

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308851
Decision Date:	12/13/2023	Hearing Date:	10/27/2023
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kristine Angelari, Tewksbury 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:	Under 65; Eligibility; CarePlus; Income
Decision Date:	12/13/2023	Hearing Date:	10/27/2023
MassHealth's Rep.:	Kristine Angelari	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, (Remote – via video call)	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 9/16/23, MassHealth notified Appellant that her CarePlus benefit would end on 10/31/23 because she did not meet program income eligibility requirements. See Exhibit 1. Appellant timely appealed the notice on 9/26/23. See Exh. 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth informed Appellant that her CarePlus benefit would end on 10/31/23 because her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth correctly determined that Appellant's income exceeded program limits, and, on this basis, correctly sought to terminate her CarePlus benefit.

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 June 7, 2023, MassHealth received and processed Appellant's annual renewal to apply for continued MassHealth benefits. At the time, Appellant was enrolled in MassHealth CarePlus. On 6/7/23, MassHealth sent Appellant a request for information seeking verification of income. On 9/16/23, Appellant sent MassHealth the requested information and verified, through paystubs, that she received an average earned gross income of \$1,315 every two-weeks, amounting to \$2,849 per-month. This placed her at 234.27% of the FPL. To be eligible for MassHealth CarePlus, the individual's household income must be at or below 133% of the FPL. For 2023, the income for a household size of one at 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 9/16/23, MassHealth informed Appellant that her CarePlus coverage would end on 10/31/23, and that she would be transitioned to the health safety net (HSN) on 9/6/23. See Exh. 1. The representative also indicated that on 9/25/23, following the termination notice, Appellant provided updated income information to MassHealth, which added a deduction to her account. This information reduced Appellant's countable average bi-weekly income to \$1,244.27 (or \$2,695.71 per month), thereby placing her at 216% of the FPL. Her income, however, still exceeds the income limit to qualify for CarePlus.

Appellant appeared at the hearing and testified that she did not dispute the income figures that MassHealth used in making its eligibility determination. Appellant, however, questioned why she no longer qualified for the benefit when her income has remained the same for several years. Appellant also testified that the cost of living has increased dramatically. After paying for necessary living expenses, she has barely any income remaining. When asked about other expenses that could potentially be deducted from her countable income, Appellant stated that she pays for her daughter's college tuition with her ex-husband.

In addition, Appellant questioned how she would be able to afford a Health Connector plan. She was previously enrolled in a Connector plan and described it as an "awful experience." Even with the coverage, she incurred medical expenses of over \$2,000 that insurance would not cover. Appellant explained she has medical conditions and is followed by liver and kidney specialists at [REDACTED]. If she were to lose these providers, it would be detrimental to her health.

In response, the MassHealth representative stated that Appellant's benefit was protected during the federal covid-19 public health emergency (PHE). It is likely that Appellant's income has exceeded program limits for several years, however, because of the PHE continuous coverage protection, MassHealth did not end her benefit as it would under traditional rules. Because the

¹ In response to this comment, the MassHealth representative described the CommonHealth program to the Appellant and explained that if she wished to pursue this option, Appellant would need to seek a disability determination through MassHealth DES, as there is currently no disability reflected in her account.

PHE lifted in April 2023, MassHealth has resumed its use of standard rules and income thresholds for making eligibility determinations. In addition, the representative testified that MassHealth will consider certain deductions when determining an individual's countable income, however, the individual must provide documentation to verify they are eligible for the deduction. MassHealth already applied certain deductions based on the information Appellant provided on 9/25/23. As previously stated, however, the deduction did not reduce Appellant's FPL to a point that rendered her eligible for benefits.

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 June 7, 2023, MassHealth received and processed Appellant's annual renewal to apply for continued MassHealth benefits.
3. At the time, Appellant was enrolled in MassHealth CarePlus – a benefit that had been protected under the covid-19 PHE.
4. On 6/7/23, MassHealth sent Appellant a request for information verification of income.
5. On 9/16/23, Appellant responded to the request for information and verified, through paystubs, that she received an average earned gross income that placed her at 234.27% of the FPL.
6. Through a notice dated September 16, 2023, MassHealth informed Appellant that her CarePlus coverage would end on 10/31/23, and that she would be transitioned to the health safety net (HSN) on 9/6/23. See Exh. 1.
7. On 9/25/23, Appellant provided updated income information which lowered her bi-weekly income to \$1,244.27 (or \$2,695.71 per month) and which places her at 216% of the FPL.

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;
- (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 It is undisputed that Appellant earns an average bi-weekly income of weekly income to \$1,244.27.

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

³ In addition, there is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

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

This amounts to a monthly income of \$2,695.71 and places her at 216% of the FPL. Because Appellant's monthly income exceeds the regulatory limit of 133% of the FPL, MassHealth appropriately determined that she no longer qualified for MassHealth CarePlus and notified her that her benefit would end on 10/31/23. Appellant did not meet her burden in proving that MassHealth erred in issuing its 9/16/23 notice.

For these reasons, 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