

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403979
Decision Date:	6/17/2024	Hearing Date:	04/08/2024
Hearing Officer:	Thomas Doyle	Record Open to:	4/29/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Connie Dorvil, Tewksbury 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, Over Income; Under 65
Decision Date:	6/17/2024	Hearing Date:	04/08/2024
MassHealth's Rep.:	Connie Dorvil	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	Yes

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 February 8, 2024, MassHealth notified appellant he did not qualify for coverage because he was over income. (Ex 1). The appellant filed this appeal in a timely manner on March 14, 2024. (Ex. 2). Denial or termination 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 denying appellant coverage due to him being over income.

Summary of Evidence

Appellant and the MassHealth worker (worker) both appeared by phone and were sworn. The worker stated MassHealth sent appellant a request for information on November 1, 2023, asking

appellant to provide proof of income, as MassHealth had no income on file. Appellant had a deadline to provide the information by January 20, 2024. She stated nothing was received by MassHealth, and so a data match was conducted. Based on that data match, it was determined that appellant's income was too high for CarePlus and he was terminated via notice dated February 8, 2024. (Ex. 1). The worker stated MassHealth needed income verification from appellant in the form of taxes or pay stubs.

Appellant stated he was a car salesman. He is not disabled. He testified he never received the request for information. He stated he was guaranteed to be paid \$550 every two weeks, and anything else he earned was commission-based, and fluctuated.

At the conclusion of the hearing, the record was left open for appellant to provide proof of income. MassHealth verified appellant's income at \$1,418.16 every two weeks from employment. MassHealth reached this conclusion from documents appellant provided during the record open period. (Ex. 6).

After the record closed, the hearing officer realized MassHealth did not provide appellant's household size. I reopened the record pursuant to 130 CMR 610.081 for MassHealth to provide this information. (Ex. 7). MassHealth stated appellant resided in a household of 1. (Ex. 8).

Findings of Fact

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

1. MassHealth sent appellant a request for information on November 1, 2023 asking appellant to provide proof of income. (Testimony).
2. Appellant had a deadline of January 20, 2024 to provide proof of income. (Testimony).
3. The worker stated nothing was received by MassHealth, so a data match was conducted. Based on that data match, it was determined that appellant's income was too high for CarePlus and his coverage was terminated via notice dated February 8, 2024. (Testimony; Ex. 1).
4. At the conclusion of the hearing, the record was left open for appellant to provide proof of income. (Ex. 5).
5. From documents provided by appellant during the record open period, MassHealth verified appellant's income as \$1,418.16 every two weeks from employment. (Ex. 6).
6. Appellant resides in a household of 1, and he is not disabled. (Ex. 8).

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).

In addition, there is no evidence the appellant is disabled, so he is not eligible for MassHealth Standard pursuant to 130 CMR 505.002, nor for MassHealth CommonHealth under 130 CMR 505.004.

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. 130 CMR 506.007(A).

The appellant lives in a one-person household and has a total gross monthly income of \$3,072.44. (\$1,418.16 every two weeks divided by 2 is \$709.08 a week; multiply that by 4.333 yields \$3,072.44 a month). Five percentage points of the current federal poverty level for a family of one is \$83.00, and thus the appellant's countable income is \$2,989.44, (\$3,072.44 -

\$83). 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957