

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402227
Decision Date:	5/1/2024	Hearing Date:	03/14/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jada Newsome, Quincy MEC

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:	Over Income; Under 65
Decision Date:	5/1/2024	Hearing Date:	03/14/2024
MassHealth's Rep.:	Jada Newsome	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 January 19, 2024, MassHealth denied appellant's health coverage because she was over income. (Ex 1). The appellant filed this appeal in a timely manner on February 6, 2024. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant health care benefits.

Issue

The appeal issue is whether MassHealth was correct in changing appellant's coverage due to being over income.

Summary of Evidence

Appellant and the MassHealth worker (worker) both appeared by phone and were sworn. Appellant initiated a renewal application for MassHealth coverage in October 2023. MassHealth

sent out a request for income verification and that was received in January 2024. (Testimony). Appellant's income is \$460.41 a week from employment. (Testimony). Appellant is a household of 1 and under the age of [REDACTED]. (Testimony; Ex. 6). 133% of the federal poverty level is \$1,670.00 a month for a household of one. (130 CMR 505.008 (A)); 2024 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for the Health Connector. (Testimony).

Appellant had no questions for the worker. She stated she understood how MassHealth came to its decision after the process was explained by the worker.

Findings of Fact

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

1. Appellant initiated a renewal application for MassHealth coverage in October 2023. MassHealth sent out a request for income verification and pay stubs were received in January 2024. (Testimony).
2. Appellant's income is \$460.41 a week from employment. (Testimony).
3. Appellant is a household of 1 and under the age of [REDACTED]. (Testimony; Ex. 6).
4. 133% of the federal poverty level is \$1,670.00 a month for a household of one. (130 CMR 505.008 (A)); 2024 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for the Health Connector. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

MassHealth CarePlus

(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 of age.

(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: *Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years of age.

(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 percent 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).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

The appellant lives in a one-person household and has total gross weekly income of \$460.41, for a gross monthly income of \$1,995.00 (rounded) ($\460.41×4.333). Five percentage points of the current federal poverty level for a family of one is \$99.75 and thus the appellant's countable income is \$1,895.00 ($\$1,995.00 - \99.75). The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,670.00 a month for a household of one. The appellant's income exceeds this amount and thus he is not financially eligible for MassHealth CarePlus. MassHealth's action is upheld and the 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 receipt of this decision.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171