

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-----------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2404543 |
| Decision Date: | 06/04/2024 | Hearing Date: | 05/03/2024 |
| Hearing Officer: | Alexandra Shube | | |

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Connie Dorvill, 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

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|---------------------------|--|--------------------------|-------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility; Under 65; Income |
| Decision Date: | 06/04/2024 | Hearing Date: | 05/03/2024 |
| MassHealth's Rep.: | Connie Dorvill | Appellant's Rep.: | Pro se |
| Hearing Location: | Tewksbury MassHealth Enrollment Center 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 12, 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 March 22, 2024 (see 130 CMR 610.015(B) and Exhibit 2). A change in the scope or amount of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that her coverage would change from MassHealth Standard to the MassHealth CommonHealth.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant from MassHealth Standard to MassHealth CommonHealth.

Summary of Evidence

The MassHealth representative and appellant both appeared at hearing via telephone. The MassHealth representative testified that an autorenewal was completed on November 5, 2023, and there was a change in income. Between her part-time job (\$320.82 gross every two weeks) and Social Security (\$1,113.00 gross per month), the appellant receives \$1,808.21 gross income per month, which is 139.08% of the Federal Poverty Level (FPL). The appellant is an adult under the age of 65 with a household size of one and a verified disability. The income limit for MassHealth Standard for a disabled individual between the ages of 21 through of 64 is 133% of the Federal Poverty Level (FPL), which is \$1,670 gross per month for a household size of one. As the appellant is over that income limit, MassHealth notified her that that her coverage would change from MassHealth Standard to MassHealth CommonHealth with no monthly premium. The notice stated that the appellant's MassHealth Standard benefits would terminate on March 26, 2024 and her MassHealth CommonHealth would begin on March 2, 2024. The appellant has aid pending protecting her MassHealth Standard benefits during the appeal process.

The appellant confirmed that her gross income is around that amount. She was concerned about her coverage changing, not being able to see the same doctors, and having her prescriptions covered. She has multiple health issues and ends up in the hospital a lot. The MassHealth representative explained that the coverage is very similar between MassHealth Standard and MassHealth CommonHealth, but directed the appellant to MassHealth Customer Service to find out specifics about her health plan's coverage.

Findings of Fact

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

1. The appellant is an adult under the age of 65 with a verified disability and a household size of one (Testimony and Exhibit 4).
2. On March 12, 2024, MassHealth informed the appellant that her benefits would change from MassHealth Standard to MassHealth CommonHealth because she was over the allowable income limit for MassHealth Standard (Testimony and Exhibit 1).
3. On March 22, 2024, the appellant filed a timely appeal of the March 12, 2024 notice (Exhibit 2).
4. On November 5, 2023, the appellant's income was updated. Between her part-time job and Social Security, the appellant receives \$1,808.21 gross income per month, which is 139.08% of the FPL (Testimony).

5. To qualify for MassHealth Standard 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).
6. The appellant did not dispute her income (Testimony).
7. The appellant was approved for MassHealth CommonHealth benefits effective March 2, 2024 with no monthly premium (Testimony and Exhibit 1).
8. The appellant has aid pending protecting her MassHealth Standard benefits during the appeal process.

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;
 - (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;

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

- (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 MassHealth Standard and MassHealth CommonHealth; however, under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard coverage for a disabled adult between the ages of 21 through 64 is 133% of the FPL. For a household of one, that limit is \$1,670 gross per month. The appellant's most recently verified gross monthly income is \$1,808.21, or 139.08% of the FPL. Based on this figure, she is over the income limit for MassHealth Standard benefits. Pursuant to 130 CMR 505.004(C), MassHealth correctly determined that the appellant, a disabled working adult between the ages of 21 through 64 who was not eligible for MassHealth Standard, is eligible for MassHealth CommonHealth.

For these reasons, the MassHealth determination that the appellant qualified for MassHealth CommonHealth and not MassHealth Standard is correct and the appeal is denied.

Order for MassHealth

None, other than to end aid pending protection for MassHealth Standard benefits.

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