

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404212
Decision Date:	06/07/2024	Hearing Date:	04/26/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:



Appearance for MassHealth:
Via telephone:
Patricia Donovan, 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:	06/07/2024	Hearing Date:	04/26/2024
MassHealth's Rep.:	Patricia Donovan	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South 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 March 6, 2024, MassHealth notified the appellant that his coverage would change from MassHealth CarePlus to Health Safety Net due to a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on March 18, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that his coverage would change from MassHealth CarePlus to the Health Safety Net.

Issue

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

Summary of Evidence

The MassHealth representative and appellant both appeared at hearing via telephone. The MassHealth representative testified that on February 29, 2024 the appellant, who is under the age of 65 and has a household size of one, updated his income by providing four pay stubs. MassHealth averaged the four pay stubs and determined that he was over the allowable income limit for MassHealth. The income limit for MassHealth CarePlus benefits for a non-disabled person under the age of 65 is 133% of the Federal Poverty Level (FPL), which for a household size of one is \$1,670 gross per month. Based on the four pay stubs, the appellant's gross income was at 215.86% of the FPL. Thus, on March 6, 2024, MassHealth notified that appellant that his benefits would change from MassHealth CarePlus to the Health Safety Net. The Health Safety Net would begin on February 25, 2024, and his MassHealth CarePlus benefits would terminate on March 20, 2024.

The MassHealth representative confirmed with the appellant that the pay rate reported was correct but noted that it seems his hours fluctuate. The pay stubs provided in February showed him working 40 hours, 41 hours, 39 hours, and 32 hours per week. The appellant testified that his hours have been cut and he is only working 31 hours per week now. At hearing, MassHealth was able to update and verify the appellant's income based on the hourly rate and reduced hours. As a result of the update, the appellant's verified gross income is now \$496 per week, or \$2,149.17 per month, which is 166.25% of the FPL and still over the MassHealth income limit of 133% of the FPL.

The appellant understood that he was over the income limit but explained that he has health issues, including liver disease. The MassHealth representative stated that he currently has aid pending protecting his MassHealth CarePlus benefits during the appeal process. She also explained MassHealth CommonHealth and the Adult Disability Supplement. She would mail him a copy of the Adult Disability Supplement and gave him the phone number for Disability Evaluation Services. Once the Board of Hearings decision is issued and aid pending is removed, the appellant would also qualify for a Connector Care plan through the Health Connector.

Findings of Fact

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

1. The appellant is under the age of 65 and has a household size of one (Testimony and Exhibit 4).
2. On March 6, 2024, MassHealth informed the appellant that his benefits would change from MassHealth CarePlus to the Health Safety Net because he was over the allowable income limit (Testimony and Exhibit 1).

3. On March 18, 2024, the appellant filed a timely appeal of the March 6, 2024 notice (Exhibit 2).
4. On February 29, 2024, the appellant updated his income by providing four pay stubs to MassHealth (Testimony).
5. Based on the pay stubs provided, his income was 215.86% of the FPL (Testimony and Exhibit 1).
6. To qualify for MassHealth benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,670 gross per month (Testimony).
7. At hearing, MassHealth updated the appellant's income based the hourly rate provided in the pay stubs and the reduced hours testified to by the appellant (Testimony).
8. The appellant's updated income is \$496 per week, or \$2,149.17 per month, which is 166.25% of the FPL and still over the MassHealth income limit of 133% of the FPL (Testimony).

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;
- (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;

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

- (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 \$1,670 gross per month. The appellant's most recent verified gross monthly income is \$2,149.17, or 166.25% of the FPL. Based on this figure, he is over the income limit for MassHealth CarePlus benefits.²

For these reasons, the MassHealth determination is correct and the appeal is denied.³

Order for MassHealth

Rescind aid pending.

² As explained at hearing, the appellant can submit the Adult Disability Supplement to the Disability Evaluation Services to determine if he may qualify for more comprehensive benefits such as MassHealth CommonHealth. But 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 about the 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.

Alexandra Shube
Hearing Officer
Board of Hearings

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