

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310845
Decision Date:	12/11/2023	Hearing Date:	12/04/2023
Hearing Officer:	Rebecca Brochstein	Record Open Date:	12/11/2023

Appearances for Appellant:



Appellant

Appearances for MassHealth:

Jesus Tijero, Quincy MEC
Karishma Raja, Premium Billing



*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	Issue:	Eligibility
Decision Date:	12/11/2023	Hearing Date:	12/04/2023
MassHealth Reps.:	Jesus Tijero Karishma Raja	Appellant's Rep.:	Pro Se
Hearing Location:	Quincy MassHealth Enrollment Center (Telephonic)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated September 11, 2023, MassHealth informed the appellant that she is no longer eligible for MassHealth benefits due to her income (Exhibit 1). On the same date, MassHealth notified the appellant that her daughter's coverage type would change to the Children's Medical Security Plan (Exhibit 2). The appellant filed this appeal in a timely manner on November 3, 2023 (130 CMR 610.015(B); Exhibit 2). Denial or termination of benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is no longer eligible for MassHealth benefits and changed her daughter's coverage type to the Children's Medical Security Plan.

Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for benefits.

Summary of Evidence

An eligibility caseworker from the Quincy MassHealth Enrollment Center appeared at the hearing telephonically and testified as follows: The appellant, who has a household of two, was previously eligible for MassHealth Standard. When MassHealth redetermined her eligibility, it found that she had income of \$1,087.25 per week, which is 361.73% of the federal poverty level. Based on this income, MassHealth determined that she is no longer eligible for MassHealth Standard and that her daughter's coverage would change to the Children's Medical Security Plan. On September 11, 2023, MassHealth notified the appellant of these eligibility determinations. See Exhibits 1 and 2.

MassHealth subsequently received updated income information showing the appellant was earning \$800 per week, which was 205.94% of the federal poverty level. On November 7, 2023, the appellant again updated her income to show earnings of \$30,000 per year (\$2,500 per month), which is 163.84% of the federal poverty level. The MassHealth representative indicated that this latest income remains above the MassHealth Standard limit of 133% of the federal poverty level, or \$2,186 per month for a household of two. He testified that while the appellant was found ineligible for MassHealth Standard, she was approved for a Health Connector plan. He noted that the system shows the appellant enrolled in a Tufts Health Connector plan effective December 1, 2023. He added that the child, who is subject to different income standards, has been approved for MassHealth Family Assistance.

A representative from the MassHealth Premium Billing Unit appeared at the hearing telephonically. She testified that the appellant has no current premium balance. She added that the appellant has a \$20 premium for Family Assistance coverage, and that the first bill will go out sometime this month. She stated that it is possible MassHealth will waive the premium depending on the appellant's Health Connector plan.

The appellant appeared at the hearing telephonically and testified on her own behalf. She stated that MassHealth originally miscalculated her income by counting it twice. After she resubmitted the income verifications, MassHealth adjusted it to show she only had income from one source. The appellant stated that she had picked a Health Connector plan (Tufts) and paid her first premium, but that she was told at a recent doctor's office that her new insurance coverage was not showing up as active in their system.

The record was held open for the appellant to investigate whether her Health Connector plan had indeed become active on December 1 as planned. During the record-open period the appellant reported that she had received her Tufts health insurance card and that the plan was indeed effective December 1. See Exhibit 7.

Findings of Fact

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

1. The appellant is under the age of 65 and has a household of two, consisting of herself and

her minor child.

2. The appellant was previously approved for MassHealth.
3. In September 2023, MassHealth redetermined the appellant's eligibility and found that her income from employment is \$1,087.25 per week, or 361.73% of the federal poverty level for a household of two.
4. On September 11, 2023, MassHealth notified the appellant that she is no longer eligible for MassHealth coverage because her income exceeds the limit of 133% of the federal poverty level, which is \$2,186 per month for a household of two. MassHealth notified her that she was eligible to enroll in a Health Connector plan.
5. The appellant updated her income twice since the determination of September 11, 2023. Her current income was verified at \$30,000 per year, or \$2,500 per month, which is 163.84% of the federal poverty level.
6. The appellant enrolled in a Health Connector plan effective December 1, 2023.
7. The appellant's daughter is eligible for MassHealth Family Assistance.

Analysis and Conclusions of Law

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

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) MassHealth Family Assistance – for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;

¹ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

(5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. Under 130 CMR 505.002(C), the income limit for parents and caretaker relatives to qualify for MassHealth Standard is 133% of the federal poverty level; for a household of two, that limit is \$2,186 per month. Based on her most recently verified income, MassHealth correctly determined that the appellant is not financially eligible for a MassHealth coverage type and is instead qualified to enroll in a Health Connector plan (which she has already done). MassHealth's determination that the appellant's daughter is eligible for MassHealth Family Assistance is similarly correct.

As there is no error in MassHealth's eligibility determination, 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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Quincy MEC

Maximus Premium Billing
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