


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306074
Decision Date:	8/28/2023	Hearing Date:	08/24/2023
Hearing Officer:	Paul C. Moore		

Appearance for Appellant:

 pro se (by telephone)

Appearance for MassHealth:

Sherrienne Paiva, Taunton MassHealth
Enrollment Center (by telephone)



*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:	MAGI eligibility; Under 65
Decision Date:	8/28/2023	Hearing Date:	08/24/2023
MassHealth Rep.:	Sherrienne Paiva	Appellant Rep.:	Pro se
Hearing Location:	Board of Hearings (remote)		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated July 18, 2023, MassHealth notified the appellant that he is no longer eligible for MassHealth effective August 31, 2023 but is eligible for Health Safety Net (Exh. 1).¹ The appellant filed a timely appeal of this notice with the Board of Hearings (BOH) on July 24, 2023 (130 CMR 610.015; Exh. 2). Denial or termination of assistance is valid grounds for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant will no longer be eligible for MassHealth effective August 31, 2023.

Issue

Did MassHealth correctly determine that the appellant is no longer eligible for MassHealth?

¹ The BOH granted "aid pending" in this matter.

Summary of Evidence

A MassHealth representative from the Taunton MassHealth Enrollment Center testified by telephone that the appellant is under age 65 and lives in a household of two, consisting of himself and his wife. The appellant was enrolled in MassHealth CarePlus on March 18, 2020. During the Covid-19 public health emergency, the appellant's MassHealth CarePlus coverage was continued, regardless of his household income. On July 18, 2023, the appellant added his wife to his MassHealth household profile. At that time, the appellant's modified adjusted gross income (MAGI) was \$2,600.20 per month, consisting of earned income from the appellant's employment. The appellant's spouse has no earned or unearned income. According to the MassHealth representative, \$2,600.20 per month is at 153.24% of the federal poverty level (FPL) for a household of two. This figure exceeds the threshold of 133% of the FPL for a household of two for the appellant to be eligible for MassHealth CarePlus. The MassHealth representative testified that MassHealth generated a written notice to the appellant dated July 18, 2023, apprising him that his MassHealth CarePlus will be terminated on August 31, 2023.² The MassHealth representative stated that the appellant is eligible for Health Safety Net, and additionally, he is eligible to enroll in a health plan with the Massachusetts Health Connector (Testimony, Exh. 1).

The appellant testified by telephone that his wife recently arrived in the United States from [REDACTED], and that they are having difficulty making ends meet. The rent the couple pays on a monthly basis is approximately \$2,100.00. The appellant did not dispute the MAGI of \$2,600.20 per month. He stated that he contacted the Massachusetts Health Connector, and was told the monthly premiums for that coverage will be prohibitively expensive. He does not understand why his MassHealth CarePlus coverage cannot be continued, as he was enrolled in this coverage prior to the Covid-19 pandemic. He sees a physician currently for a couple of medical conditions, and would like to be able to continue to see her since she accepts MassHealth CarePlus (Testimony).

Findings of Fact

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

1. The appellant is under age 65, and lives in a household of two (Testimony).
2. The appellant has had continuous MassHealth CarePlus coverage from March 18, 2020 through the present (Testimony).
3. The appellant has not been deemed disabled (Testimony).
4. MassHealth generated a written notice to the appellant dated July 18, 2023, apprising him

² The appellant's MassHealth CarePlus coverage has been continued by the BOH during the pendency of this appeal pursuant to 130 CMR 610.036.

that his MassHealth CarePlus will be terminated on August 31, 2023, and that he is eligible for Health Safety Net (Exh. 1).

5. The appellant filed a timely appeal with the BOH on July 24, 2023 (Exh. 2).
6. The appellant's current earned income (modified adjusted gross income) is \$2,600.20 per month (Testimony).
7. The appellant's spouse has no earned or unearned income (Testimony).
8. For a household of two in 2023, 133% of the FPL is \$2,186.00 per month (88 *Federal Register* 3424, pp. 3424-3425 (January 19, 2023)).

Analysis and Conclusions of Law

MassHealth regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type.

Regulation 130 CMR 505.001(A) notes in relevant part:

(A) The MassHealth coverage types are the following:

(1) Standard – for pregnant women, children, parents and caretaker relatives, young adults, 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 who
(a) work for small employers;

(b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

(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.

Because the appellant is not considered disabled by MassHealth, he does not qualify for MassHealth Standard or MassHealth CommonHealth.

In order to qualify for MassHealth CarePlus, regulation 130 CMR 505.008(A) notes as follows:

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years of age.
- (2) Persons eligible for MassHealth CarePlus direct coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *Managed Care Requirements* and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years of age.
 - (b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
 - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133 percent of the federal poverty level.**
 - (d) The individual is ineligible for MassHealth Standard.
 - (e) The adult complies with 130 CMR 505.008(C).
 - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(Emphasis added)

The appellant was enrolled in MassHealth Care Plus on March 18, 2020. Pursuant to MassHealth Eligibility Operations Memo 20-09, "MassHealth Response to Coronavirus Disease 2019 (COVID-19)" (April 7, 2020):

MassHealth will protect coverage for all individuals who have Medicaid coverage as of March 18, 2020, and for all individuals newly approved for coverage during the COVID-19 outbreak national emergency, and through the end of the month in which such national emergency period ends. **These members will not lose coverage or have a decrease in benefits during this time period.**

(Emphasis in original)

Next, pursuant to MassHealth Eligibility Operations Memo 23-18, "MassHealth Policy Updates to Return to Normal Business Operations (April 1, 2023 to March 31, 2024)" (July, 2023):

As of April 1, MassHealth is redetermining all members to ensure that they still qualify for their current benefits. Whenever possible, MassHealth will automatically process a member's renewal by matching their information against state and federal data. If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth.

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth has 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. **These continuous coverage requirements ended April 1, 2023.**

(Emphasis added)

As stated above, the continuous coverage requirements associated with the Covid-19 pandemic ended on April 1, 2023.

The appellant's current monthly MAGI is \$2,600.20. The upper limit to qualify for MassHealth CarePlus, for a member in a household of two, is \$2,186.00 per month. The appellant's MAGI exceeds this amount.

Therefore, the appellant does not qualify for a MassHealth benefit at this time. The appellant should enroll in a plan with the Massachusetts Health Connector at his earliest convenience.

There was no error in MassHealth's eligibility decision.

The appeal must be DENIED.

Order for MassHealth

Rescind aid pending. Terminate the appellant's MassHealth coverage as planned on August 31, 2023.

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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Justine Ferreira, Appeals Coordinator, Taunton MEC