

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310647
Decision Date:	01/25/2024	Hearing Date:	12/04/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Georges Jorcelin, Charlestown 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:	01/25/2024	Hearing Date:	12/04/2023
MassHealth's Rep.:	Georges Jorcelin	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	Aid Pending:	Yes

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 stated that it was terminating the Appellant's MassHealth benefits effective November 1, 2023, because the Appellant's income is too high (130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1). The Appellant filed this appeal in a timely manner on October 31, 2023 and received aid pending appeal (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 notified the Appellant that it was terminating her MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008, in terminating the Appellant's MassHealth CarePlus benefit based on her 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 size of three. The MassHealth representative testified that the Appellant previously had qualified for MassHealth CarePlus. The MassHealth representative testified that the household has a monthly income of \$7,415.88, which is over 340% of the federal poverty level based on tax household, and 352% based on MassHealth Modified Adjusted Gross Income (MAGI). 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 Appellant appeared telephonically and verified her identity. The Appellant explained that only she is seeking coverage and that the other household members have their own health insurance. The Appellant testified that she has urgent medical needs and that her household's income varies depending on the number of hours that she and her husband work. The Appellant testified that she had submitted an application to Disability Evaluation Services to see if she qualifies for MassHealth CommonHealth. The Appellant testified that her son is over the age of 19, and that he has his own health insurance. The Appellant questioned why her son's income was included as part of the household. The Appellant was unsure whether her son had been claimed as a dependent in the household tax filing.

The MassHealth representative explained that if the Appellant determines that her son files his own taxes, and that her household does not claim her son as a tax dependent, the Appellant should notify MassHealth and MassHealth would only consider the Appellant and her husband's income under a household size of two. However, the MassHealth representative testified that based on the son's income, removing him from the household would not change the determination that the Appellant is not financially eligible for MassHealth CarePlus.

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 three (Testimony).
2. The Appellant's household income is \$7,415.88 monthly (Testimony).
3. The Appellant's household income is over 340% of the federal poverty level based on tax household and 352% of the federal poverty level based on MassHealth MAGI (Testimony).

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 specifically dispute that her household has a monthly income of \$7,415.88, which is over 340% of the federal poverty level. Accordingly, under 130 CMR 505.008(A)(2)(c), the Appellant is not eligible for MassHealth CarePlus as her 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).

Order for MassHealth

End aid pending and proceed with the termination set forth in the notice dated October 18, 2023.

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 T. Sabo, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129