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michelle Carvalho, 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Income
Decision Date:	08/24/2023	Hearing Date:	07/14/2023
MassHealth's Rep.:	Michelle Carvalho	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	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 May 11, 2023, MassHealth informed Appellant that it was ending her MassHealth Standard benefit on May 25, 2023, and that her coverage would be downgraded to Health Safety Net (HSN). See Exh. 1. On June 6, 2023, Appellant filed a timely request for a fair hearing to appeal the notice. See Exhibit 2; 130 CMR 610.015(B). Denial or reduction of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that her coverage for MassHealth Standard would end because her household income exceeded eligibility limits, and that her coverage would be downgraded to HSN.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's MassHealth Standard benefit because it determined her household income exceeded program limits and therefore downgraded her coverage to HSN.

Summary of Evidence

A MassHealth representative appeared at the hearing by telephone and testified as follows: On May 11, 2023, Appellant, an adult MassHealth member under the age of 65, completed an eligibility renewal by phone. At the time of her renewal, Appellant and her daughter were receiving MassHealth Standard coverage under the Covid-19 Public Health Emergency (PHE) federal mandate. Pursuant to the mandate, members enrolled in MassHealth as of March 2020, could maintain continuous coverage of their benefit through the duration of the PHE, regardless of whether they had a change in circumstances that would otherwise make them ineligible for their existing benefit. Appellant (and her daughter) initially qualified for her existing benefit as a parent/caretaker of a child under 19 years of age that had access to employer sponsored insurance (ESI). Appellant's Standard coverage included a premium assistance (PA) benefit through which MassHealth assisted in paying the cost of Appellant's ESI premium. The continuous coverage mandate ended in April of 2023, removing the protection on Appellant's case, and prompting the May 11th renewal.

Pursuant to the renewal, Appellant reported that she lives in a household size of two (2), comprised of herself and her now [REDACTED] year-old daughter, whom she claims as a dependent when filing taxes. Additionally, Appellant reported that she currently has a gross earned bi-weekly income of \$1,760, which equates to a household income \$3,813.92 per-month. This places her at 227.08% of the federal poverty level (FPL). To be eligible for MassHealth Standard, the individual must be at or below 133% of the FPL. The income for a household size of two receiving 133% of the FPL is \$2,186 per-month. As Appellant's income exceeds this amount, she does not qualify for MassHealth Standard or the PA benefit. Accordingly, through a notice dated May 11, 2023, MassHealth informed Appellant that her MassHealth coverage would end on May 25, 2023, and that her health benefit would change to Health Safety Net (HSN) partial. See Exh. 1. The MassHealth representative explained that Appellant also had an option to switch to a plan through the Health Connector.

At hearing, Appellant appeared via telephone and testified that she only makes \$2 more than what she last reported. She argued that it would not make sense for MassHealth to end her benefit due to such a minimal increase in income. Appellant confirmed that she is still enrolled in a plan through her ESI. She further testified that she cannot afford the cost of a health connector plan, nor would HSN meet her and her daughter's needs. Appellant testified that her daughter has health issues, including asthma and migraines, requiring her to see numerous specialists. Without a supplemental MassHealth benefit, she will not be able to afford the co-pays for these visits. More significant, Appellant explained, is that she will no longer receive her PA benefit, which she needs to maintain the cost of her ESI.

Findings of Fact

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

1. On May 11, 2023, Appellant, and adult MassHealth member under the age of 65, completed an MassHealth renewal application by telephone.
2. At the time of her renewal, Appellant was receiving MassHealth Standard with a premium assistance benefit.
3. Appellant's MassHealth benefit had been protected through the duration of the continuous coverage mandate under the Covid-19 PHE.
4. In April 2023, the continuous coverage mandate was lifted, and Appellant's case was no longer in protected status.
5. As of May 11th, Appellant was living with her ■-year-old daughter, whom she claimed as a tax dependent, putting them in a household of two (2); and was receiving a gross earned bi-weekly income of \$1,760 (equating to \$3,813.92 per-month).
6. A total gross monthly income of \$3,813.92 for a household size of two is 227.08% of the FPL.
7. Through a notice dated May 11, 2023, MassHealth informed Appellant that her MassHealth coverage would end on May 25, 2023, and that her health benefit would change to HSN partial.
8. Appellant maintains primary insurance through a plan offered by her ESI and relies on PA payments to help pay the cost of the premium.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant's gross household income exceeded program limits to qualify for MassHealth Standard. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

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

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, applicants must meet both the categorical *and* financial requirements. In March of 2020, when the PHE continuous coverage mandate went into effect,² Appellant was validly enrolled in MassHealth Standard as a "parent/caretaker relative." See 130 CMR 505.001(A)(1). The financial and categorical eligibility requirements for this group, are outlined as follows:

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

² The "continuous coverage" mandate stems from Congress's enactment of the Families First Coronavirus Response Act, (FFCRA), and as codified in 42 CFR 433.400 et seq. Under the Act, States were required to maintain coverage for Medicaid beneficiaries who were validly enrolled on or after March 18, 2020 through the end of the declared PHE period, even if a member has a change in circumstances that would otherwise render him/her ineligible for benefits. See FFCRA, § 6008(b), Pub.L. 116-127, (Mar 18, 2020); see also 42 CFR 433.400 et. seq. The continuous coverage mandate ended on April 1, 2023. See MassHealth Eligibility Operations Memo 23-11 (April 2023).

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or
2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M) [requiring use of available ESI, or other potentially accessible health insurance benefits].³

See 130 CMR 505.002(C) (emphasis added).

With the “continuous coverage” protection in place, Appellant’s Standard benefit, which included premium assistance payments, remained unchanged throughout the PHE, regardless of whether she continued to meet eligibility criteria. When the mandate ended in April 2023, MassHealth redetermined Appellant’s eligibility using the information she reported on May 11, 2023. Such information included reported gross income of \$1,760 bi-weekly, equating to \$3,813.92 per-month. As stated in the above regulation, the income limit for MassHealth Standard is 133% of the FPL. See 130 CMR § 505.002(C). For a household size of two (2), that limit is \$2,186 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.⁴ As there is no dispute as to the accuracy of income reported, MassHealth correctly notified Appellant, via its May 11th notice, that because her income exceeded 133% of the FPL, she no longer qualified for MassHealth.

³ The full reading of 130 CMR 505.002(M) states the following:

(M) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007: Potential Sources of Health Care, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012: Premium Assistance Payments. Members must access other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

⁴ This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

Additionally, while not expressly stated in the notice, the updated renewal information indicates that Appellant was no longer categorically eligible for her benefit. With her daughter now ■ years of age, Appellant would not qualify as a parent/caretaker relative of a child under 19 years of age. See 130 CMR 505.002(C)(1). While Appellant would be categorically eligible for CarePlus (i.e. adults 21 through 64 years of age who are not eligible for MassHealth Standard), she does not meet financial eligibility requirements, which, like Standard, has an income limit of 133% of the FPL. See 130 CMR 505.008(A)(2)(c). As there is no evidence Appellant qualifies for any of the MassHealth coverage types listed under 130 CMR 505.001, MassHealth did not err in downgrading her health benefit to HSN.⁵

Based on the foregoing, this 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.

Casey Groff
Hearing Officer
Board of Hearings

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

⁵ Health Safety Net is defined by regulation as “a source of funding for certain health care under 101 CMR 613.00: Health Safety Net Eligible Services and 101 CMR 614.00: Health Safety Net Payments and Funding.” See 130 CMR 501.001.