

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2406113

Decision Date: 7/9/2024

Hearing Date: 05/23/2024

Hearing Officer: Casey Groff

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Jada Newsome, Quincy MEC

Newsome, Jada (EHS), Benefits and Eligibility
Representative-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:	7/9/2024	Hearing Date:	05/23/2024
MassHealth's Rep.:	Jada Newsome	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (in-person)	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

On 3/28/24, MassHealth notified Appellant that she no longer qualified for MassHealth CarePlus because her income exceeded the program limit and that her coverage would end on 4/30/24. See Exh. 1 and 130 CMR §§ 506.007 502.003. Appellant filed this appeal in a timely manner on 4/16/24. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's CarePlus coverage based on its determination that her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits because her income exceeded program limits, and on this basis, whether MassHealth appropriately ended her CarePlus benefit on 4/30/24.

Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following background information: Appellant is between the ages of 21 and 64 and lives in a household size of one (1). Appellant was enrolled in MassHealth CarePlus in June of 2014. See Exh. 4. On 3/28/24, through its autorenewal process, MassHealth picked up updated to Appellant's income showing that she received \$1,300 in Social Security income per-month. The Social Security income was added to Appellant's additional income sources, that were already on file, including a monthly retirement income of \$534 per-month and an earned weekly income of \$293. This increased Appellant's gross income to \$3,103.55 per month. Using this information, MassHealth generated a notice, dated 3/28/24, informing Appellant that her CarePlus benefit would end on 4/30/24 because her income exceeded the program limit, and that her benefit would be downgraded to temporary health safety net (HSN). See Exh. 1

The MassHealth representative explained that to be eligible for CarePlus, individuals must have income that does not exceed 133% of the federal poverty level (FPL). At the time of MassHealth's eligibility determination, the income for a household size of one (1) at 133% of the FPL was \$1,616 per-month. This figure has subsequently been updated to \$1,670 per month. Appellant's income of \$3,103.55 per-month places her at 242.30% of the FPL, and therefore exceeds the amount to qualify for MassHealth. Appellant is eligible for a ConnectorCare plan through the Massachusetts Health Connector.

Appellant appeared at hearing and testified that the income figures cited by MassHealth were correct. She noted, however, that the figures used represent the gross income amounts, which do not reflect the significantly reduced amounts that she takes home after taxes and deductions. Since receiving the termination notice, Appellant enrolled in a ConnectorCare plan, which carries a premium of \$134 per-month. In addition, she has to pay copays for prescription medications and other out-of-pocket medical expenses. She cannot afford these medical expenses, which she did not have to pay under her MassHealth benefit. Appellant testified that she can barely meet the costs of her necessary living expenses, such as rent – which is over \$2,000 per-month - as well as food and utilities. The worst part about her coverage ending is that she lost all of her doctors whom she has seen for over 20 years. Appellant testified that she has a variety of medical conditions and back issues, which cause her to see multiple specialists. She has had to change all of them. Appellant noted that she is currently seeking a disability determination through the Social Security Administration, but she does not have an appointment for another month.

Findings of Fact

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

1. Appellant is between the ages of 21 and 64 and lives in a household size of one (1).
2. MassHealth received information on 3/28/24 indicating that Appellant received \$1,300 in Social Security income per-month.
3. At the time this information was received, Appellant was receiving a MassHealth CarePlus benefit.
4. In addition to her Social Security income, Appellant receives a monthly retirement benefit of \$534 and earned weekly income of \$293.
5. Appellant has a combined total gross income of \$3,103.55 per month.
6. Using the updated information, MassHealth notified Appellant, through a letter dated 3/28/24, that her CarePlus benefit would end on 4/30/24 because her income exceeded the program limit.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 3/28/24 notice, that Appellant did not qualify for MassHealth benefits because her income exceeded program limits, and, on this basis, whether MassHealth appropriately terminated her CarePlus coverage. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed 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;

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

(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

(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.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, individuals must meet both categorical and financial requirements. Here, the only coverage type that Appellant is categorically eligible for is MassHealth CarePlus.² To be financially eligible for CarePlus, individuals must have a household income less than or equal to 133% of the FPL, which, for 2024, is \$1,670 per-month for an individual in a household size of one (1). See 130 CMR 505.008(A)(2); see also 2024 MassHealth Income Standards & Federal Poverty Guidelines.³ It is undisputed that Appellant receives a combined total gross income of \$3,103.55 per-month. This places her at 242% of the FPL and renders her financially ineligible to qualify for CarePlus. Appellant has not demonstrated that MassHealth erred in rendering its 3/28/24 eligibility determination.

For these reasons, this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

² As of the hearing date, there was no evidence to indicate that Appellant has a verified disability or other special circumstance to qualify for MassHealth Standard or CommonHealth. Because Appellant is not eligible for MassHealth Standard and is between the ages of 21-65, the most comprehensive coverage type he would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

³ The income standards for 2024 went into effect 3/1/24. Prior to the update, the income limit for a household size of one (1) at 133% of the FPL was \$1,616.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

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