

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312689
Decision Date:	3/6/2024	Hearing Date:	01/05/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Alana Murray (Springfield MEC) *via telephone*

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:	Under 65/Downgrade
Decision Date:	3/6/2024	Hearing Date:	01/05/2024
MassHealth's Rep.:	Alana Murray	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Springfield 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 November 21, 2023, MassHealth informed the appellant that starting on November 10, 2023 he was eligible for Health Safety Net (HSN), but did not qualify for a MassHealth benefit because his income was too high. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1, pp. 3-7). The appellant filed this appeal in a timely manner on December 7, 2023. (See 130 CMR 610.015(B) and Ex. 1, p. 1). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for a MassHealth benefit because his income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in determining that the appellant was not eligible for MassHealth because his income was too high.

Summary of Evidence

The MassHealth Medicaid Management Information System (MMIS) shows that the appellant is a male between the ages of 21 and 64. (Ex. 3). The appellant is a citizen of the United States. (Id.).

The MassHealth representative testified to the following. The appellant submitted a renewal application on November 20, 2023. (Testimony). The appellant completed the renewal on November 21, 2023. (Testimony). The appellant has a household of six, consisting of the appellant, his wife, and their four children under the age of 19. (Testimony; Ex. 1). The appellant has earned income consisting of \$42,404 per year from an employer, and \$766.85 per month from self-employment, or an average gross monthly income of \$6,920.00. (Testimony). The appellant's wife has earned income of \$604.86 per week, or \$2,620.00 gross per month. (Testimony). The appellant's total household income of \$6,920.00 places them at 201.20% of the federal poverty level (FPL) for a household of six. (Testimony). The income limit for MassHealth Standard for parents of minor children, and for CarePlus, is 133% of the federal poverty level, or \$4,465.00 per month for a household of 6. The appellant is therefore not financially eligible for MassHealth Standard nor for CarePlus. (Testimony; Ex. 3).

The MassHealth representative stated that the notice under appeal also informed the appellant that starting on November 10, 2023, he was eligible for HSN for up to 90 days with the option to enroll in a free ConnectorCare plan. (Testimony; Ex. 1; Ex. 3). The MassHealth representative stated that normally when a household reports an increase in income that puts the family members over the income limit, coverage for the entire family is protected for one year after the change. The MassHealth representative stated that this was called Transitional Medical Assistance (TMA). The MassHealth representative stated that the appellant previously received MassHealth Standard coverage, which ended on November 22, 2023. MassHealth terminated the appellant's MassHealth Standard because he did not submit a renewal application, not due to an increase in income. This meant that the appellant's coverage was not protected by TMA.

In response, the appellant said that he is diabetic and has problems with his cholesterol. The appellant said that the end of his coverage has interrupted his treatment. The appellant stated that his biggest problem was that, despite multiple attempts, he could not get in contact with the Health Connector. The appellant further stated that he was not able to submit information online. The MassHealth representative gave the appellant two telephone numbers for the Health Connector, which the appellant said he would try. The appellant stated also that he is a seasonal worker and that his seasonal employment will end at the end of January 2024. In response, the MassHealth representative told the appellant that once the appellant's seasonal employment ends, he should report this change and any loss of income as soon as possible as it may result in a change to his benefits.

Findings of Fact

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

1. The appellant is a male between the ages of 21 and 64. (Ex. 3).
2. The appellant is a citizen of the United States. (Ex. 3).
3. The appellant submitted a renewal application on November 20, 2023, which was completed on November 21, 2023. (Testimony).
4. The appellant has a household of six, consisting of the appellant, his wife, and their four children under the age of 19. (Testimony; Ex. 1).
5. The appellant's household gross monthly income is \$6,920.00. (Testimony).
6. The appellant's total household income is 201.20% of the FPL for a household of six. (Testimony).
7. The appellant is over the income limit for MassHealth Standard and CarePlus. (Ex. 1; Testimony).
8. The appellant was approved for HSN on a temporary basis and is eligible for a free ConnectorCare Plan. (Ex. 1; Testimony).
9. The appellant received MassHealth Standard until November 22, 2023. (Ex. 3; Testimony).
10. MassHealth terminated the appellant's MassHealth Standard coverage for failing to submit a renewal application. (Testimony).

Analysis and Conclusions of Law

Parents of children under age 19 are categorically eligible for MassHealth Standard. (130 CMR 505.002(C)(1)). The income limit for Standard for parents is 133% of the federal poverty level, or \$4,465.00 a month for a family of six. (130 CMR 505.002(C)(1)(a)). The appellant's income exceeds 133% of the FPL for a family of six and he is not financially eligible for MassHealth Standard.

The income limit for MassHealth CarePlus is also 133% of the FPL, and therefore the appellant is also not financially eligible for CarePlus. (130 CMR 505.008(A)(2)(c)).

For the above stated reasons, the appeal is DENIED.

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:

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104