

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309380
Decision Date:	01/02/2024	Hearing Date:	10/30/2023
Hearing Officer:	Casey Groff	Record Closed:	11/10/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nancy Derisma, Charlestown 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:	Eligibility; Under 65; Income
Decision Date:	01/02/2024	Hearing Date:	10/30/2023
MassHealth's Rep.:	Nancy Derisma	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Virtual)	Aid Pending:	No

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 9/15/23, MassHealth informed Appellant that she no longer qualified for MassHealth CarePlus due to a change in circumstance and that her benefit would end on 10/31/23. See Exh. 1. Appellant filed this appeal in a timely manner on 10/4/23. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or reduction of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined Appellant's income exceeded the program limit to qualify for CarePlus, and on this basis, notified her that her benefit would end on 10/31/23.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant's income exceeded the limit to qualify for CarePlus, and whether MassHealth correctly terminated her coverage on this basis.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing by video and testified as follows: Appellant is between the ages of 21 and 64 and is in a household size of one (1). Appellant had been enrolled in MassHealth CarePlus since 2017. See Exh. 3. In September 2023, Appellant completed a renewal and sent proof of income showing that she had earned approximately \$1,600 bi-weekly or \$3,200 per-month, placing her at 280.37% of the federal poverty level (FPL). See Exh. 1. 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 one at 133% of the FPL is \$1,616 per month. Based on this information, MassHealth issued a notice dated 9/15/2023, informing Appellant that her CarePlus coverage would be downgraded to Health Safety Net (HSN) with a coverage end date of 10/31/23. See id. The MassHealth representative explained that Appellant is eligible for a plan through the health connector. Additionally, because Appellant reported a disability in her application, she may be eligible for MassHealth CommonHealth, if the disability is verified by Disability Evaluation Services (DES) through UMass Medical School, or Social Security. Because a disability has not yet been verified, she is not eligible for CommonHealth at this time.

The MassHealth representative testified that prior to the hearing, she spoke with Appellant and based on their conversation updated Appellant's case to reflect a lower reported income of \$1,145.65 biweekly. The update, however, is currently in "pending" status as Appellant must submit proof of the lower income amount. The representative also explained that a student loan deduction of \$18,000 per-year had been added to Appellant's account which would further reduce Appellant's FPL once she provided verification of the updated income. At this time, however, MassHealth did not have sufficient information to change its eligibility determination.

Appellant appeared at hearing by video-conference and testified that she has health issues and cannot afford the premiums for a Health Connector plan. Appellant submitted, with her fair hearing request, a letter from her physician dated 10/3/23, which listed Appellant's active medical problems, and which her doctor opined would be adversely affected without having insurance. See Exh. 2, p. 2. Appellant testified that she was working on the DES supplement to apply for CommonHealth as an alternative coverage.

Appellant stated that she disputed the 9/15/23 notice because the income information was not correct. Specifically, the paystub that was used in determining her eligibility included back pay and inflated the actual amount she earns. Appellant testified that she was trying to obtain updated paystubs from her employer to verify the lower income amount. At Appellant's request, the record was left open to allow her additional time to provide proof of income and for MassHealth to review and respond. See Exh. 6.

During the record open period, Appellant submitted three bi-weekly paystubs showing gross

income of \$1,611.00 (check date 9/13/23); 1,491.50 (check date 10/20/23);¹ and \$1,610.25 (check date 11/7/23), respectively. See Exh. 7. All paystubs reflected income earned for a two-week period and did not reflect back-paid income. Id. The combined paystubs, showed an average bi-weekly income of \$1,570.91, amounting to an average monthly income of \$3,403.39.

In response, MassHealth stated that the paystubs showed that Appellant had a higher gross pay that she reported during their pre-hearing conversation. Applying Appellant's student loan deduction to the check dated 10/20/23, which was the lowest of the three, Appellant's income still placed her at 137.56% of the FPL, above the 133% to qualify for MassHealth. See Exh. 7 and 8.

Findings of Fact

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

1. Appellant is between the ages of 21 and 64, is in a household size of one (1), and had been enrolled in Masshealth CarePlus since 2017. (Testimony; Exh. 3).
2. In September 2023, Appellant completed a renewal and sent proof of income showing that she had earned approximately \$1,600 bi-weekly or \$3,200 per-month, placing her at 280.37% of the FPL. (Testimony; Exh. 1).
3. Using the updated income information, MassHealth issued a notice dated 9/15/2023, informing Appellant that her CarePlus coverage would be downgraded to HSN with a coverage end date of 10/31/23. (Testimony; Exh. 1).
4. During a record open period, Appellant provided three current paystubs which reflected an average bi-weekly gross income of \$1,570.91, amounting to an average monthly income of \$3,403.39. (Exhibits 7-8).

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant's income exceeded the program limit 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 The paystub dated 10/20/23 had a *net* payment amount of \$1,145.65, which was the same amount Appellant reported to the MassHealth representative prior to hearing.

- (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 To be financially eligible for MassHealth CarePlus, 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 one (1), that limit is \$1,616 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.⁴ Appellant provided proof of paystubs showing that she earns an average gross bi-weekly income of \$1,570.91, amounting to an average monthly income of \$3,403.39, which is well-above the \$1,616 limit to qualify for CarePlus. Applying the student loan deduction testified to at hearing of \$18,000 per-year,⁵ Appellant's monthly income would

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

³ Although Appellant indicated she had a disability in a prior application, she 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. At the time of hearing, there was no evidence that Appellant was 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>.

⁵ It is noted that the purported student loan deduction was not accounted for in MassHealth's 9/15/23 eligibility determination under appeal. Although MassHealth testified at hearing that a student loan deduction of \$18,000 per-year was reflected in Appellant's case, it was unclear where this information came from or if it had been verified. For purposes of this decision, reference to the deduction is used solely to demonstrate that *if* the amount

be offset by \$1,500,⁶ giving her a modified adjusted gross income of \$1,903.39 (\$3,403.39 - \$1,500). Under either approach, Appellant's household income still exceeds MassHealth program limit of \$1,616 per-month or 133% of the FPL. Appellant did not demonstrate that MassHealth erred in its 9/15/23 eligibility determination.

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
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

were verified as correct, Appellant's income would still exceed program limits to qualify for CarePlus.

⁶ \$1,500 x 12 months = \$18,000 per-year.