

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306004
Decision Date:	10/30/2023	Hearing Date:	09/15/2023
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Danielle Pellegrino, Quincy 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:	10/30/2023	Hearing Date:	09/15/2023
MassHealth's Rep.:	Danielle Pellegrino	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	Yes

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 July 6, 2023, MassHealth notified Appellant that she was no longer eligible for MassHealth CarePlus because her income was too high pursuant to 130 CMR 506.007(B) and 130 CMR 502.003. See Exhibit 1. On July 21, 2023, Appellant submitted a timely appeal and requested a video hearing; however, she did not provide an email address on the fair hearing request. See Exh. 2. On July 21, 2023, BOH notified Appellant that she needed to provide an email address to schedule the video hearing. See Exhibit 3; 130 CMR 610.015(G). On August 5, 2023, Appellant sent BOH the requested contact information. See Exh. 4. BOH vacated the dismissal and scheduled a hearing for September 15, 2023.¹ See Exhibit 5. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's renewal application for continued benefits because it determined that Appellant's income exceeded the program limit.

¹ At the time of the scheduled hearing, Appellant was having technical difficulties accessing the video-conferencing platform and consented to a telephonic hearing.

Issue

The appeal issue is whether MassHealth correctly determined Appellant was not eligible for MassHealth because 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 July 6, 2023, Appellant, who at the time was enrolled in MassHealth CarePlus, completed her online annual renewal during which she self-attested to bi-weekly income of \$1,928, which equated to a monthly income of \$4,177 and placed her at 338% 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 July 6, 2023, MassHealth informed Appellant that she did not qualify for MassHealth and that her coverage would end on August 31, 2023. See Exh. 1. The MassHealth representative explained that Appellant is eligible for a health plan through the Health Connector. 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.

Appellant appeared at the hearing and testified that she did not dispute the income figures that MassHealth used in making the 7/6/23 eligibility determination. Appellant was concerned, however, about her options for coverage moving forward. Following the 7/6/23 notice, Appellant called the Health Connector several times indicating that she was looking to enroll in a plan because her MassHealth benefit was ending. A representative from the Connector informed her that she did not qualify for plan because she currently had MassHealth and there was no need for her to get coverage through the Connector. Appellant also indicated that prior to hearing, she submitted an adult disability supplement form to MassHealth Disability Evaluation Services (DES). On August 16, 2023, she received a notice from DES informing her that it received her disability supplement and would notify her of its disability determination within 90 days.

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 July 6, 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. During the renewal, Appellant self-attested to receiving a bi-weekly income of \$1,928, which equated to a monthly income of \$4,177.
4. Appellant's income places her at 338% 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 July 6, 2023, MassHealth informed Appellant that she did not qualify for MassHealth benefits and that her coverage would end on August 31, 2023.
7. Appellant did not dispute the reported income MassHealth used in making its 7/6/23 eligibility 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 benefits. 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,² 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;

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(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 between the ages of 21-64 and does not qualify for MassHealth Standard.³ 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.⁴

On July 6, 2023, Appellant completed an online MassHealth renewal and reported that she earned bi-weekly income of \$1,928, which equated to a monthly income of \$4,177 and placed her at 338% of the federal poverty level (FPL). At hearing, Appellant did not dispute the accuracy of the income figures. Because Appellant's monthly income exceeded 133% of the FPL, MassHealth appropriately determined that she did not qualify for MassHealth benefits. Appellant did not meet her burden in proving that MassHealth erred in issuing its 7/6/23 notice.

For these reasons, this appeal is DENIED.

Order for MassHealth

None.

³ 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.

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

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: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171