

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2401821
<b>Decision Date:</b>	04/16/2024	<b>Hearing Date:</b>	03/12/2024
<b>Hearing Officer:</b>	Casey Groff, Esq.		

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Hector Rivera, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Income
<b>Decision Date:</b>	04/16/2024	<b>Hearing Date:</b>	03/12/2024
<b>MassHealth's Rep.:</b>	Hector Rivera	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Board of Hearings (Remote)	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

On 1/29/24, MassHealth notified Appellant that she no longer qualified for MassHealth CarePlus because her income exceeded the program limit and that her coverage would end on 2/29/24. See Exh. 1 and 130 CMR §§ 506.007 502.003. Appellant filed this appeal in a timely manner on 2/5/24. 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 her income exceeded the program limit, and, on this basis, sought to terminate her CarePlus coverage.

### Issue

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

### Summary of Evidence

A MassHealth eligibility representative testified at the hearing and provided the following background information: Appellant is between the ages of 21 and 64 and lives in a household size of one (1). Appellant was enrolled in MassHealth CarePlus in September of 2021. See Exh. 3. In December 2023, Appellant completed a MassHealth renewal through which she provided updated income information. Based on the information she provided, Appellant receives gross earned income of \$615.68 per week, which amounts to \$2,565.14 per month per MassHealth's testimony.<sup>1</sup>

Using this information, MassHealth generated a notice dated 1/29/24 informing Appellant that her CarePlus benefit would end on 2/29/24 because her income exceeded the program limit. See Exh. 1. The notice informed Appellant that her benefit would be downgraded to a temporary health safety net (HSN) benefit. 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). At the time of MassHealth's eligibility determination, the income for a household size of one (1) at 133% of the FPL was \$1,616 per month. On 3/1/24, this figure was updated to \$1,670 per month. Appellant's income of \$2,565.14 per month places her at 206.12% of the FPL, and therefore exceeds the amount to qualify for MassHealth. The representative also noted that on 3/5/24, MassHealth received information from Appellant's employer indicating that she is offered employer sponsored health insurance (ESI) through her job. Appellant has an option to obtain coverage through the Health Connector (she is eligible for a Connector plan Type 3A), or insurance offered through her employer.

Appellant appeared at hearing and testified that while the income information cited by MassHealth was correct, she still does not earn enough to afford a plan through the Health Connector, which costs anywhere from \$500-\$600 per-month. Her insurance through work is \$60 per month, but she cannot afford the associated costs and co-pays, as she sees multiple specialists with high co-pays. Appellant testified that she barely earns enough money to pay rent and other necessary living expenses. Appellant requested that MassHealth reconsider her eligibility given that she needs assistance paying for medical care.

## Findings of Fact

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

1. Appellant is between the ages of 21 and 64, lives in a household size of one (1), and has been receiving MassHealth CarePlus since September of 2021.

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<sup>1</sup> Pursuant to 130 CMR 506.007(A)(2)(c), weekly income of \$615.68 times 4.333 equals \$2,667.74 gross monthly income.

2. In December 2023, Appellant completed a MassHealth renewal through which she reported updated income information showing that she receives gross earned income of \$615.68 per week, which amounts to \$2,565.14 per-month.
3. On 1/29/24, MassHealth informed Appellant that her CarePlus benefit would end on 2/29/24 because her income exceeded the program limit, and that her benefit would be downgraded to a temporary HSN.

## Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined, pursuant to its 1/29/24 notice, that Appellant no longer qualified for CarePlus because her income exceeded program limits, and, on this basis, whether it correctly sought to terminate her benefits. 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,<sup>2</sup> 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.

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<sup>2</sup> "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

See 130 CMR 505.001(A)

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.<sup>3</sup> To be financially eligible for CarePlus, individuals must have a household income less than or equal to 133% of the FPL. See 130 CMR 505.008(A). At the time of its eligibility determination, the income limit for a household size of one (1) at 133% of the FPL was \$1,616 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines. By the time of the hearing, this income limit had been updated to \$1,670 per-month. See 2024 MassHealth Income Standards & Federal Poverty Guidelines.<sup>4</sup> It is undisputed that Appellant receives gross earned income of \$615.68 per week, which amounts to \$2,565.14 per month. This places her at 206.12% of the FPL and exceeds the limit to qualify for CarePlus. See Exh. 1. Appellant has not demonstrated that MassHealth erred in rendering its 12/29/24 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 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

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<sup>3</sup> 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 she would be *categorically* eligible for is CarePlus. Additionally, there is no evidence that Appellant would be categorically eligible for coverage types (4) through (7).

<sup>4</sup> The income standards for 2024 went into effect 3/1/24.

receipt of this decision.

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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

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