

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407733
Decision Date:	07/25/2024	Hearing Date:	06/21/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via Teams Videoconference:  
Jasmine Johnson, Quincy 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>	Under 65; Eligibility; Income
<b>Decision Date:</b>	07/25/2024	<b>Hearing Date:</b>	06/21/2024
<b>MassHealth's Rep.:</b>	Jasmine Johnson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South	<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 he did not qualify for MassHealth benefits because his income was too high (Exhibit 1). The appellant filed this appeal in a timely manner on May 13, 2024 (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal (130 CMR 610.032.)

### Action Taken by MassHealth

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

## Summary of Evidence

The MassHealth representative and the appellant both appeared at the hearing via Teams videoconference. The MassHealth representative testified as follows: the appellant, who is [REDACTED] was on his mother's case but she passed away in [REDACTED]. On April 14, 2022, MassHealth sent a notice to the address on file terminating the mother's case; however, the appellant and his brother remained open and active as non-head of household members on their mother's account. On October 5, 2023, MassHealth sent a renewal packet to the appellant. MassHealth did not receive the renewal packet and terminated the appellant's MassHealth Standard benefits on November 30, 2023. MassHealth did not issue a termination notice and the MassHealth representative could not locate any termination notice in her system. On March 28, 2024, MassHealth received a paper renewal from the appellant which he completed in person. At the time of the renewal, the appellant verified his income as \$570 gross weekly, or \$2,469.81 gross monthly, or \$29,637.72 gross annually, which is 191.80% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits for a non-disabled person between the ages of 21 and 65 is 133% of the FPL, which is \$20,040 gross annually (or \$1,670 gross monthly) for a household of one. Therefore, on March 28, 2024, MassHealth notified the appellant that he did not qualify for MassHealth benefits because he was over the allowable income limit. The notice also informed the appellant that the Health Safety Net may be available effective March 18, 2024 to help pay for certain health care services at Massachusetts acute hospitals or community health centers. He was also eligible for a Connector Care plan through the Health Connector.

The appellant testified that he was never taught how to manage these types of things and his mother had always taken care of it. His dad might have received the renewal, but he is schizophrenic and does not check the mail or manage these things well. As there was no termination notice, he did not know that he did not have coverage until after he went to the hospital and received a bill for \$1,458 for date of service of February 10, 2024. He took steps to resolve the bill and the hospital adjusted it, but he still owes \$1,166.40. He testified that the \$570 weekly was a little higher than usual because he had to work extra hours that week because his dad did not pay any bills. His paycheck can vary week to week, but he works about 30 hours per week at \$15 per hour.

The MassHealth representative updated his income to reflect \$1,949.85 gross per month, which is 160% of the FPL and still over the limit to qualify for MassHealth benefits. The appellant is eligible for a Connector Care plan Type 2B with a \$49 per month premium through the Health Connector. MassHealth stated that even if she could backdate coverage, the appellant was still over income.

The appellant had access to his 2023 W-2 which showed \$16,927.95 gross annually. At the request of the hearing officer, the appellant emailed both the 2023 W-2 and 2023 tax return (Form 1040). The tax return showed the appellant's adjusted gross income for 2023 at \$16,928.

## Findings of Fact

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

1. The appellant, who is between the ages of 21 and 65, now has a household size of one (Testimony and Exhibit 4).
2. On April 14, 2022, MassHealth sent a notice to the address on file terminating the mother's case due to her death; however, the appellant and his brother remained open and active as non-head of household members on their mother's account until November 30, 2023 (Testimony and Exhibit 4).
3. On October 5, 2023, MassHealth sent a renewal packet to the appellant which the appellant did not timely return (Testimony).
4. Since it did not receive the renewal, MassHealth terminated the appellant's benefits on November 30, 2023 (Testimony).
5. MassHealth did not issue a termination notice and the MassHealth representative could not locate any termination notice in her system (Testimony).
6. On March 28, 2024, MassHealth received a renewal application from the appellant (Testimony).
7. At the time of the renewal, the appellant verified his income as \$570 gross weekly, or \$2,469.81 gross monthly, or \$29,637.72 gross annually, which is 191.80% of the FPL (Testimony).
8. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the FPL, or \$1,670 gross monthly or \$20,040 gross annually, for a household of one (Testimony).
9. On March 28, 2024, MassHealth informed the appellant that he did not qualify for MassHealth benefits because his income was too high. He was eligible for the Health Safety Net, effective March 18, 2024, and a Connector Care plan through the Health Connector. (Testimony and Exhibit 1).
10. On May 13, 2024, the appellant timely appealed the March 28, 2024 notice which is the notice under appeal (Exhibit 2).

11. At hearing, the appellant updated his income to reflect \$1,949.85 gross per month, which is 160% of the FPL and still over the limit to qualify for MassHealth benefits (Testimony).
12. The appellant's gross annual income for 2023 was \$16,928 (Testimony and Exhibit 5).
13. The appellant did not know he lost his coverage in November 2023 and has a \$1,458 hospital bill, which was adjusted to \$1,166.40 by the hospital, from date of service of February 10, 2024 (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" are 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 monthly or \$20,040 gross annually. The appellant's most recently verified gross monthly income is \$1,949.85, or 160% of the FPL. At the time of the March 28, 2024 notice, his gross monthly income was \$2,469.81, or 191.80% of the FPL. Based on these figures, he is over the income limit for MassHealth CarePlus benefits. For these reasons, the MassHealth determination in the March 28, 2024 notice is correct and the appeal is denied.<sup>2</sup>

The main issue for the appellant though is the termination of his coverage on November 30, 2023 without any notice and the resulting hospital bill. The appellant's testimony was credible and he provided sufficient documentation to show he was within the income limit at the time his benefits were terminated; however, to address the issue of the termination, it would be necessary to establish jurisdiction over the November 30, 2023 termination action, which unfortunately cannot be done here.

Under 130 CMR 610.015(B)(1), the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from MassHealth of the intended action. It is presumed that the notice was received on the fifth day after mailing. See 130 CMR 610.015(B)(1). Additionally, and relevant here, under 130 CMR 610.015(B)(2), unless waived by the Director or his or her designee, the Board of Hearings must receive a request for a fair hearing *within 120 days from the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action*. Here, MassHealth acknowledged that no termination notice was ever issued; however, 120-days from November 30, 2024 (the date of the MassHealth action where it failed to send written notice) was March 29, 2024. The appellant did not submit his request for hearing until May 13, 2024, well outside the 120-day limit outlined in the regulation.

For these reasons, the appeal is denied.

## Order for MassHealth

None.

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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.

## **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

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