

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403753
Decision Date:	05/31/2024	Hearing Date:	04/09/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Christine Holm (Quincy MEC) *via* telephone



*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:	Under 65/Eligibility/Income
Decision Date:	05/31/2024	Hearing Date:	04/09/2024
MassHealth's Rep.:	Christine Holm	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South	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 24, 2024, MassHealth approved the appellant for Health Safety Net (HSN) but informed the appellant she did not qualify for MassHealth because her income exceeded the income limit for her household size. (See 130 CMR 506.007 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on March 11, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was eligible for HSN but not eligible for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in determining that the appellant was not eligible for MassHealth.

Summary of Evidence

According to the appellant's Medicaid Management Information System (MMIS) profile, included in the hearing file, the appellant is an individual under the age of 65 years old. (Ex. 3). The profile

indicates that prior to the determination under consideration, the appellant received CarePlus from August 6, 2018 through November 8, 2023. (Ex. 3).

The Board of Hearings scheduled the hearing telephonically, and it was attended by an eligibility worker from the Quincy MassHealth Enrollment Center (MEC) and the appellant. The MassHealth representative testified that the appellant completed a MassHealth renewal application on January 24, 2024. (Testimony). The appellant reported that she lived in a household of one, and her gross monthly income (GMI) was \$2,112.34 from employment, which placed her at 168.86% of the federal poverty level (FPL). (Testimony; Ex. 1). Based on this information, MassHealth determined that the appellant was not eligible for a MassHealth benefit because her income exceeded the income limit for MassHealth. (Testimony; Ex. 1). MassHealth also determined that the appellant was eligible for Temporary HSN Partial and a Type 2B ConnectorCare plan with the Advanced Premium Tax Credit (APTC) and Massachusetts State Subsidy. (Testimony; Ex. 3). MassHealth then issued the notice under appeal on the same date. (Testimony; Ex. 1). A few days before the hearing, the MassHealth representative spoke with the appellant, who confirmed that her income had not changed since January 24, 2024. (Testimony).

The appellant mentioned that she did not meticulously track her income on a monthly basis but rather by weekly earnings. (Testimony). While acknowledging the accuracy of the numbers presented, she found it puzzling that despite working steadily since August 2023, the issue regarding her income only surfaced five months later. (Testimony). She sought clarification on why this discrepancy wasn't addressed promptly at the time rather than being raised later. (Testimony).

The MassHealth representative explained that during the COVID-19 pandemic, MassHealth implemented coverage protections, ensuring members' access to healthcare remained intact. (Testimony). These safeguards were in effect from 2020 until April 2023. (Testimony). Throughout this period, MassHealth refrained from downgrading or terminating coverage for members, even if their income exceeded the MassHealth income limits. (Testimony). Following the conclusion of this emergency period, however, MassHealth initiated a gradual process of adjusting coverage based on reported income changes or during renewal periods. (Testimony). This approach ensured that adjustments were made responsibly and in alignment with members' evolving circumstances. (Testimony). The appellant's January 24, 2024 renewal was the first time MassHealth assessed the appellant's income eligibility after the protections ended. (Testimony).

Findings of Fact

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

1. The appellant is an individual under the age of 65 years old. (Ex. 3).
2. The appellant received CarePlus from August 6, 2018 through November 8, 2023. (Ex. 3).
3. The appellant completed a MassHealth renewal application on January 24, 2024.

(Testimony).

4. The appellant reported that she lived in a household of one, and her GMI was \$2,112.34 from employment, which placed her at 168.86% of the FPL. (Testimony; Ex. 1).
5. Based on this information, MassHealth determined that the appellant was not eligible for a MassHealth benefit because her income exceeded the income limit for MassHealth. (Testimony; Ex. 1).
6. MassHealth also determined that the appellant was eligible for Temporary HSN Partial and a Type 2B ConnectorCare plan with the APTC and Massachusetts State Subsidy. (Testimony; Ex. 3).
7. A few days before the hearing, MassHealth representative spoke with the appellant, who confirmed that her income had not changed since January 24, 2024, which the appellant again confirmed during the hearing. (Testimony).

Analysis and Conclusions of Law

In order to be financially eligible for MassHealth CarePlus a member's household modified adjusted gross income must be less than or equal to 133% of the federal poverty level (FPL). (130 CMR 505.008(A)(2)(c)). Determining financial eligibility for coverage types governed by MassHealth MAGI household rules involves assessing the total countable income after deductions within an individual's household against the income threshold designated for the particular coverage type. (130 CMR 506.006(A)). MassHealth will construct a household for each individual who is applying for or renewing coverage; different households may exist within a single family, depending on the family members' familial and tax relationships to each other. (130 CMR 506.007(A)(1)).

Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's household. Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)). A household's countable income is the sum of the gross income of every individual included in the individual's household, with the exception of children and tax dependents who are not expected to be required to file a return. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income (described above) and unearned income (not applicable in this appeal) less deductions. (130 CMR 506.007(A)(2)(b)). In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. ((130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable income, it then determines what percentage of the federal poverty level that income is and subtracts five percentage points from that number. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the federal poverty level to determine the individual's eligibility. (Id.).

The appellant completed her renewal with MassHealth on January 24, 2024. During this process, she stated that she had a household of one and GMI of \$2,112.34, corresponding to 173.86% of the FPL. MassHealth then adjusted this figure by subtracting five percentage points, resulting in a recalculated income of 168.86% of the FPL. Unfortunately, this exceeds the income threshold for MassHealth CarePlus, set at 133% of the FPL, rendering the appellant ineligible for CarePlus coverage.

Since that time, neither the appellant's income nor her household composition has changed. MassHealth did update the FPL figures on March 1, 2024, however. The appellant's income is equal to 168.31% of the updated FPL. After applying the five percentage point adjustment, her income is 163.31% of the FPL, which is still in excess of the income limit. Consequently, the appellant remains ineligible for MassHealth coverage.

For that reason, the appeal is DENIED.

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.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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