

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308671
Decision Date:	01/09/2024	Hearing Date:	11/24/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jessica Ramirez (Tewksbury MEC) *via*
telephone



*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:	Under 65/Downgrade
Decision Date:	01/09/2024	Hearing Date:	11/24/2023
MassHealth's Rep.:	Jessica Ramirez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center		

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 August 14, 2023, MassHealth determined that the appellant was not eligible for MassHealth benefits because his income was too high. (See 130 CMR 502.003 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 20, 2023. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032(A)(3)).

The Board of Hearing (BOH) initially scheduled the hearing for October 23, 2023. (Ex. 5). On October 20, 2023, the appellant contacted BOH to request that the hearing be rescheduled due to a conflict. (Ex. 7). BOH determined that the appellant had provided sufficient cause for postponement and rescheduled the hearing to its present date. (Ex. 6; Ex. 7).

Action Taken by MassHealth

MassHealth terminated the appellant's eligibility for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in

determining that the appellant was not eligible for MassHealth.

Summary of Evidence

The appellant is an individual citizen under the age of 65. (Ex. 3). From March 30, 2020 through September 30, 2023, the appellant received MassHealth CarePlus Direct. (Ex. 3). As a result of his submitting an eligibility renewal, MassHealth discovered that the appellant's income had increased from 118.2% of the federal poverty level (FPL) to 503% of the FPL. On August 14, 2023, MassHealth notified the appellant that his coverage would end on September 30, 2023 because his income was too high. (Ex. 1). The MassHealth representative stated that on October 16, 2023, the appellant's income was updated and was now 469.61% of the FPL. Because the appellant's income was below 500% of the FPL, the appellant now qualified for a ConnectorCare plan through the Health Connector, specifically Plan Type 3D. The appellant would need to contact the Connector in order to choose a specific plan.

The appellant stated that for the past four years, he has had a job where his income changes drastically depending on the time of the year. The appellant stated that he had not applied for a ConnectorCare Plan. The MassHealth representative stated that he did not need to apply for the Connector, he had already been found eligible for the Type 3D ConnectorCare Plan. The MassHealth representative gave the appellant the telephone number for the Connector so that he could contact the Connector subsequent to the hearing and choose a specific plan.

Findings of Fact

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

1. The appellant is an individual citizen under the age of 65. (Ex. 3).
2. From March 30, 2020 through September 30, 2023, the appellant received MassHealth CarePlus Direct. (Ex. 3).
3. As a result of his submitting an eligibility renewal, MassHealth discovered that the appellant's income had increased from 118.2% of the FPL to 503% of the FPL. (Testimony of the MassHealth representative).
4. On August 14, 2023, MassHealth notified the appellant that his coverage would end on September 30, 2023 because his income was too high. (Testimony of the MassHealth representative; Ex. 1).
5. On October 16, 2023, the appellant's income was updated and was now 469.61% of the FPL. (Testimony of the MassHealth representative).
6. The appellant is eligible for a Type 3D ConnectorCare Plan. (Testimony of the MassHealth representative).

representative).

7. The appellant stated that his income fluctuates throughout the year. (Testimony of the appellant).

Analysis and Conclusions of Law

In order to be eligible for MassHealth CarePlus Direct Coverage, an individual must be an adult 21 through 64 years old; a citizen; have modified adjusted gross income that is less than or equal to 133% of the FPL; be ineligible for MassHealth Standard; be in compliance with the requirement to use potential health insurance benefits, enrolling in health insurance available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth; and not be enrolled in or eligible for Medicare Parts A or B.

The record shows that the appellant is not presently eligible for MassHealth CarePlus coverage. As of the date of the hearing, the appellant's income was 469.61% of the FPL. means that the appellant is currently over the income limit for CarePlus, which is the MassHealth coverage he has most recently had.¹ The MassHealth representative did say that the appellant is presently eligible for a ConnectorCare Plan. The appellant also testified that his income fluctuates throughout the year. Although this may be true, as of the date of the hearing the appellant's income was over the income limit and this fact was not disputed. The appellant does have an obligation to report all changes in income to MassHealth within 10 days. (See 130 CMR 515.008(B)). It would especially behoove the appellant to do so if his income was fall below 133% of the FPL, equal to having gross monthly income of \$1,616. If this occurs, he will become eligible for CarePlus again. As of the date of the hearing, however, the appellant was not eligible for CarePlus.

For the above stated reasons, however, the appeal is DENIED.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

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

¹ The record does show that the appellant is between 21 and 64 years old, and a citizen Although no evidence was placed before him, the hearing officer has presumed that the appellant meets all the other eligibility requirements for CarePlus and the only issue concerns his income.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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