

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part	Appeal Number:	2308295
Decision Date:	10/4/2023	Hearing Date:	09/28/2023
Hearing Officer:	Sara E. McGrath		

Appearances for Appellant:



Appearances for MassHealth:

Sarah Sardella, Quincy MassHealth



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied in part	Issue:	Eligibility; Income
Decision Date:	10/4/2023	Hearing Date:	09/28/2023
MassHealth Rep.:	Sarah Sardella	Appellant Rep.:	Pro se
Hearing Location:	Board of Hearings (Remote)		

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 August 16, 2023, MassHealth notified the appellant that she is no longer eligible for MassHealth CarePlus, and that her new coverage, Health Safety Net, becomes effective on August 5, 2023. (Exhibit 1). The appellant filed a timely appeal on September 13, 2023 (Exhibit 1). A downgrade in coverage is valid grounds for appeal (130 CMR 610.032(A)). Per 130 CMR 610.036, the appellant's benefits were continued pending the appeal.

Action Taken by MassHealth

MassHealth notified the appellant that she is no longer eligible for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is no longer eligible for MassHealth benefits?

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified in summary as follows: The appellant is a single adult tax filer who is under the age of 65. She has been eligible for MassHealth CarePlus coverage since June 2, 2019. On June 5, 2023, the appellant completed an eligibility review by phone and subsequently verified her income at \$1,200 every two weeks, or 203.43% of the federal poverty level. Because this income exceeds 133% of the federal poverty level for a household of one (\$1,616 per month), the appellant is no longer financially eligible for MassHealth CarePlus. On August 16, 2023, MassHealth notified the appellant that she is no longer eligible for MassHealth CarePlus, and that her new temporary coverage, Health Safety Net, becomes effective on August 5, 2023. This notice also states that she is eligible for a ConnectorCare plan through the Massachusetts Health Connector (Exhibit 1).¹

The appellant appeared at the hearing by telephone. She stated that she is disabled, and has submitted a disability application to MassHealth.² She stated that she cannot afford to pay for health insurance. She has many expenses, including rent, student loans, and other bills. She explained that she has many health issues, both physical and psychological, and that these conditions are not going away. She also takes multiple medications.

Findings of Fact

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

1. The appellant is a single adult tax filer who is under the age of 65.
2. The appellant has been eligible for MassHealth CarePlus coverage since June 2, 2019.
3. On June 5, 2023, the appellant completed an eligibility review by phone and subsequently verified her income at \$1,200 every two weeks, or 203.43% of the federal poverty level.
4. On August 16, 2023, MassHealth notified the appellant that she is no longer eligible for MassHealth CarePlus, and that her new temporary coverage, Health Safety Net, becomes effective on August 5, 2023. This notice also states that she is eligible for a ConnectorCare plan through the Massachusetts Health Connector.
5. On September 13, 2023, the appellant timely appealed MassHealth's determination.
6. The appellant had a disability application (Disability Supplement) currently pending with MassHealth's disability unit.

¹ The notice also states that the appellant will not get MassHealth CarePlus after September 30, 2023.

² MassHealth has confirmed that a disability application is pending with its disability unit.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults³, 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.

Under 130 CMR 505.008(A)(2)(c), for adults between the ages of 21 and 64, the income limit for MassHealth CarePlus is 133% of the federal poverty level. The appellant's income is at 203.43% of the federal poverty level. Because the appellant's income is over the limit for MassHealth CarePlus, MassHealth's action was consistent with the applicable regulations.

As noted above, the appellant alleged a disability, and currently has a Disability Supplement pending with MassHealth's disability unit. In light of the appellant's potential eligibility for

³ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

coverage under 130 CMR 505.001(A)(2), the appellant's benefits should remain open pending the outcome of the disability evaluation. This appeal is therefore denied in part.

Order for MassHealth

Keep appellant's MassHealth benefits open until the disability unit renders its decision on the disability application.

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.

Sara E. McGrath
Hearing Officer
Board of Hearings

cc: Quincy MassHealth Enrollment Center