

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305367
Decision Date:	10/4/2023	Hearing Date:	08/11/2023
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Tyrome Witherspoon, Springfield 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:	10/4/2023	Hearing Date:	08/11/2023
MassHealth's Rep.:	Tyrome Witherspoon	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	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 letter dated June 1, 2023, MassHealth notified Appellant that she was no longer eligible for MassHealth CarePlus due to a change in circumstances. See Exhibit 3; 130 CMR 506.007; 130 CMR 502.003. Appellant filed this appeal in a timely manner on June 30, 2023; however, she did not refer to, or include a copy of the underlying MassHealth action for which she was seeking appeal. See Exh. 1; 130 CMR 610.015(B). On July 3, 2023, BOH dismissed the appeal for failure to demonstrate an appealable action, giving Appellant a 10-day period to request the dismissal be vacated. See Exhibit 2; 130 CMR 610.015(G). On July 10, 2023, Appellant sent BOH a copy of the June 1st notice in dispute. See Exh. 3. Accordingly, BOH vacated the dismissal and scheduled a hearing for August 11, 2023. See Exhibit 4. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that her coverage for MassHealth CarePlus would end because her household income exceeded eligibility limits, and that her coverage would be downgraded to Health Safety Net (HSN).

Issue

The appeal issue is whether MassHealth correctly terminated Appellant's CarePlus benefit on the basis that her household income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is an adult female under the age of 65 and is in a household size of one (1). On May 31, 2023, Appellant, who at the time was enrolled in MassHealth CarePlus, submitted updated income information to MassHealth as part of her annual eligibility renewal. Specifically, Appellant provided eight paystubs that reflected her gross bi-weekly income from waitressing. Based on this information, MassHealth found that Appellant had an average gross earned bi-weekly income of \$821.52. This figure equated to a monthly household income \$1,780.23 and placed her at 141.52% of the federal poverty level (FPL). To be eligible for MassHealth CarePlus, the individual must be at or below 133% of the FPL. For 2023, the monthly income of an individual in a household size of one receiving 133% of the FPL is \$1,616.00. As Appellant's income exceeds this amount, she no longer qualifies for CarePlus. Accordingly, through a notice dated June 1, 2023, MassHealth informed Appellant that her MassHealth coverage would be downgraded from CarePlus to the Health Safety Net (HSN). See Exh. 3. The MassHealth representative explained that Appellant is eligible for a Connector plan. Alternatively, because her case reflects that she answered affirmatively to having a disability, she could seek potential enrollment MassHealth's CommonHealth program by first completing an adult disability supplement. The MassHealth representative explained that if Appellant's income has changed, she can provide MassHealth with proof of updated current income, which will prompt MassHealth to re-determine her eligibility. As of the hearing date, however, MassHealth had not received any new or additional income information that would otherwise change the June 1st determination.

Appellant appeared at hearing and testified that she did not understand how MassHealth calculated her income in rendering its June 1st eligibility determination. Appellant stated that the paystubs provided did not reflect earned tips, and therefore MassHealth was inaccurately guessing what she made for tips. Furthermore, as a waitress, her work hours change week to week, resulting in a fluctuating non-fixed income. Currently, she is only working part-time at about 20 hours per week, and this varies based on demand. Appellant testified that the morning of the hearing, she faxed MassHealth updated paystubs. Appellant testified that she cannot afford a Connector plan.

In response, the MassHealth representative testified that MassHealth determined eligibility solely based on the bi-weekly paystubs Appellant sent on 5/31/23, and that the paystubs reflected earnings from her base-pay amount as well as cash tips. MassHealth did not guess her tips or include additional sources of income beyond what was provided. Because her income varies, MassHealth reviewed all paystubs and calculated the average gross income, which is how

it arrived at an average income of \$821.52 bi-weekly. MassHealth reiterated that it had not received any new payment information, but that once it is uploaded in the system and processed, her eligibility will be re-determined. If the new information provides her with a better benefit, she will be notified accordingly.

Findings of Fact

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

1. Appellant is an adult female under the age of 65 and is in a household size of one (1).
2. On May 31, 2023, Appellant, who at the time was enrolled in MassHealth CarePlus, provided MassHealth with updated income information as part of her annual eligibility renewal.
3. Specifically, Appellant submitted eight recent paystubs that reflected her gross bi-weekly income from waitressing, each of which included earnings received from her base-pay and cash tips.
4. MassHealth took the aggregate of all Appellant's paystubs and, from there, calculated her average gross earned bi-weekly income of \$821.52, or \$1,780.23 per-month, and placing her at 141.52% of the FPL.
5. For the year 2023, the monthly household income for an individual receiving 133% of the FPL is \$1,616.00.
6. Through a notice dated June 1, 2023, MassHealth informed Appellant that her MassHealth coverage would be downgraded from CarePlus to HSN.
7. As of the hearing date, MassHealth had not received any new or additional income information that would otherwise change its June 1st determination.

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 CarePlus. 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. Here, Appellant is categorically eligible for MassHealth CarePlus as she is an adult between the ages of 21-64 and does not qualify for MassHealth Standard.² To be financially eligible for MassHealth CarePlus, Appellant must have a modified adjusted gross income that is less than or equal to 133% of the FPL. See 130 CMR 505.008(A)(2)(c). For a household size of one (1), that limit is \$1,616 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.³

On May 31, 2023, Appellant sent MassHealth a series of recent paystubs received over the prior 90-day period. MassHealth testified that each paystub reflected Appellant's bi-weekly income comprised of her base-pay earnings and cash tips. Using solely the information Appellant

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

² There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above. Although Appellant indicated she had a disability in a prior application, she would only become categorically eligible for Standard or CommonHealth once the disability has been verified by UMass Disability Evaluation Services or the Social Security Administration.

³ This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

provided, MassHealth took the aggregate income amounts reflected in the paystubs and, from there, calculated an average bi-weekly income of \$ \$821.52, translating to \$1,780.23 per-month, and placing her at 141.52% of the FPL. Because Appellant's monthly income exceeded 133% of the FPL, MassHealth accurately determined that she no longer qualified for CarePlus and downgraded her to a HSN benefit.⁴ Appellant did not meet her burden in proving that MassHealth erred in issuing its 6/1/23 notice.

For these reasons, 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104,

⁴ As stated in FN2, there is no evidence that Appellant qualified for any other MassHealth coverage types listed under 130 CMR 505.001.