

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2502188
Decision Date:	04/18/2025	Hearing Date:	03/06/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:




Appearance for MassHealth:

Yazlin Diaz



*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:	Dismissed in part; Denied in part	Issue:	Community Eligibility – Under 65 - Income
Decision Date:	04/18/2025	Hearing Date:	03/06/2025
MassHealth's Rep.:	Yazlin Diaz	Appellant's Rep.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 02/04/2025, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the program limits. Through the same notice, MassHealth informed the appellant he was eligible for Health Safety Net (130 CMR 505.002 - .009, 506.001 - .004; Exhibit 1). The appellant filed a timely appeal on 02/25/2025 (130 CMR 610.015(B) and Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing telephonically. The MassHealth representative testified that the appellant lives independently in the community. He is between the ages of 19 and 45 and he counted as a household of 1 person. The events leading up to this instant denial notice involved a mailing from MassHealth to the appellant on 09/24/2024. MassHealth, in an effort to determine the appellant's eligibility, requested that the appellant provide a "Job Update Form," by which his employment status and income can be verified. The verification was due to be completed and returned by 10/24/2024; however, it was not. On 11/04/2024, MassHealth informed the appellant that his benefits would terminate on 11/18/2024 for failing to provide the necessary financial information MassHealth needs to determine his eligibility. On 02/04/2025, the appellant telephoned MassHealth to complete his renewal and provide the necessary verifications. The verifications indicated that the appellant earns \$1,933.47 per month. In order to be eligible for MassHealth benefits, an applicant must have gross monthly income of less than 133% of the federal poverty limit, or \$1,670.00 per month for a household of one person. The appellant earns 149% of the federal poverty limit, making him ineligible for MassHealth benefits. He was approved for the Health Safety Net for a limited time and referred to the Health Connector.

The appellant appeared at the fair hearing and testified telephonically that he did not receive the termination notice from MassHealth. He wants his benefits reinstated from 11/18/2024 to 12/31/2024 to cover some urgent care expenses the appellant incurred.

Findings of Fact

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

1. The appellant is between the ages of 19 and 64 (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as a household of 1 (Testimony).
3. The appellant has gross monthly income of \$1,933.47 per month from employment (Testimony).
4. 133% of the federal poverty limit for a household of 1 is \$1,670.00 (03/2024).
5. On 02/04/2025, MassHealth informed the appellant that he was not eligible for MassHealth benefits because his income exceeds the guidelines for that benefit (Exhibit 1).
6. MassHealth informed the appellant that he is eligible for the Health Safety Net. He was also

referred to the Health Connector (Testimony; Exhibit 1).

7. The appellant filed a timely appeal on 02/25/2025 (Exhibit 2).
8. A fair hearing was held on 03/06/2025. The appellant appeared telephonically, as did the MassHealth representative (Exhibit 3).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) ***MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;***
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(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 old.
- (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: MassHealth: Managed Care Requirements and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years old.
 - (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% 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.

(Emphasis added.)

MassHealth determined that the appellant is not eligible for MassHealth benefits because the income he earns exceeds the guidelines for that benefit. MassHealth verified that the appellant's gross monthly income from employment is \$1,933.47. He is counted as household of 1 person. In order to be income-eligible for MassHealth CarePlus benefits, the household's gross monthly income cannot be more than 133% of the FPL, or \$1,670.00. The appellant did not dispute that he is working or that the income MassHealth has on file is inaccurate. Accordingly, he has presented no information to show MassHealth's decision to deny his benefits is incorrect. MassHealth's determination is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is denied.

The appellant also wants MassHealth to cover a gap in insurance from 11/18/2024 to 02/04/2025. The appellant was receiving MassHealth CarePlus benefits; however, his benefits terminated through a notice dated 11/04/2024. For the Board of Hearings to have jurisdiction over this matter, the appellant must have filed his request for a hearing within 60 days of the notice, or by 01/04/2024.¹ No hearing request was submitted to the Board of Hearings until 02/25/2025. Therefore, there is no jurisdiction over the termination notice dated 11/04/2024.² Accordingly, this portion of the appeal is dismissed.

For the foregoing reasons, this appeal is dismissed in part; denied in part.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if her income or household size changes, she should contact MassHealth for a new determination of benefits.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

¹ See 130 CMR 610.015.

² The appellant testified that he never received the termination notice; however based on the evidence in the hearing file, including the appellant's confirmed address, I conclude that MassHealth mailed the termination notice, as required by regulation.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957