

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312091
Decision Date:	1/10/2024	Hearing Date:	01/09/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:
Pro se

Appearance for MassHealth:
Via telephone:
Sarah Sardella



*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:	1/10/2024	Hearing Date:	01/09/2024
MassHealth's Rep.:	Sarah Sardella	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Remote	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 October 26, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth (Exhibit 1). The appellant filed this appeal in a timely manner on November 27, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

The appeal was originally scheduled for December 29, 2023, but at the request of the appellant, it was rescheduled to the current hearing date, January 9, 2024.

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's income exceeds the limit for MassHealth.

Summary of Evidence

The MassHealth representative and the appellant appeared at hearing via videoconference. The MassHealth representative testified as follows: on October 26, 2023, the appellant, an adult under the age of 65 with a household size of one, completed a renewal application over the phone. The appellant's gross yearly income is \$33,000, or 251.51% of the Federal Poverty Level (FPL). The income limit for MassHealth benefits for a non-disabled person under the age of 65 is 133% of the Federal Poverty Level, which for a household size of one is \$1,616 gross monthly or \$19,392 gross annually. Based on her most recently verified income, the appellant qualified for a Connector Care plan Type 3A with a subsidy through the Health Connector and temporary Health Safety Net. The MassHealth representative explained that the appellant had qualified for CarePlus in the past, but she had a household size of two during that time. When she completed her renewal, she changed her household size to one and also added an additional job, increasing her income.

The appellant testified that the income reported is accurate but there is a major difference between the gross income that MassHealth considers and the net income that she actually brings home. She has had MassHealth benefits for many years and her income has always been around that or a little less. Her son no longer lives with her and she was told that he could not be considered as part of her household for insurance purposes.

The appellant was frustrated by the process and the difficulty in getting consistent answers. She felt that every time she spoke to MassHealth, the Health Connector, or the Health Safety Net, she got different answers. The appellant was particularly concerned about the Health Safety Net which she had to use for emergency care. She has always been proactive about her health insurance and finds out what is or is not covered. She spoke to the Health Safety Net before getting services to make sure the visit would be covered at the hospital where she planned to get treatment. She was told it would be covered, but no one told her about the deductible.

The MassHealth representative responded that page 4 of the October 26, 2023 notice explains the Health Safety Net deductible and states: "A deductible is a certain amount of health-care costs you are responsible for. Your family has an annual Health Safety Net deductible of \$3,004.06. Only services that the Health Safety Net can pay for will count toward your deductible. Private doctor and private lab or radiology bills do not count towards the deductible, even if the care was provided at a hospital. Contact your provider to ask if your bills can be paid for by the Health Safety Net."

The MassHealth representative also noted that while the appellant is currently eligible for the Health Safety Net and the Health Connector, it is for a limited time only because MassHealth needs additional information, specifically proof of residency. MassHealth issued a notice on September 18, 2023 requesting proof of residency, due December 14, 2023, which it still has not received. The appellant's temporary Health Safety Net is due to terminate on January 18, 2024.

Her Health Connector eligibility will terminate January 31, 2024, unless she submits that proof of residency.

The appellant was confused and frustrated by that request for information since it came from MassHealth, but she is not MassHealth eligible, only Connector Care eligible. Additionally, no one informed her that her Health Connector coverage would be ending January 31, 2024. She stated that she submitted proof of residency in the form of an affidavit when she sent in other information about employer sponsored insurance in September. MassHealth stated that it had received the employer sponsored insurance information in September, but did not receive proof of residency. The appellant agreed that she would submit the proof of residency affidavit as soon as possible.

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 26, 2023, MassHealth notified the appellant that she did not qualify for MassHealth benefits because her income was too high (Testimony and Exhibit 1).
3. The appellant's income is \$33,000 gross per year, which put her at 251.51% of the Federal Poverty Level (Testimony and Exhibit 1).
4. The appellant did not dispute her income level (Testimony).
5. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the Federal Poverty Level, or \$19,392 gross annually (or \$1,616 gross monthly) for a household of one (Testimony).
6. On November 27, 2023, the appellant timely appealed the notice (Exhibit 2).
7. The appellant is eligible for a Connector Care plan Type 3A with a subsidy through the Health Connector and temporary Health Safety Net (Testimony).
8. The appellant used her temporary Health Safety Net benefits but was unaware of the \$3,004.06 deductible (Testimony).
9. Page 4 of the October 26, 2023 notice states that the deductible applies to the appellant and explains the following regarding the deductible: "A deductible is a certain amount of health-care costs you are responsible for. Your family has an annual Health Safety Net deductible of

\$3,004.06. Only services that the Health Safety Net can pay for will count toward your deductible. Private doctor and private lab or radiology bills do not count towards the deductible, even if the care was provided at a hospital. Contact your provider to ask if your bills can be paid for by the Health Safety Net.”

Analysis and Conclusions of Law

The Board of Hearings has limited jurisdiction to redress complaints. Particularly, the Board of Hearings may only redress disputes arising from MassHealth determinations.¹ See 130 CMR 610.032. Here, based on the notice under appeal dated October 26, 2023, the only MassHealth related dispute is whether MassHealth correctly denied the appellant’s application for MassHealth benefits because her income exceeded MassHealth limits.

MassHealth offers a variety of benefits based upon an individual’s circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) 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 who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;

¹ Certain other limited areas of jurisdiction exist within the Board of Hearings that are not based upon MassHealth decisions or decisions by MassHealth contractors, such as decisions by a nursing facility to discharge or transfer a resident. See 130 CMR 610.032(C). Any authority regarding Health Connector decisions is specifically limited to those matters the Health Connector has delegated to the Board of Hearings. At the moment, no such delegation exists. See 130 CMR 610.032(A).

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

- (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
- (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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.

Categorically, the appellant is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,616 per month or \$19,392 per year. The appellant's most recently verified gross yearly income is \$33,000, or 251.51% of the FPL. Based on this figure, she is over the income limit for MassHealth CarePlus benefits. For these reasons, the MassHealth decision is correct and the appeal is denied.³

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

³ 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.