

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2409954
Decision Date:	10/16/2024	Hearing Dates:	07/22/2024 and 08/20/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Roxana Noreiga (both days), Premium Assistance; Elizabeth Cruz (Day 1), Tewksbury MEC; Jasmine Gomez (Day 2), Tewksbury MEC; Karishma Raja (Day 2), Premium Billing



*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:	Approved in part; Denied in part	Issue:	Community Eligibility—Under 65
Decision Date:	10/16/2024	Hearing Dates:	07/22/2024; 08/20/2024
MassHealth's Reps.:	Roxana Noreiga; Elizabeth Cruz; Jasmine Gomez; Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	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 June 18, 2024, MassHealth denied the Appellant's application for MassHealth benefits on the basis that her income is too high. 130 CMR 506.007, 130 CMR 502.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on June 26, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's application due to her income being too high.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant's income is too high to qualify for MassHealth benefits. A second issue, raised at hearing, is whether MassHealth adequately notified the Appellant that her CommonHealth benefits were ending.

Summary of Evidence

The hearing was held by telephone over the course of two days. At the first hearing day, MassHealth was represented by a benefits and eligibility specialist and a Premium Assistance representative. The benefits eligibility specialist testified that on June 18, 2024, the Appellant provided updated income information to MassHealth and that the Appellant's income is \$5,220.13/month, which is 411.04% of the federal poverty level for a household of one. The benefits and eligibility specialist testified that the Appellant is an adult between the ages of [REDACTED] and that based on the Appellant's income, she was not financially eligible for MassHealth. The benefits and eligibility specialist testified that the Appellant has other insurance and does not have a verified disability. The Premium Assistance representative testified that Premium Assistance sent the Appellant's employer a qualifying event letter in April 2024, and that the Appellant enrolled in her employer-sponsored insurance.

The Appellant verified her identity and agreed with the income testified to by MassHealth. However, the Appellant testified that she did not understand why the MassHealth representative said she did not have a verified disability because she had been receiving MassHealth CommonHealth and paying her CommonHealth premiums for four years. The Appellant testified that she submitted her disability supplement and doctor authorizations, and that she never withdrew her disability status. The MassHealth representative testified that based on MassHealth's records, there was a note in the Appellant's case file on December 6, 2023 that the Appellant was not disabled, but there did not appear to be a notice to the member regarding it, and that the representative did not have any further information.

A second hearing date was held to try and resolve the discrepancy, and a representative from MassHealth Premium Billing also appeared and testified on the second hearing day. The MassHealth Premium Billing representative submitted materials, which were entered into the record. *See* Exhibit 5. The MassHealth Premium Billing representative testified that the Appellant was approved for MassHealth CommonHealth on January 26, 2024, with a monthly premium of \$222, and a CommonHealth start date of October 29, 2023. The Premium Billing representative stated that the Appellant had paid her CommonHealth premium in full and that there was no balance due on the account. *See also* Exhibit 5 at 5. The Premium Billing submission indicated that the Appellant's coverage ended based on the June 18, 2024 denial notice that the Appellant appealed. *Id.*

Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] and has a household size of one. Testimony; Exhibit 4.
2. The Appellant's household income is \$5,220.13/month, which is 411.04% of the federal poverty level. Testimony.
3. The Appellant previously received MassHealth CommonHealth with a monthly premium of \$222. The Appellant does not have a balance due with MassHealth Premium Billing. Testimony; Exhibits 4 & 5.
4. The Appellant received a denial notice from MassHealth, dated June 18, 2024, based on her income being too high. Testimony; Exhibits 5 & 1.
5. The Appellant filed a timely appeal on June 26, 2024. Exhibit 2.
6. The Appellant did not receive a notice from MassHealth that her CommonHealth benefit was ending or that she did not have a verified disability. Testimony.

Analysis and Conclusions of Law

As relevant here, MassHealth regulations provide:

505.004: MassHealth CommonHealth

....

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

- (1) be [REDACTED] years of age (for those 65 years of age or older, see 130 CMR 519.012: *MassHealth CommonHealth*);
- (2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
- (3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;
- (4) be a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
- (5) be ineligible for MassHealth Standard; and
- (6) comply with 130 CMR 505.004(J).

130 CMR 505.004(B).

505.008: MassHealth CarePlus

(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult [REDACTED] years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

130 CMR 505.008(A).

610.026: Adequate Notice Requirements

(A) A notice concerning an intended appealable action must be timely as stated in 130 CMR 610.015 and adequate in that it must be in writing and contain

- (1) a statement of the intended action;
- (2) the reasons for the intended action;
- (3) a citation to the regulations supporting such action;
- (4) an explanation of the right to request a fair hearing; and
- (5) the circumstances under which assistance is continued if a hearing is requested.

(B) Regardless of the provisions of 130 CMR 610.026(A), when a change in either federal or state law requires a change in assistance for a class or classes of members, a notice will be considered adequate if it includes a statement of the specific change in law requiring the action to reduce, suspend, or terminate assistance.

130 CMR 610.026(A) and (B).

Here, there is no dispute that the Appellant's income is too high to qualify for MassHealth CarePlus, which requires a household income of 133% or less of the federal poverty level. 130 CMR

505.008(A)(2)(c). Therefore, MassHealth did not err in denying benefits on that ground, and that aspect of the appeal is denied.

At the hearing, the Appellant raised the issue that she understood that based on her income, she would owe a CommonHealth premium, but did not understand why her CommonHealth benefits were ending. Based on the preponderance of evidence presented, the Appellant was enrolled in MassHealth CommonHealth as a disabled working adult with a CommonHealth premium, and MassHealth did not notify her that her CommonHealth benefit was ending, nor did they notify her that she did not have a verified disability. Accordingly, based on the lack of notice to the Appellant, that part of the appeal is approved. 130 CMR 610.026(A). Thus, MassHealth is directed to reinstate the Appellant's CommonHealth benefit with a \$222/monthly premium, until MassHealth adequately notifies the Appellant that it is ending the benefit and the reason for ending the benefit, in accordance with 130 CMR 610.026(A).

Order for MassHealth

Reinstate the Appellant's CommonHealth benefit, with a \$222/monthly premium, retroactive to the date her previous coverage ended. If MassHealth believes that the Appellant does not have a verified disability, notify the Appellant of such in accordance with 130 CMR 610.026(A).

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation

of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

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

cc: Premium Assistance unit

cc: Premium Billing unit