

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401891
Decision Date:	7/1/2024	Hearing Date:	03/07/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	06/13/2024

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Connie Dorvil – Tewksbury 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; Over income
Decision Date:	7/1/2024	Hearing Date:	03/07/2024
MassHealth's Rep.:	Connie Dorvil	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 January 22, 2024, MassHealth notified the appellant that his benefits were downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on January 31, 2024 (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for a brief period for the appellant to submit additional documentation.

Action Taken by MassHealth

MassHealth notified the appellant that his benefits were downgraded from MassHealth CarePlus to Health Safety Net because of a change in circumstances.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from CarePlus to Health Safety Net.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified as follows: the appellant is under ■ years of age with a household size of three. He completed a renewal application on January 22, 2024. Based on his reported bi-weekly income from employment of \$2,102.50 and his weekly income from additional employment of \$240.00, his total income is at 175.95% of the Federal Poverty Level (FPL) (See, Exhibit 1, p. 3). The appellant previously received CarePlus benefits but based on his newly reported income, his benefits were downgraded to Health Safety Net coverage. The appellant is also eligible for a Health Connector Plan.

The MassHealth representative explained that income limit to qualify for MassHealth CarePlus coverage for a non-disabled person under the age of ■ is 133% of the FPL, which is \$2,862.00 gross per month for a household of three. On January 22, 2024, MassHealth issued the notice informing the appellant that his benefits were downgraded from CarePlus to Health Safety Net coverage. Because of his income, the appellant no longer qualifies for CarePlus coverage. As to the appellant's spouse, the MassHealth representative inquired whether she is employed because her income was not submitted to MassHealth. Additionally, the appellant's tax returns could not be accepted by MassHealth because the W-2 form was not included in the documentation submitted (See, Exhibit 5, pp. 4-13). Thus, it is unclear to MassHealth whether the tax returns submitted, showing \$30,942.00 in yearly income for 2023, included all income for the appellant and his spouse or for the appellant only. As a result, the MassHealth representative explained that the appellant's income was updated based on his recent paystubs (See, Exhibit 5, pp. 2-3, 14-15).

The appellant appeared at the hearing telephonically and verified that his income is correct. He clarified that he submitted his paystubs, tax returns and W-2 forms to MassHealth (See, Exhibit 5). He stated that he does not file taxes jointly with his spouse. Additionally, the appellant stated that he believes his wife is currently employed. The appellant further stated that his income from employment varies in amount, and he will be traveling in the upcoming months. The MassHealth representative explained that while she understands his income may vary in the upcoming months, MassHealth must factor in current income in determining eligibility. However, should the appellant's income decrease in amount, he should notify MassHealth of the change in income. The MassHealth representative further explained that the appellant's spouse must submit her recent paystubs from employment. The appellant stated that he submitted his spouse's W-2 form to MassHealth. The MassHealth representative confirmed that she did receive the W-2 in question, however, she explained that MassHealth cannot accept this documentation from the appellant's spouse without her tax returns included therein. The appellant's spouse must submit her tax

return or 2 recent paystubs so that her income can be verified. The appellant testified that he faxed the appellant's paystubs to MassHealth. The MassHealth representative stated that she did not receive the paystubs, however, the appellant can re-submit his spouse's paystubs only. Thus, if the appellant's spouse submits 2 recent paystubs to MassHealth, she would not need to also submit her 2023 tax return. The appellant stated that he would submit his spouse's 2 recent paystubs. Next, the appellant inquired about his household size. He explained that his daughter also received a downgrade notice. The appellant testified that his daughter is in college and works part-time. Additionally, the appellant no longer claims his daughter as a tax dependent. The MassHealth representative explained that the appellant's daughter can be removed from his account, and she can apply for her own benefits. She suggested that the appellant speak to his daughter first and contact MassHealth thereafter. The record was left open for the appellant to submit additional documentation (Exhibit 6). MassHealth subsequently responded that she received the pertinent paystubs and additional information needed from his daughter. As a result of the documentation received, the appellant's household size of 3 was changed to a household size of 2 (Exhibit 7). Based on the appellant's updated household size and income, he and his spouse are both eligible for a Type 2B ConnectorCare Plan through the Health Connector, effective July 1, 2024. *Id.*

Findings of Fact

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

1. The appellant is under the age of [REDACTED] and had been a household size of three.¹
2. On January 22, 2024, MassHealth notified the appellant that his coverage was downgraded from CarePlus to Health Safety Net.
3. The appellant's reported income is \$2,102.50 bi-weekly and \$240.00 weekly, which puts him at 175.95% of the Federal Poverty Level.
5. The appellant did not dispute his income but stated that it varies in amount.
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 \$2,862.00 for a household of 3.
7. On January 31, 2024, the appellant timely appealed this MassHealth action.
8. At the conclusion of the hearing, the record was left open for the appellant to submit additional documentation pertaining to household size and income.

¹ Post-hearing, the appellant's household size was changed to a household of 2.

9. Based on the appellant's updated household size and income, he is currently eligible for Health Safety Net Partial coverage and a Type 2B Connector Care plan through the Health Connector.

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. 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 [REDACTED] 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;
 - (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, his income exceeds the limit of that particular coverage type. Under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of 2, that limit is \$2,266.00 per month, or \$27,192.00 per year. The appellant's reported income is \$2,102.50 bi-weekly and an additional \$240.00 weekly, which is

² "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

equal to 175.95% of the FPL.³ He is therefore financially ineligible for MassHealth CarePlus benefits. For these reasons, the MassHealth decision is correct, and this appeal is denied.⁴

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

³ This income total does not include the appellant's spouse's income which, when verified, will increase the household's total income.

⁴ This denial does not preclude the appellant from contacting MassHealth at 1-800-841-2900 to update his income, should it decrease in amount. He 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.