

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2312382 |
| Decision Date: | 01/30/2024 | Hearing Date: | 12/29/2023 |
| Hearing Officer: | Casey Groff, Esq. | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Margaret Anoje, Springfield 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

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|---------------------------|----------------------------|--------------------------|-------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility; Under 65; Income |
| Decision Date: | 01/30/2024 | Hearing Date: | 12/29/2023 |
| MassHealth's Rep.: | Margaret Anoje | Appellant's Rep.: | <i>Pro se</i> |
| Hearing Location: | Board of Hearings (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

On 10/14/23, MassHealth notified Appellant, through an auto-renewal notice, that he did not qualify for MassHealth benefits and that he continued to qualify for partial health safety net (HSN). See Exh. 1. Appellant filed this appeal in a timely manner on 12/1/23. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that Appellant was ineligible for MassHealth benefits because his income exceeded program limits and therefore auto-renewed his coverage for partial HSN effective 10/14/23.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits due to income and whether it correctly renewed his coverage for partial HSN only.

Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following background information: Appellant is between the ages of 21 and 64 and lives in a household size of one (1). Appellant was enrolled in MassHealth CarePlus in March of 2020. See Exh. 4. On 7/3/2023, Appellant was notified that his CarePlus benefit would be terminated on 7/21/23 for failure to complete a renewal within the required timeframe.¹ Following the termination, Appellant completed a MassHealth renewal, reporting that he earns income of \$800 per-week, or approximately \$3,466.40 per-month. Based on the renewal, MassHealth generated a notice dated 8/17/23, informing Appellant that he did not qualify for MassHealth benefits because his income exceeded program limits, but that he qualified for, and would be enrolled in, partial health safety net (HSN). On 10/14/23, MassHealth issued an auto-generated notice, informing Appellant that after reviewing his eligibility, he remained eligible for partial HSN. See Exh. 1. Appellant filed a timely appeal of the 10/14/23 notice. See Exh. 2. The MassHealth representative testified that the 10/14/23 notice was a correct redetermination of Appellant's eligibility as Appellant does not qualify for any MassHealth benefit. The representative explained that to be eligible for MassHealth, individuals must have income that does not exceed 133% of the federal poverty level (FPL). The income for a household size of one (1) at 133% of the FPL is \$1,616 per month. Because Appellant's income exceeds this amount, he does not qualify for MassHealth benefits. Therefore, he remains eligible only for partial HSN as reflected in the 10/14/23 notice.

At hearing, Appellant testified that he did not dispute the income figures cited by MassHealth, although, he noted that his income can vary based on the number of hours he is scheduled to work. Appellant stated that he disagreed with MassHealth's eligibility determination because he cannot find an affordable alternative insurance option. He explained that he has spoken with the Health Connector several times and the lowest plan offered is \$300 per-month. Due to rent, car payments, groceries, and the rising cost of living, he cannot afford a Connector plan. Appellant also noted that he lives with his mother and inquired whether that would impact his household size in determining his FPL and MassHealth eligibility.

The MassHealth representative responded that although Appellant and his mother live in the same residence, Appellant is still considered to be an individual household of one for purposes of determining eligibility. MassHealth determines household composition based on factors that include age of the residents in the home, whether the applicant is being claimed (or is claiming another person) as a tax dependent. Because Appellant is an adult tax filer, MassHealth correctly calculated his FPL using a household size of one.

Findings of Fact

¹ The MassHealth representative testified that MassHealth issued a notice to Appellant, dated 5/16/23, which informed him that he needed to complete and submit a renewal by 6/30/23.

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 was enrolled in MassHealth CarePlus in March of 2020. (Testimony; Exh. 4).
2. In July 2023, Appellant's CarePlus benefit was terminated for failure to submit a timely renewal. (Testimony).
3. Appellant subsequently reported his income to MassHealth verifying that he earns approximately \$3,466.40 per-month. (Testimony).
4. Based on the updated income information, MassHealth informed Appellant through a separate notice, that he did not qualify for MassHealth benefits because his income exceeded program limits, but that he did qualify for partial HSN. (Testimony).
5. On 10/14/23, pursuant to an automated eligibility review, MassHealth notified Appellant that he remained eligible for partial HSN only, as he did not qualify for a more comprehensive benefit through MassHealth. (Exh. 1; Testimony).
6. Appellant timely appealed the 10/14/23 notice.
7. At hearing, Appellant did not dispute the income figures that MassHealth used in making its 10/14/23 eligibility determination.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 10/14/23 notice, that Appellant did not qualify for MassHealth benefits and therefore renewed his partial HSN benefit. 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 "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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, individuals must meet both categorical and financial requirements. Here, the only coverage type that Appellant is categorically eligible for is MassHealth CarePlus.³ To be financially eligible for MassHealth CarePlus, individuals 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 In completing a renewal for the current year, Appellant verified that he earns an average monthly income of \$3,466.40, thereby exceeding the \$1,616 income limit to qualify for CarePlus. While Appellant testified that his income varies depending on hours worked, he did not dispute the accuracy of the figures cited by MassHealth. Absent evidence showing that Appellant earns a lower income amount, Appellant has not demonstrated that he is currently eligible for any of the MassHealth coverage types listed above. See 130 CMR 505.001(A). Therefore, MassHealth did not err in its 10/14/23 eligibility determination.

For these reasons, this appeal is DENIED.

Order for MassHealth

³ There is no evidence to indicate that Appellant has a verified disability or other special circumstance to qualify for MassHealth Standard or CommonHealth. Because Appellant is not eligible for MassHealth Standard and is between the ages of 21-65, the most comprehensive coverage type he would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

⁴ This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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, Esq.
Hearing Officer
Board of Hearings

cc:

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