

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308244
Decision Date:	11/9/2023	Hearing Date:	10/03/2023
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:
[Redacted], Appellant

Appearances for MassHealth:
Alana Murray, Springfield MEC



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility; Under 65
Decision Date:	11/9/2023	Hearing Date:	10/03/2023
MassHealth Rep.:	Alana Murray	Appellant's Rep.:	Pro Se
Hearing Location:	Springfield MassHealth Enrollment Center (Telephonic)	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated September 5, 2023, MassHealth informed the appellant that he is not eligible for MassHealth benefits (Exhibit 1). The appellant filed this appeal in a timely manner on September 13, 2023, and his benefits were protected pending the appeal (130 CMR 610.015(B); Exhibit 2). Denial or termination of benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is not eligible for MassHealth benefits.

Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for benefits.

Summary of Evidence

An eligibility caseworker from the Springfield MassHealth Enrollment Center appeared at the hearing, which was held telephonically. She testified that the appellant, who was previously eligible for MassHealth CarePlus, submitted updated income information to MassHealth showing he was earning \$3,333 gross per month, which is 267.49% of the federal poverty level for a household of one. She stated that this is above the income limit of \$1,616 per month, or 133% of the federal poverty level for his household size. The MassHealth representative testified that she spoke to the appellant the day before the hearing and he reported earnings of \$840 per week, which is even higher (294.57% of the FPL) than the income he had previously verified. She stated that he is not eligible for MassHealth but has been approved to enroll in a ConnectorCare plan with partial Health Safety Net for a limited time in the interim.

The appellant appeared at the hearing telephonically and testified on his own behalf. He stated that his net income is around \$600 per week and that his rent, student loans, and other expenses impact his available income “significantly.” The appellant stated that he cannot afford to pay for insurance premiums every month.

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 of one.
2. The appellant was previously approved for MassHealth.
3. In September 2023, MassHealth redetermined the appellant’s eligibility and found that his gross income from employment is \$3,333 per month. This is 267.49% of the federal poverty level for his household size.
4. On September 5, 2023, MassHealth notified the appellant that he was not eligible for MassHealth because of his income. He was approved to enroll in a ConnectorCare plan with partial Health Safety Net for a limited time in the interim.
5. On September 12, 2023, the appellant filed a timely appeal.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) MassHealth Family Assistance – for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;

(5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

At issue in this case is MassHealth’s determination that the appellant is not eligible for MassHealth benefits. The categorical requirements and financial standards for MassHealth CarePlus are set forth at 130 CMR 505.008(A)(2), as follows:

(a) The individual is an adult 21 through 64 years of age.

(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. Based on the income on file, MassHealth correctly determined that the appellant is not financially eligible for a MassHealth coverage type and is instead qualified to enroll in a Health Connector plan. If the appellant’s income has decreased, as she suggested was likely, she can re-verify her income and have MassHealth redetermine her eligibility. On the current record, however, MassHealth’s determination was correct. This appeal is therefore denied.

MassHealth determined that the appellant is not eligible for CarePlus because his income is over

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

133% of the federal poverty level. This determination is supported by the record. The appellant verified his income at 264.49% of the federal poverty level for his household size, and subsequently provided information reflecting income even higher than that. Accordingly, MassHealth correctly determined that he is not eligible for CarePlus (or any other MassHealth coverage type) at this time. He remains eligible to enroll in a ConnectorCare plan.

This appeal is denied.

Order for MassHealth

Remove aid pending protection.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Springfield MEC