

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310422
Decision Date:	1/18/2024	Hearing Date:	12/01/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Eric Mattos, Springfield MEC



*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:	1/18/2024	Hearing Date:	12/01/2023
MassHealth's Rep.:	Eric Mattos	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 18, 2023, MassHealth denied the Appellant's application for MassHealth based on the income requirements for the benefit (see 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1). The Appellant filed this appeal in a timely manner on October 26, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of benefits is valid grounds for appeal (see 130 CMR 610.032)

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in denying the Appellant's application for benefits 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 between the ages of 21-64 and has a household size of one. The MassHealth representative testified that the Appellant had previously been enrolled in MassHealth CarePlus. The MassHealth representative testified that the Appellant has a monthly income of \$3,250, which is 262.49% of the federal poverty level. The MassHealth representative testified that because the Appellant's income is more than 133% of the federal poverty level, the Appellant is not eligible for MassHealth CarePlus.

The Appellant appeared telephonically and verified his identity. The Appellant did not dispute his income. The Appellant testified that he is concerned about being able to afford his medications.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and has a household size of one (Testimony).
2. The Appellant's household income is \$3,250/monthly (Testimony).
3. The Appellant's household income is 262.49% of the federal poverty level (Testimony, 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 monthly income is \$3,250. This equates to 262.49% of the federal poverty level. 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 denying the Appellant's application for 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