

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2401805
<b>Decision Date:</b>	04/19/2024	<b>Hearing Date:</b>	03/12/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*

Pro se

**Appearances for MassHealth:**

*Via telephone:*

Shanell Santiago, Tewksbury MEC

Carmen Fabery, Premium Billing



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65
<b>Decision Date:</b>	04/19/2024	<b>Hearing Date:</b>	03/12/2024
<b>MassHealth's Reps.:</b>	Shanell Santiago; Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Remote	<b>Aid Pending:</b>	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 January 11, 2024, MassHealth notified the appellant that her coverage would change from MassHealth Standard to MassHealth CommonHealth due to a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on February 5, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Determinations regarding scope or amount of assistance are valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth benefits effective January 1, 2024 and terminated her MassHealth Standard benefits effective January 25, 2024.

### Issue

The appeal issue is whether MassHealth was correct in changing the appellant's benefits from MassHealth Standard to MassHealth CommonHealth.

## Summary of Evidence

The appellant, MassHealth representative, and Premium Billing representative appeared at hearing via telephone. The MassHealth representative testified as follows: on January 11, 2024, MassHealth notified the appellant that her benefits would change from MassHealth Standard with Buy-in to MassHealth CommonHealth due to the income reported. The appellant is an adult under the age of 65 with a household size of three and a verified disability. The appellant receives \$384 gross income per week from her job, and \$1,549.20 gross income per month from Social Security, for a total gross monthly income of \$3,213.07, which is 144.33% of the Federal Poverty Level (FPL) for a household size of three. The income limit to qualify for MassHealth Standard as a disabled adult under the age of 65 is 133% of the FPL, which is \$2,862.00 gross monthly income for a household of three. The appellant is over the allowable income limit to qualify for MassHealth Standard, but qualified for MassHealth CommonHealth starting January 1, 2024, with a monthly premium of \$52.00. The appellant's MassHealth Standard benefits terminated on January 25, 2024. The MassHealth representative noted that the appellant's minor child continues to be eligible for MassHealth Standard benefits.

The Premium Billing representative testified that based on the MassHealth determination, the premium started in February, 2024. The appellant paid that premium, and there are no outstanding premiums at this time. The March, 2024 bill was due to go out soon. A hardship waiver was mailed to the appellant on March 1, 2024, but MassHealth will mail another one after the hearing.

The appellant testified that she has a lot of bills she needs to pay and cannot afford the \$52.00 monthly premium. She has \$15,000 in credit card debt that she is paying off and the \$52.00 premium is an unnecessary burden on her. The income reported by MassHealth is accurate, but that is her gross income, not the amount she actually takes home.

## Findings of Fact

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

1. The appellant is a disabled adult under the age of 65 with a household size of three (Testimony and Exhibit 1).
2. On January 11, 2024, MassHealth notified the appellant that her coverage would change from MassHealth Standard with Buy-In to MassHealth CommonHealth, with a \$52.00 monthly premium due to a change in circumstances (Testimony and Exhibit 1).
3. The notice informed the appellant that her CommonHealth coverage would begin on January 1, 2024, and her MassHealth Standard benefits would terminate on January 25, 2025 (Exhibit

- 1).
4. On February 5, 2024, the appellant timely appealed the notice (Exhibit 2).
5. The appellant has gross monthly income of \$3,213.07 which is 144.33% of the FPL for a household of three (Testimony).
6. The appellant did not dispute her income, but stated that it was gross and not what she takes home (Testimony).
7. To qualify for MassHealth Standard benefits, the appellant's income would have to be at or below 133% of the FPL, or \$2,862.00 for a household of three (Testimony).
8. The appellant's income is over 133% of the FPL.

## **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,<sup>1</sup> 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;

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<sup>1</sup> "Young adults" is 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, as a disabled adult the appellant is eligible for MassHealth Standard and MassHealth CommonHealth. Under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard for a disabled adult is 133% of the FPL. For a household of three, that limit is \$2,862.00 gross income per month. Based on the appellant's gross monthly income of \$3,213.07, which is 144.33% of the FPL for a household of three, she is over that income limit and not financially eligible for MassHealth Standard. Additionally, pursuant to 130 CMR 505.004(L), the income limit to qualify for the Medicare Premium Payment (or the Buy-In) for someone who meets the requirements for CommonHealth is less than or equal to 135% of the FPL. The appellant is also over that limit and not financially eligible for the Buy-In.

For these reasons, the MassHealth decision approving the appellant for MassHealth CommonHealth was correct and the appeal is denied.

## **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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957