

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400218
Decision Date:	3/25/2024	Hearing Date:	01/29/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton 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; Income
Decision Date:	3/25/2024	Hearing Date:	01/29/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	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

On 12/7/23, MassHealth notified Appellant that he no longer qualified for MassHealth CarePlus because his income exceeded the program limit and that his coverage would end on 12/21/23. See Exh. 1 and 130 CMR §§ 506.007, 502.003. Appellant filed this appeal in a timely manner on 1/5/24. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that Appellant was ineligible for MassHealth benefits because his income exceeded the program limit, and, on this basis, terminated his CarePlus coverage on 12/21/23.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits due to income, and, on this basis, whether MassHealth correctly terminated his coverage.

Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following background information: Appellant is between the ages of ■ and ■ and lives in a household size of one (1). Appellant was enrolled in MassHealth CarePlus in September of 2020. See Exh. 4. On 12/7/23, MassHealth received updated income information from Appellant showing that he is employed and receives gross income of approximately \$2,000 bi-weekly, which amounts to a gross monthly income of \$4,134. Using this information, MassHealth generated a notice dated 12/7/23, informing Appellant that he no longer qualified for MassHealth benefits because his income was “too high” under 130 CMR 506.007 and 130 CMR 502.003. See Exh. 1. The notice informed him that his CarePlus coverage would therefore end on 12/21/23. Id. The MassHealth representative explained that to be eligible for CarePlus, individuals must have income that does not exceed 133% of the federal poverty level (FPL). The 2023 income limit for a household size of one (1) at 133% of the FPL is \$1,616 per-month. Because Appellant’s income exceeds this amount, he does not qualify for MassHealth benefits. He has an option to obtain coverage through the Health Connector, or health insurance that is offered through his employer.

At hearing, Appellant testified that he did not dispute the income figures cited by MassHealth; but noted that he is now receiving closer to \$1,400 bi-weekly. He did not understand why he would not qualify because the income reported was not significantly higher than it had been in the past when he had coverage. Appellant also noted that the figures cited by MassHealth are based on gross income and not reflective of what he takes home. For these reasons, Appellant disputed MassHealth’s 12/7/23 eligibility determination.

In response, the MassHealth representative testified that if Appellant’s income changes, he should update MassHealth, and this will prompt MassHealth to redetermine his eligibility. The representative also noted that even if he were to verify a lower bi-weekly income of \$1,400, this would still exceed the monthly income of \$1,616 to qualify for benefits.

Findings of Fact

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

1. Appellant is between the ages of ■ and ■, is in a household size of one (1) and was enrolled in MassHealth CarePlus in September of 2020. (Testimony; Exh. 4).
2. On 12/7/23, MassHealth received verification showing that Appellant is employed and receives an approximate gross bi-weekly income of \$2,000, amounting to a gross monthly income of \$4,134. (Testimony).
3. Through a notice dated 12/7/23, MassHealth informed Appellant that he no longer qualified for MassHealth benefits because his income was “too high” under 130 CMR

506.007 and 130 CMR 502.003, and, on this basis, his CarePlus coverage would end on 12/21/23. (Testimony; Exh. 1).

4. Appellant has access to health insurance through his employer and is eligible for a plan through the Health Connector. (Testimony).

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 12/7/23 notice, that Appellant no longer qualified for CarePlus because his income was “too high,” and, on this basis, whether it correctly terminated his coverage on 12/23/23. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

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

See 130 CMR 505.001(A)

¹ “Young adults” are defined at 130 CMR 501.001 as those aged 19 and 20.

To establish eligibility for MassHealth, individuals must meet both categorical and financial requirements. Here, the only coverage type that Appellant is categorically eligible for is MassHealth CarePlus.² To be financially eligible for MassHealth CarePlus, individuals must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.008(A). For a household size of one (1), that limit is \$1,616 per-month.³ See 2023 MassHealth Income Standards & Federal Poverty Guidelines. After this hearing, the income limit was updated to \$1,670 to reflect the 2024 income limits. See 2024 MassHealth Income Standards & Federal Poverty Guidelines. In December of 2023, Appellant verified that he earns an approximate gross bi-weekly income of \$2,000, which translates to gross monthly income of \$4,134. Appellant's income exceeds the \$1,616 income limit to qualify for CarePlus. Even if Appellant were to verify that he earns closer to \$1,400 bi-weekly, as he testified to at hearing, this would still result in a monthly income that exceeds 133% of the FPL under either the 2023- or 2024-income standards. See id. Appellant has not demonstrated that he is currently eligible for any of the MassHealth coverage types listed above. See 130 CMR 505.001(A). Therefore, MassHealth did not err in its 12/7/23 eligibility determination.

For these reasons, this appeal is DENIED.

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

² There is no evidence to indicate that Appellant has a verified disability or other special circumstance to qualify for MassHealth Standard or CommonHealth. Because Appellant is not eligible for MassHealth Standard and is between the ages of 21-65, the most comprehensive coverage type he would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

³ The income limits used for this decision are based on the 2023 income standards, which were in effect at the time MassHealth rendered the 12/7/23 eligibility determination. This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780