

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312825
Decision Date:	3/4/2024	Hearing Date:	01/11/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Marcus Levine



*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; Over income
Decision Date:	3/4/2024	Hearing Date:	01/11/2024
MassHealth's Rep.:	Marcus Levine	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 2 (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 16, 2023, MassHealth notified the appellant that her Health Safety Net Partial coverage was renewed because there have not been any additional reported changes in her household information (Exhibit 1). The appellant was previously downgraded from CarePlus coverage to Health Safety Net (Exhibit 3). The appellant filed this appeal in a timely manner on December 7, 2023 (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 notified the appellant that her Health Safety Net partial coverage was renewed because there have been no reported changes.

Issue

The appeal issue is whether MassHealth was correct in renewing the appellant's Health Safety Net partial coverage because there have been no reported changes to her household information.

Summary of Evidence

The MassHealth representative testified as follows: the appellant is under 65 years of age with a household size of one. She completed a renewal application on July 10, 2023. Based on her monthly income of \$3,293.84, she is at 266.10% of the Federal Poverty Level (FPL). The appellant previously received CarePlus benefits but based on her reported income and employment changes, her benefits were downgraded to Health Safety Net Partial coverage. The appellant is also eligible for a Health Connector Plan. While the appellant has applied for disability, on November 30, 2023, MassHealth received a determination from Disability Evaluation Services (DES) which stated that the appellant has not been deemed disabled.

The income limit to qualify for MassHealth CarePlus coverage for a non-disabled person under the age of 65 is 133% of the FPL, which is \$1,616.00 gross per month for a household of one. On October 16, 2023, MassHealth issued the notice informing the appellant that her Health Safety Net Partial coverage was automatically renewed (Exhibit 1). Because of her income, the appellant no longer qualifies for CarePlus coverage.

The appellant testified that she has a great deal of medical issues and is a victim of domestic abuse. She stated that she has numerous medical appointments and cannot afford the costs of co-payments. The appellant testified that she did not realize that she currently had Health Safety Net coverage. However, she needs additional assistance from MassHealth. The appellant explained that she was diagnosed with diabetes and was surprised that DES did not deem her disabled.

The MassHealth representative stated that the appellant inquire of DES to ascertain whether she can appeal its determination, and if so, what that process entails. The telephone number for DES is 1-888-497-9890. Additionally, the appellant can contact the Disability Ombudsman's Office at 617-847-3468.

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.
2. On October 16, 2023, MassHealth notified the appellant that her Health Safety Net Partial

coverage was renewed because there have been no reported changes to her household information.

3. The appellant previously received CarePlus benefits.
4. The appellant's reported gross monthly income is \$ 3,293.84, which puts her at 266.10% of the Federal Poverty Level.
5. The appellant did not dispute her income but stated that she has numerous medical issues and costly co-payments.
6. To qualify for MassHealth CarePlus benefits, the appellant's gross monthly income would have to be at or below 133% of the Federal Poverty Level, or \$ \$ 1,616.00 for a household of one.
7. On December 7, 2023, the appellant timely appealed the notice.
8. Based on her household income, the appellant is currently eligible for Health Safety Net Partial coverage and a Connector Care plan through the Health Connector.
9. The appellant has not been determined disabled.

Analysis and Conclusions of Law

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,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;

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

- (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;
 - (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 \$1,616.00 per month. The appellant's most recently verified gross monthly income is \$3,293.84, or 266.10% of the FPL. Based on this figure, she is over the income limit for MassHealth CarePlus benefits.² For these reasons, the MassHealth was correct to renew her Health Safety Net Partial coverage and this appeal is denied.³

Order for MassHealth

None.

² The appellant may qualify for MassHealth CommonHealth in the future, pending her inquiry with DES; however, that determination is outside the scope of this appeal.

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.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

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