

**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305763
Decision Date:	9/13/2023	Hearing Date:	August 17, 2023
Hearing Officer:	Brook Padgett		

Appellant Representative:

 (mother)

MassHealth Representative:

Mildalys Nunez, Springfield MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Under 65 Eligibility 130 CMR 505.001
Decision Date:	9/13/2023	Hearing Date:	August 17, 2023
MassHealth Rep.:	M. Nunez	Appellant Rep.:	Mother
Hearing Location:	Springfield	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

The appellant received a notice dated June 28, 2023 stating: MassHealth is changing your health benefits because of a change in circumstances. (Exhibit 1).

The appellant filed this appeal timely on July 14, 2023. (130 CMR 610.015(B); Exhibit 2).

Termination or change in status of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant is over income for MassHealth CarePlus eligibility.

Issue

Did MassHealth correctly determine the appellant's MassHealth eligibility?

Summary of Evidence

A representative from MassHealth testified the appellant was previously receiving MassHealth

CarePlus. On June 28, 2023, a review of the appellant's eligibility verified his income at \$3,420.00 per month. This verified income is 276.48% of the monthly federal poverty level (FPL) and placed the appellant over the 133% of the monthly FPL (\$1,616.00) for the appellant's household of one and ineligible for MassHealth CarePlus coverage. The representative explained the appellant was previously protected on MassHealth CarePlus during the COVID 19 emergency; however, when the emergency protection was lifted in April 2023, he was determined to be no longer eligible for MassHealth. The representative indicated the appellant is eligible for subsidized coverage with Connector Care.

The appellant's mother indicated she was very upset with the doctor that her son has been seeing and did not understand why he could not have a male English speaking doctor. Despite a number of requests, the appellant's representative continued to detail her frustration with the appellant's choice of physicians and offered no information that was relevant to dispute the appellant's income or MassHealth's eligibility determination.

Findings of Fact

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

1. The appellant is over 19 and under 65 years of age and a member of a household of one. (Testimony).
2. The appellant's household's gross monthly earnings is \$3,420.00. (Testimony).
3. 133% of the federal-poverty level for a family group size of one is \$1,616.00.
4. The appellant's income is over 133% of the federal poverty level.

Analysis and Conclusions of Law

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away.¹ These continuous coverage requirements ended on April 01, 2023.² On April 01, 2023, MassHealth began redetermining all members to ensure that they still qualify for their current benefits. During this redetermination period MassHealth matched the appellant's income at \$3,420.00 monthly.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). 130 CMR 505.001 provides those

¹ See Eligibility Operations Memo 20-09, April 2020.

² See Eligibility Operations Memo 23-18, July 2023.

financial standards.³ The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000 (130 CMR 505.001). The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage (130 CMR 506.007(A)).⁴ Generally, eligibility is based on 133% of the federal-poverty level for adults and 200% of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers and persons who are HIV positive. Children under the age of 19 may establish eligibility for Standard coverage if the gross income of the group is less than or equal to 150% of the federal poverty level (130 CMR 505.002(C)(2)). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth (130 CMR 506.007(B)).

The appellant is under 65 and has verified gross monthly income of \$3,420.00, which exceeds 133% of the federal poverty level of \$1,616.00 for a household of one. Based on the submitted verified income, the appellant is ineligible for MassHealth benefits and this appeal is denied. The appellant has potential eligibility for subsidized insurance with Connector Care.

³ (1) Standard - for families (with minor children), pregnant women, children and disabled individuals, including extended benefits; must have income under 133% of federal poverty limit; (2) Prenatal - for pregnant women; (3) CommonHealth - for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard; (4) Family Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth; (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens; and (6) Essential - for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and (7) Limited - coverage for non-qualified aliens and certain qualified aliens.

⁴ 130 CMR 506.007: Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households. (A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. (1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other. (2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility. (a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K). (b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D). (c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. (3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC