

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307104
Decision Date:	11/2/2023	Hearing Date:	09/22/2023
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Scarlis Javier, Tewksbury MEC

Interpreter: Spanish



*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:	11/2/2023	Hearing Date:	09/22/2023
MassHealth's Rep.:	Scarlis Javier	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 notice dated July 30, 2023, MassHealth informed Appellant that it was ending her MassHealth Standard benefit on August 31, 2023, and that her coverage would be downgraded to Health Safety Net (HSN). See Exh. 1. On August 15, 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 the program limit.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's MassHealth Standard benefit because it determined her household income exceeded the program limit.

Summary of Evidence

A MassHealth representative appeared at the hearing by telephone and testified as follows: Appellant is an adult female under the age of 65 and lives in a household of two (2) with her minor child. Appellant and her son were enrolled in MassHealth Standard on November 27, 2020 with income listed as zero. Their benefit remained protected under the Covid-19 Public Health Emergency (PHE) federal mandate. On April 1, 2023, the PHE lifted, and Appellant's benefit was no longer protected. Because Appellant had an expired verification of income in her case, MassHealth ran an automatic renewal on July 30, 2023, and a data match showed Appellant was employed and receiving income that placed her at 210.95% of the federal poverty level (FPL). To be eligible for MassHealth, the individual must be at or below 133% of the FPL. In 2023, the income for a household size of two (2) receiving 133% of the FPL is \$2,186 per-month. As Appellant's income exceeds this amount, she no longer qualified for MassHealth. Accordingly, through a notice dated July 30, 2023, MassHealth informed Appellant that her MassHealth coverage would end on August 31, 2023, and that her health benefit would change to Health Safety Net (HSN).¹ See Exh. 1. The MassHealth representative explained that Appellant had an option to switch to a plan through the Health Connector. On August 7, 2023, following the termination notice, Appellant contacted MassHealth to complete her annual renewal at which time she reported earned income of \$3,500 per-month. The updated income adjusted her FPL to 201.90%, which still exceeds the income limit to qualify for MassHealth.

At hearing, Appellant testified by telephone through a Spanish interpreter, and explained that she never received the blue MassHealth packet to renew eligibility. On August 7, 2023, following the termination notice, she contacted MassHealth and was told that the renewal was done automatically because she never sent requested proof of income. Appellant first explained that the household size MassHealth used is incorrect. In addition to her son, Appellant lives with her grandmother and mother, both of whom have weak health and need help. Appellant explained that while she understands MassHealth uses gross income when determining eligibility, the income she receives is not enough to cover her regular needs and cost of daily living expenses. When asked if the income figures MassHealth reported were correct, Appellant responded that her bi-weekly gross income is \$1,730.29, but the total net income she receives every month is only \$2,648. Appellant testified that her rent is \$1,800 per month, which is higher than her bi-weekly payment. Appellant explained that she has medical conditions, and she needs help paying for the treatment and medication she receives. Appellant stated that she cannot afford a Connector plan and that it was not an option for her.

In response, the MassHealth representative stated that although she lives in the same home as her mother and grandmother, Appellant only claims her son as a dependent for tax filing. There are no

¹ The MassHealth representative explained that through a separate notice, MassHealth informed Appellant that her son's coverage would be downgraded from Standard to Family Assistance effective 7/20/23 as he is a child with household income between 150% and 300% of the FPL, and that this benefit carries a monthly \$20 premium. Appellant did not appeal this notice. At hearing, Appellant testified that she could not afford the \$20 premium and asked the MassHealth representative to disenroll her son from the FA benefit.

other individuals listed in her case and the correct household size is two (2). The representative further explained that MassHealth does not consider rent and other daily living expenses in calculating an individual's countable income for MassHealth benefits. She also noted that the bi-weekly gross income Appellant testified to at hearing amounts to a monthly income of \$3,749.53. This is more than the \$3,500 that MassHealth has on file and used for determining eligibility.

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 lives in a household of two (2) with her minor child.
2. Appellant and her son were enrolled in MassHealth Standard on November 27, 2020 at which time their income was listed as zero.
3. Because Appellant had an expired verification of income in her case, MassHealth ran an automatic renewal on July 30, 2023, and a data match showed Appellant was employed and receiving income that placed her at 210.95% FPL.
4. For 2023, the income amount for a household size of two (2) receiving 133% of the FPL is \$2,186 per-month.
5. Through a notice dated July 30, 2023, MassHealth informed Appellant that her MassHealth coverage would end on August 31, 2023.
6. On August 7, 2023, Appellant contacted MassHealth and reported that she earned income of \$3,500 per-month.
7. At hearing, Appellant testified that she earns a bi-weekly income of \$1,730.29, which amounts to a monthly income of \$3,749.53.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant's gross household income exceeded program limits, and on this basis, whether it correctly terminated her MassHealth Standard benefit. 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;
- (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 categorical *and* financial requirements.³ In the present case, MassHealth determined that Appellant was no longer financially eligible for MassHealth Standard and therefore informed her, through its 7/30/23 notice, that it was ending her coverage on 8/31/23. To be financially eligible for MassHealth Standard or MassHealth CarePlus, the individual's household modified adjusted gross income cannot exceed an amount equal to 133% of the FPL. See 130 CMR §§ 505.002(C), 505.008(A). For a household size of two (2), that limit is \$2,186 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.⁴ The evidence presented at hearing indicates that Appellant receives gross monthly income between \$3,500 (as reported to MassHealth) and \$3,749.53 (as testified to at hearing). Taking the lower, more favorable figure of \$3,500,

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

³ Although not directly testified to at hearing, the evidence indicates Appellant would have satisfied the categorical requirement for Standard as a "parent/caretaker relative" of a child younger than 19 years old, as further described under 130 CMR 505.002(C). If she did not qualify for Standard, the only other MassHealth coverage type Appellant would be *categorically* eligible for (based on evidence) is CarePlus as she is between the ages of 21 through 64. As discussed below, however, she would not be financially eligible for CarePlus as it carries the same financial requirement that the individual's household income cannot exceed 133% of the FPL.

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

Appellant's household income still exceeds 200% of the FPL. There is no evidence to indicate that Appellant meets the financial criteria to qualify for MassHealth at this time. MassHealth did not err in terminating Appellant's MassHealth Standard coverage pursuant to its 7/30/23 notice.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, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

⁵ 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. HSN 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.