

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311658
Decision Date:	2/5/2024	Hearing Date:	12/18/2023
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:
Pro se

Appearance for MassHealth:
Via telephone:
Ernetta Finch-Reeves, 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:	2/5/2024	Hearing Date:	12/18/2023
MassHealth's Rep.:	Ernetta Finch-Reeves	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - 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 notice dated October 25, 2023, MassHealth notified the appellant that his coverage would change from MassHealth CarePlus to Health Safety Net due to a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on or about November 17, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that his coverage would change from MassHealth CarePlus to the Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant from MassHealth CarePlus to the Health Safety Net.

Summary of Evidence

The appellant and the MassHealth representative appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant, who is under the age of 65 with a household size of one, completed a 2024 renewal application in October 2023; however, he never completed a 2023 annual eligibility renewal. The October 25, 2023 notice informed the appellant that his MassHealth CarePlus benefits would terminate on November 30, 2023 because he did not complete the annual eligibility renewal within the allowed time and MassHealth was not able to renew coverage based on available federal and state data sources. The notice also stated that the appellant's benefits had been temporarily protected for a specific reason, such as the Public Health Emergency, which had now ended. The Health Safety Net would start on October 15, 2023. Previously, MassHealth issued a notice on August 14, 2023 informing the appellant that his 2023 renewal was due on by September 28, 2023. As of hearing, MassHealth still needed the 2023 renewal and proof of income.

But based on available information, the October 25, 2023 notice informed the appellant that his income is 200.31% of the Federal Poverty Level (FPL) and he qualifies for Health Safety Net for a limited time and a Connector Care plan through the Health Connector. The income limit to qualify for MassHealth Standard or MassHealth CarePlus for a non-disabled person under the age of 65 is 133% of the FPL, which is \$1,616 gross per month for a household of one. His MassHealth CarePlus benefits are protected during the appeal process by aid pending.

The appellant testified that he is self-employed and submitted a 2022 Federal Income Tax Summary, but he did not realize that was insufficient to verify his income. He thinks he is enrolled in a Health Connector plan, but was unsure. MassHealth clarified that it still needed a 2023 renewal application and sufficient proof of income. As he is self-employed, his 2022 federal tax return would work, but the summary he sent in was not enough. The MassHealth representative did not see that he was enrolled in a Health Connector plan and provided the appellant with the Health Connector Customer Service number for him to enroll or get additional information. The appellant did not dispute his income or eligibility. He understood the information MassHealth still required and just needed some additional time to submit it and enroll with the Health Connector.

Findings of Fact

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

1. The appellant is under the age of 65 with a household size of one (Testimony and Exhibit 4).

2. On October 25, 2023, MassHealth notified the appellant that his coverage would change from MassHealth CarePlus to the Health Safety Net due to a change in circumstances (Testimony and Exhibit 1).
3. The appellant completed a 2024 renewal in October 2023, but his 2023 renewal and proof of income are still outstanding (Testimony and Exhibit 1).
4. Based on available information, MassHealth calculated that appellant's income at 200.31% of the Federal Poverty Level (Testimony and Exhibit 1).
5. MassHealth issued a notice on August 14, 2023 informing the appellant that his 2023 renewal was due on by September 28, 2023 (Testimony).
6. The appellant did not dispute his income level and understood that he still needed to submit proof of income and the 2023 renewal (Testimony).
7. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the Federal Poverty Level, or \$1,616 for a household of one (Testimony).
8. On November 17, 2023, the appellant timely appealed the notice (Exhibit 2).
9. The appellant is eligible for the Health Safety Net, effective October 15, 2023 (Exhibit 1).
10. The appellant's CarePlus benefits were due to terminate on November 30, 2023, but are protected by aid pending during the appeal process (Testimony and Exhibit 1).
11. The appellant is eligible for a Connector Care plan through the Health Connector (Testimony and Exhibit 1).

Analysis and Conclusions of Law

130 CMR 502.007(C)(2) states the following regarding eligibility reviews:

(2) Prepopulated Renewal Application. Households whose continued eligibility cannot be determined based on electronic data matches with federal and state agencies and households whose eligibility would change to a less comprehensive benefit for at least one member of the household as a result of the data matches will be required to complete a prepopulated renewal application.

(a) The MassHealth agency will notify the head of the household of the need to complete the renewal application.

(b) **The head of household will be given 45 days from the date of the request to**

return the paper prepopulated renewal application, log onto his or her MAHealthConnector.org account to complete the renewal application online, or call the MassHealth agency to complete the renewal application telephonically.

1. If the renewal application is completed within 45 days, eligibility will be determined using the information provided by the individual with verification confirmed through electronic data matches if available. If verification through electronic data match is unsuccessful, the MassHealth agency will request required verifications as described in 130 CMR 502.003 and the individual continues to receive benefits pending verification.

2. If the renewal application is not completed within 45 days, the MassHealth agency will

a. use information received from electronic sources, if available, and redetermine eligibility; or

b. if information is not available from electronic sources, terminate MassHealth coverage as described at 130 CMR 502.006(B).

(Emphasis added)

The issue on appeal is whether MassHealth was correct in downgrading the appellant's benefits from MassHealth CarePlus to the Health Safety Net due to a change in circumstances. Specifically, the appellant did not complete the eligibility renewal within the time allowed.

Through a notice dated August 14, 2023, MassHealth informed the appellant that his annual renewal was due on September 28, 2023. The appellant completed the 2024 renewal in October 2023 (after the September 28 due date) and, as of hearing, still had not completed a 2023 renewal. For these reasons, the MassHealth decision is correct and the appeal is denied.¹

Order for MassHealth

None, other than remove aid pending.

¹ The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

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