

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313662
Decision Date:	3/11/2024	Hearing Date:	01/22/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Margaret Anoje, Springfield HCR

Interpreter:
Kinyarwanda



*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 – 65 and Under (HCR)
Decision Date:	3/11/2024	Hearing Date:	01/22/2024
MassHealth's Rep.:	Margaret Anoje	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 11/22/2023, MassHealth downgraded the appellant's eligibility for MassHealth benefits from MassHealth CarePlus benefits to Health Safety Net effective on 12/31/2023 (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 12/26/2023 (130 CMR 610.015(B) and Exhibit 2). A change in the level of benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant's MassHealth benefits from MassHealth CarePlus benefits to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing. The MassHealth representative testified that the appellant was previously determined to be eligible for MassHealth CarePlus benefits. On 09/26/2023, MassHealth sent an eligibility review letter to the appellant, to be completed and returned to MassHealth, so his eligibility could be reviewed. The form was not returned to MassHealth. On 11/22/2023, MassHealth performed a federal data match. According to the information received from the data match, the appellant works and has gross monthly income of \$2,077.00, which exceeds 133% of the federal poverty level (FPL). As a result, the appellant is no longer eligible for MassHealth CarePlus benefits. MassHealth determined that the appellant is eligible for a Health Connector plan and for the Health Safety Net.

The appellant testified with the assistance of a Kinyarwanda interpreter that he is working. He has bills and is seeking to have his MassHealth benefits reinstated.

Findings of Fact

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

1. The appellant is between the ages of ■ and ■ (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as a household of 1 (Testimony).
3. The appellant has gross monthly income of \$2,077.00 per month from employment (Testimony).
4. 133% of the federal poverty limit for a household of 1 is \$1,616.00 (03/2023).
5. On 11/22/2023, MassHealth informed the appellant that it planned to terminate his MassHealth CarePlus benefits on 12/31/2023 because his income exceeds the guidelines for that benefit (Exhibit 1).
6. MassHealth informed the appellant that he is eligible for a Health Connector plan. He would need to call the Health Connector to enroll (Testimony; Exhibit 1).
7. MassHealth informed the appellant that he is eligible for Health Safety Net (Testimony; Exhibit 1).
8. The appellant filed a timely appeal on 12/26/2023 (Exhibit 2).
9. A fair hearing was held on 01/22/2024. The appellant appeared, as did the MassHealth

representative (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) **MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;**
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(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.

(Emphasis added.)

MassHealth determined that the appellant is no longer eligible for MassHealth CarePlus benefits because the income he earns exceeds the guidelines for that benefit. MassHealth determined that the appellant's gross monthly income from employment is \$2,077.00. He is counted as household of one person. In order to be income-eligible for MassHealth CarePlus benefits, the family's gross monthly income cannot be more than 133% of the FPL, or \$1,616.00. The appellant did not dispute that he is working or that the income MassHealth has on file is inaccurate. Accordingly, he has presented no information to show MassHealth's decision to downgrade his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is therefore 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. Additionally, if his income or household size changes, he should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

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