

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308965
Decision Date:	12/14/2023	Hearing Date:	11/03/2023
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Darcy Chapdelaine, Springfield MassHealth
Enrollment Center



*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:	12/14/2023	Hearing Date:	11/03/2023
MassHealth's Rep.:	Darcy Chapdelaine	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 9/28/23, MassHealth notified Appellant that his Standard benefit would end on 10/31/23 because he did not meet program income eligibility requirements. See Exhibit 1. Appellant timely appealed the notice on 9/28/23. 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 his Standard benefit would end on 10/31/23 because his 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 his Standard coverage.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is an adult male under the age of 65 and is in a household size of five (5), including his wife and three children. On 9/28/23, Appellant, who was enrolled in MassHealth Standard at the time, completed his annual MassHealth renewal by telephone. Through the renewal process, Appellant verified that he received earned wages of \$4,164 per-month and claimed a student loan interest deduction of \$42.32, for a total income amount of \$4,121 per-month. At that time, no income was reported for his wife. The total adjusted income of \$4,121 per-month placed Appellant at 135.75% of the federal poverty level (FPL). To be eligible for MassHealth, the individual's household income must be at or below 133% of the FPL. For 2023, the income for a household size of five at 133% of the FPL is \$3,895. As Appellant's verified household income exceeded this amount, MassHealth notified him, through a notice dated, 9/28/23, that he no longer qualified for Standard, and his benefit would end on 10/31/23. See Exh. 1. The notice also informed him that he was transitioned to Health Safety Net effective 9/18/23. Id.

The MassHealth representative also testified that on 10/24/23, following receipt of the termination notice, Appellant provided updated income information regarding his wages and verified that his wife received social security income, which had not been previously reported and accounted for in the 9/28/23 determination. The updated information increased Appellant's adjusted household income to 263% of the FPL. The MassHealth representative explained that Appellant is eligible to enroll in a plan through the Health Connector. Alternatively, because Appellant answered affirmatively to having a disability on his application, he could seek potential enrollment MassHealth's CommonHealth program by submitting an adult disability supplement.¹ If his disability is "verified" by MassHealth's Disability Evaluation Services, he could be eligible for CommonHealth benefits.

Appellant appeared at the hearing and testified that he did not dispute the income figures that MassHealth used for determining eligibility. Appellant questioned what other insurance options he had moving forward and expressed concern about losing benefits because he has a heart condition that is being treated. Appellant also testified that he received numerous MassHealth notices, some of which provide contradicting information, and he wished to confirm the status of his coverage and the coverage of his family members.

Findings of Fact

¹ At hearing, the parties explained that pursuant to a pre-hearing discussion, Appellant completed and sent an adult disability supplement to MassHealth's Disability Evaluation Services (DES) unit. Appellant explained that, as of the hearing date, he had not received a response from DES regarding its disability determination for purposes of determining whether he qualifies for CommonHealth.

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

1. Appellant is an adult male under the age of 65 and is in a household size of five (5).
2. On 9/28/23, Appellant, who was enrolled in MassHealth Standard at the time, completed his annual MassHealth renewal by telephone and reported that he receives earned income of \$4,164 per-month and, with a student loan interest deduction of \$42.32, has a total monthly income of \$4,121.
3. The total adjusted monthly income of \$4,121 placed Appellant at 135.75% of the FPL.
4. On 9/28/23, MassHealth notified Appellant that he no longer qualified for Standard because his income exceeded program limits; that his current benefit would end on 10/31/23; and that he would be transitioned to Health Safety Net effective 9/18/23.
5. On 10/24/23, MassHealth updated Appellant's account to include previously unreported social security income that his wife received, and which increased Appellant's household income to 263% 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;

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

(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 To be financially eligible for MassHealth Standard, individuals under the age of 65 must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.002. For a household size of five (5), that limit is \$3,895 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.⁴ It is undisputed that Appellant earns an average monthly income of \$4,164 and qualifies for a student loan interest deduction of \$42.32 per-month. This adjusts Appellant's monthly income to \$4,121, which, if considered alone, places him at 135.75% of the FPL and renders him ineligible for MassHealth coverage. Moreover, Appellant did not dispute that his wife also receives social security income, which he reported to MassHealth following the 9/28/23 eligibility determination, placing his household income at 263% of the FPL. Because Appellant's monthly household income exceeds the regulatory limit of 133% of the FPL, MassHealth appropriately determined that Appellant no longer qualified for MassHealth and notified him that his benefit would end on 10/31/23. Appellant did not meet his burden in proving that MassHealth erred in issuing its 9/28/23 notice.

For these reasons, this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

³ The only other coverage type Appellant could be categorically eligible for is CarePlus; however, he is not financially eligible because the benefit carries the same requirement that the household income not exceed 133% of the FPL. Although Appellant indicated he had a disability in a prior application, he would only become categorically eligible for Standard or CommonHealth if the disability is verified by UMass Disability Evaluation Services (DES) or the Social Security Administration. There is no evidence that Appellant is both categorically *and* financially eligible for any of the 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>.

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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104