

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2405642
<b>Decision Date:</b>	6/10/2024	<b>Hearing Date:</b>	05/17/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

*Via telephone:*

Pro se

**Appearance for MassHealth:**

*Via telephone:*

Steven Prattico



*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; Over Income; Under 65
<b>Decision Date:</b>	6/10/2024	<b>Hearing Date:</b>	05/17/2024
<b>MassHealth's Rep.:</b>	Steven Prattico	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Remote	<b>Aid Pending:</b>	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 March 28, 2024, MassHealth notified the appellant that she did not qualify for MassHealth benefits because her income was too high, but she would have access to the Health Safety Net (Exhibit 1). The appellant filed this appeal in a timely manner on April 9, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth benefits because her income was too high.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because her income was too high.

## Summary of Evidence

The appellant and the MassHealth representative appeared at the hearing via telephone. The MassHealth representative testified as follows: on March 11, 2024, MassHealth processed a renewal application for the appellant, who is under the age of 65 with a household size of one. At that time, MassHealth determined that she was over the allowable income limit, and her MassHealth CarePlus benefits would terminate on March 25, 2024. On March 28, 2024, MassHealth updated and verified the appellant's income based on paystubs provided by the appellant dated March 26, 2024. Based on the paystubs provided, MassHealth determined that her gross monthly income is \$2,712.22 which is 211.11% of the Federal Poverty Level (FPL) for a household of one. The income limit to qualify for MassHealth benefits for a non-disabled person under the age of 65 is 133% of the FPL, which is \$1,670 gross per month for a household of one. Therefore, on March 28, 2024, MassHealth notified the appellant that she did not qualify for MassHealth benefits because she was over the income limit. The notice also informed the appellant that the Health Safety Net would be available to her for certain services beginning February 19, 2024. This is the notice under appeal.

The appellant confirmed that the income was accurate, although it is her gross income and not what she actually sees after taxes. She works part-time. She wanted MassHealth coverage because she needs to have her mammograms covered.

The MassHealth representative explained that MassHealth is an income-based program and she is over the income limit to qualify. Additionally, at the time of the renewal application, the appellant reported that she was a non-tax filer, so she did not qualify for a Connector Care plan through the Health Connector; however, prior to the appeal, the MassHealth representative spoke to the appellant and updated her case to reflect that she is a tax-filer. As a result, she is eligible for a Connector Care plan through the Health Connector.

## Findings of Fact

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

1. The appellant is under the age of 65 and has a household size of one (Testimony and Exhibit 4).
2. On March 28, 2024, MassHealth informed the appellant that she was over the income limit to qualify for MassHealth benefits, but she would have access the Health Safety Net beginning on February 19, 2024 (Testimony and Exhibit 1).

3. On April 9, 2024, the appellant filed a timely appeal of the March 28, 2024 notice (Exhibit 2).
4. On March 28, 2024, the appellant updated and verified her income by providing pay stubs to MassHealth (Testimony).
5. Based on the pay stubs provided, her income is \$2,712.22 gross per month, or 211.11% of the FPL (Testimony and Exhibit 1).
6. To qualify for MassHealth benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,670 gross per month (Testimony).

## **Analysis and Conclusions of Law**

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</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 who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;

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<sup>1</sup> "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

- (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

Categorically, the appellant is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,670 gross per month. The appellant's most recently verified gross monthly income is \$2,712.22, or 211.11% of the FPL. Based on this figure, she is over the income limit for MassHealth CarePlus benefits. For these reasons, the MassHealth determination is correct and the appeal is denied.<sup>2</sup>

## 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

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

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<sup>2</sup> The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or about the Health Safety Net to 877-910-2100.