

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310392
Decision Date:	01/12/2024	Hearing Date:	12/01/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Stacey Ridel, Springfield MEC

Interpreter:



*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:	Eligibility; Under 65; MassHealth CarePlus; Over Income
Decision Date:	01/12/2024	Hearing Date:	12/01/2023
MassHealth's Rep.:	Stacey Ridel	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 October 4, 2023, MassHealth downgraded the Appellant's MassHealth CarePlus benefits to Health Safety Net because MassHealth determined that the Appellant no longer met the income requirements for the benefit (see 130 CMR 505.002-505.009; 130 CMR 506.001-506.004 and Exhibit 1). The Appellant filed this appeal in a timely manner on October 23, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Reduction of benefits is valid grounds for appeal (see 130 CMR 610.032)

Action Taken by MassHealth

MassHealth downgraded the Appellant's benefit from MassHealth CarePlus to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in reducing the Appellant's benefit from MassHealth CarePlus to Health Safety Net based on his household income.

Summary of Evidence

The MassHealth representative appeared telephonically at the hearing and testified as follows: the Appellant is an adult under the age of 65 and has a household of two. The MassHealth representative testified that the household has an annual income of \$43,583, which is 213% of the federal poverty level for a family of two. The MassHealth representative testified that because the household income is more than 133% of the federal poverty level, the Appellant is not eligible for MassHealth CarePlus.

The MassHealth representative testified that the Appellant has self-attested that he had a disability, and that she had mailed him a disability form. The MassHealth representative stated that if the Appellant is found to have a certified disability by Disability Evaluation Services, he may be eligible for MassHealth CommonHealth. The MassHealth representative testified that the Appellant may be eligible to enroll in a Health Connector plan with an Advanced Tax Credit.

The Appellant testified through an interpreter and verified his identity. The Appellant did not dispute his income. The Appellant testified that he is diabetic and is harmed by not having health insurance. The Appellant stated that he had received the disability form but had not yet submitted it to Disability Evaluation Services.

Findings of Fact

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

1. The Appellant is an adult under the age of 65 and has a household size of two (Testimony).
2. The Appellant's household income is \$43,583 annually (Testimony).
3. The Appellant's household income is 213% of the federal poverty level (Testimony).
4. Through a notice dated October 4, 2023, MassHealth notified the Appellant that his MassHealth CarePlus benefits would end on November 30, 2023 (Exhibit 1).

Analysis and Conclusions of Law

The MassHealth regulations provide for eligibility for MassHealth CarePlus at 130 CMR 505.008(A):

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 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 21 through 64 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).

Here, the Appellant did not dispute that his household has an annual income of \$43,583 annually, which is 213% of the federal poverty level for a household of two. Accordingly, under 130 CMR 505.008(A)(2)(c), the Appellant is not eligible for MassHealth CarePlus as his income is greater than 133% of the federal poverty level. Therefore, MassHealth did not err in ending the Appellant's MassHealth CarePlus benefits, and 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186