

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308723
Decision Date:	02/20/2024	Hearing Date:	11/09/2023
Hearing Officer:	Scott Bernard	Record Open to:	12/26/2023

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Hajar Bantour *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/Financial Eligibility
Decision Date:	02/20/2024	Hearing Date:	11/09/2023
MassHealth's Rep.:	Hajar Bantour	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 September 19, 2023, MassHealth informed the appellant that he would be terminated from MassHealth on October 31, 2023 because his income was too high. (See 130 CMR 502.003; 506.007(B); and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 21, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

On September 27, 2023, the Board of Hearings sent the appellant notice that it would dismiss the appellant's appeal if he did not sign and return an enclosed form within 10 days of the date on the letter. (Ex. 4). On October 10, 2023, the appellant returned a signed copy of the fair hearing request. (Ex. 5).

At the conclusion of the hearing, the record was left open in order to allow the appellant to submit updated income information and to allow the MassHealth representative to respond. (Ex. 7). The record closed on December 26, 2023 after the appellant submitted the requested information and the MassHealth representative emailed the hearing officer her response. (Ex. 8; Ex. 9).

Action Taken by MassHealth

MassHealth terminated the appellants' MassHealth coverage because his income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003 and 506.007, in determining that the appellant should be terminated because his income was too high.

Summary of Evidence

The MassHealth Medicaid Management Information System (MMIS) indicates that the appellant is a U.S. citizen who is between the ages of 21 and 64. (Ex. 3). From April 17, 2021 through October 31, 2023, the appellant received MassHealth CommonHealth as a Disabled Working Adult. (Ex. 3).

The MassHealth representative testified that, on September 15, 2023, MassHealth received a disability determination decision completed by the Disability Evaluation Services (DES). The MassHealth representative stated that DES's evaluation indicated that the appellant was not disabled. The MassHealth representative stated that for that reason, the appellant was not eligible for CommonHealth coverage he had been receiving, which required a verified disability status. The MassHealth representative stated that MassHealth then looked at the appellant's income to determine if he was eligible for another type of MassHealth coverage. The MassHealth representative stated that the appellant's income is at 317.12% of the federal poverty level (FPL). The MassHealth representative stated that the appellant works for two employers. The MassHealth representative stated that he earns \$212.37 weekly from the first employer and \$1,381.41 every two weeks from the second employer. The MassHealth representative stated that the appellant's total monthly income is therefore \$3,913.72. The MassHealth representative testified that the appellant's income exceeds income requirements for a household of one for any MassHealth coverage. The MassHealth representative stated the appellant is, however, eligible for a ConnectorCare Plan Type 3C with an Advanced Premium Tax Credit.

The appellant testified that, while he agreed that he is an individual who works and is able to function, he was only able to function because of the medication he is able to afford because he has MassHealth. The appellant stated that the cost of the medication was too expensive through any other health plan but MassHealth. The appellant stated that he would appreciate being able to maintain his coverage if not indefinitely, at least until the end of November 2023, as he would be able to purchase his medications for the next month. The appellant stated that he recently experienced a cut to his wages or reduction to his hours. The appellant stated that he had not yet received a paycheck showing that his wages/hours had been reduced.

The hearing officer offered to keep the hearing record open until December 11, 2023 to allow the appellant to submit evidence of the wage cut, which the appellant accepted. (See Ex. 7). The MassHealth representative asked that she be given until December 18, 2023 to allow her to review any information she received and determine whether it would result in a change to the MassHealth determination. (Ex. 7). The appellant submitted updated information on December 4, 2023, indicating that he also sent a copy to the MassHealth representative. (Ex. 8). The MassHealth

representative emailed the hearing officer stating that according to the updated information, the appellant earned \$344.93 from the first employer and \$1,006.97 from the second employer. (Ex. 9, p. 2). The MassHealth representative further wrote that the appellant's gross monthly income was \$3,676.51, which place him at 297.59% of the FPL. (Id.). The MassHealth representative concluded by writing that the appellant did not meet the income requirements for MassHealth but was eligible for a ConnectorCare Plan. (Id.). This was confirmed by one further email on December 26, 2023. (Ex. 9).

Findings of Fact

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

1. The appellant is a U.S. citizen who is between the ages of 21 and 64. (Ex. 3).
2. The appellant has a household of one. (Testimony of the MassHealth representative).
3. From April 17, 2021 through October 31, 2023, the appellant received MassHealth CommonHealth as a Disabled Working Adult. (Ex. 3).
4. On September 15, 2023, MassHealth received a disability determination decision completed by DES concluding that the appellant was not disabled. (Testimony of the MassHealth representative).
5. Without a verified disability status, the appellant was not eligible for the CommonHealth coverage he was receiving. (Testimony of the MassHealth representative).
6. MassHealth then looked at the appellant's income to determine if he was eligible for another type of MassHealth coverage. (Testimony of the MassHealth representative).
7. The appellant's gross monthly income was \$3,913.72, which was 317.12% of the FPL. (Testimony of the MassHealth representative).
8. The appellant was therefore over the income limit for MassHealth coverage but is eligible for a ConnectorCare Plan Type 3C with an Advanced Premium Tax Credit. (Testimony of the MassHealth representative).
9. The appellant reported that his hours had recently been reduced. (Testimony of the appellant).
10. The record was left open in order to allow the appellant to submit updated income information. (Ex. 7).
11. As a result of a record open, the appellant submitted updated income information that showed that his gross monthly income was \$3,676.51, which placed him at 297.59% of the

FPL. (Ex. 8; Ex. 9).

12. The appellant was still over the income limit for MassHealth but continued to be eligible for a ConnectorCare Plan. (Ex. 9).

Analysis and Conclusions of Law

The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. (130 CMR 506.007(B)). In order for an individual over the age of 21 to be financially eligible for most MassHealth coverage, they must not have household income exceeding 133% of the FPL. (130 CMR 505.002; 505.005; 505.006; 505.008). At the time of the hearing, the appellant's household income was 317.12% of the FPL. The appellant did submit updated income information as a result of a record open, which indicated that the appellant's household income had decreased but only to 297.59% of the FPL. The record therefore shows that the appellant is currently over the income limit for MassHealth.

For the above reasons, the appeal is DENIED.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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