

MassHealth
BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411649
Decision Date:	09/12/2024	Hearing Date:	August 29, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Joanne Marin, Springfield MEC



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Income Eligibility 130 CMR 505.001
Decision Date:	09/12/2024	Hearing Date:	August 29, 2024
MassHealth Rep.:	J. Marin	Appellant Rep.:	██████
Hearing Location:	Springfield	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

The appellant received a notice dated July 22, 2024 stating: MassHealth has decided that you are no longer eligible for the coverage type you now get. Your coverage will change to CommonHealth because of a change in circumstances. (Exhibit 1).

The appellant filed this appeal timely on July 26, 2024. (130 CMR 610.015(B); Exhibit 2).

Change in assistance status is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant is over the income limits for MassHealth Standard eligibility and determined the appellant was eligible for MassHealth CommonHealth.

Issue

Did MassHealth correctly determine the appellant's MassHealth eligibility?

Summary of Evidence

A representative from MassHealth testified that prior to the July 22, 2024 notice the appellant was receiving MassHealth Standard as a household of one with income of \$1,562.00. Due to a cost of living increase (COLA) in Social Security the appellant's income was increased to \$1,762.00 which exceeds 133% of the federal poverty level for a household of one (currently \$1,670.00). MassHealth stated that although the appellant is no longer eligible for MassHealth Standard he was determined eligible for MassHealth CommonHealth due to his disability status.

The appellant testified that he doesn't understand why he no longer has MassHealth Standard as nothing has changed. The appellant acknowledged that he did receive a COLA increase in his Social Security, but this increase has not kept up with inflation and it has made no difference in his life as he still has no extra money. The appellant argued he does not know what MassHealth CommonHealth covers because when he calls his doctors to ask about coverage they tell him to call MassHealth and when he calls MassHealth they tell him to call his doctors. The appellant is worried when he goes to his various appointment he will be required to pay the bills which he cannot afford.

Findings of Fact

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

1. The appellant is over 19 and under 65 years of age and has been determined disabled for MassHealth purposes. (Testimony)
2. The appellant has current gross monthly earnings of \$1,762.00. (Testimony).
3. 133% of the federal-poverty level for a family group size of one is \$1,670.00.
4. The appellant's income is over 133 of the federal poverty level.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) **Standard** - for families (with minor children), pregnant women, children and **disabled individuals; must have income under 133% of federal poverty limit;**
- (2) Prenatal - for pregnant women;
- (3) **CommonHealth** - **for disabled adults**, disabled children, and certain individuals who are HIV positive, **and not eligible for MassHealth Standard;**

- (4) Household Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens; and
- (6) Essential – for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and
- (7) Limited - coverage for non-qualified aliens and certain qualified aliens. (*Emphasis added*).

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000 (130 CMR 505.001). The financial eligibility for various MassHealth coverage types is determined by comparing the household group's monthly gross income with the applicable income standards for the specific coverage (130 CMR 506.007(A)). Generally, eligibility is based on 133% of the federal-poverty level for adults and 200% of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers and persons who are HIV positive. (130 CMR 505.002(C)(2)). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth. (130 CMR 506.007(B)).

MassHealth correctly determined the appellant's current income of \$1,762.00 is in excess of the applicable MassHealth limit of \$1,670.00 (133% FPL) for MassHealth Standard eligibility. Although the appellant's income has increased above the 133% limit, he has been properly determined by MassHealth to be eligible for MassHealth CommonHealth.

This appeal is DENIED.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC