

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312567
Decision Date:	02/27/2024	Hearing Date:	01/12/2024
Hearing Officer:	Casey Groff, Esq.	Record Closed:	02/23/24

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Racheal Dorsey, Quincy 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:	02/27/2024	Hearing Date:	01/12/2024
MassHealth's Rep.:	Racheal Dorsey	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (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 11/27/23, MassHealth informed Appellant that she no longer qualified for MassHealth benefits because her household income exceeded the program limit. See Exhibit 1. The appellant filed this appeal in a timely manner on 12/4/23. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032. A hearing was conducted on 1/12/24. See Exh. 3. At Appellant's request, the record remained open until 2/23/24 for an opportunity to submit additional evidence. See Exh. 6.

Action Taken by MassHealth

MassHealth determined that Appellant was ineligible for benefits because her household income exceeded the program limit and therefore sought to end coverage on 12/11/23.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for continued benefits due to having income that exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following information: Appellant is a non-disabled adult under the age of 65 and has received MassHealth benefits since 2014. Appellant lives with her husband in a household size of two. On 11/27/23, a renewal was completed for the household in which Appellant and her husband reported respective yearly projected gross incomes of \$25,476 and \$12,900, for a total combined annual income of \$38,376, and which was subsequently verified by MassHealth. Based on the renewal, MassHealth notified Appellant through a letter dated 11/27/23, that she no longer qualified for benefits because her income exceeded program limits in accordance with 130 CMR 506.007(B). The notice indicated that based on the reported income, Appellant's income placed her at 189.60% of the federal poverty level (FPL). To remain eligible for MassHealth, an individual's household income must not exceed 133% of the FPL, which is \$26,232 for a household size of two (2). Because Appellant's income exceeded this amount, her benefit was set to terminate on 12/11/23 and she was placed on a temporary health safety net effective 11/17/23. Because Appellant filed this appeal, however, she qualified for aid pending and her MassHealth benefit was protected pending this appeal. She qualifies for a ConnectorCare plan which she may enroll in through the Health Connector. See Exh. 1.

Appellant appeared at hearing and testified that she has upcoming physician appointments, including a surgery and cannot be without insurance coverage. Appellant indicated that her husband completed the renewal because they were trying to take initiative by updating their information through MassHealth. She has not yet turned 65 and did not want to switch insurances before she becomes eligible to enroll in Medicare. At Appellant's request, the record was left open to allow her the opportunity to submit additional evidence of eligibility. See Exh. 6. Appellant did not submit any additional evidence by the submission deadline.

Findings of Fact

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

1. Appellant is a non-disabled adult under the age of 65 and has received MassHealth benefits since 2014.
2. Appellant lives with her husband in a household size of two.
3. Appellant and her husband receive yearly projected gross incomes of \$25,476 and \$12,900, for a total combined income of \$38,376.
4. Appellant's income places her at 189.60% of FPL.
5. On 11/27/23, MassHealth notified Appellant that she no longer qualified for benefits

because her income exceeded program limits in accordance with 130 CMR 506.007(B) and because of this, her benefit was set to terminate on 12/11/23.

6. Appellant was approved for temporary health safety net effective 11/17/23 and is eligible for a ConnectorCare plan through the Health Connector.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 11/27/23 notice, that Appellant no longer qualified for MassHealth benefits due to having excess income. 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,¹ 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)

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

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.² To be financially eligible for CarePlus, individuals must have a household income less than or equal to 133% of the federal poverty level (FPL). See 130 CMR 505.008(A); 130 CMR 506.007(B). For a household size of two (2), that limit is \$2,186 per-month or \$26,232 per-year. See 2023 MassHealth Income Standards & Federal Poverty Guidelines.³ According to their renewal, Appellant and her husband receive a combined projected annual gross income of \$38,376 (\$25,476 + \$12,900), which amounts to 189.60% of the FPL. Despite being granted additional time post-hearing, Appellant did not submit proof that the income figures MassHealth used in determining eligibility were incorrect. There is no evidence that MassHealth erred in its 11/27/23 determination that Appellant did not qualify for MassHealth benefits.

For these reasons, this appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

² Appellant does not have a verified disability or other confirmed 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 she would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

³ This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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

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