

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2203046
Decision Date:	5/31/2022	Hearing Date:	05/13/2022
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro Se

Appearance for MassHealth:
Cathy Tobin

Interpreter:
Interpreters and Translators, Inc.



*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
Decision Date:	5/31/2022	Hearing Date:	05/13/2022
MassHealth's Rep.:	Cathy Tobin	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 April 4, 2022, MassHealth notified the appellant that she does not qualify for MassHealth because her income is too high. (130 CMR 506.007; 130 CMR 502.003; Exhibit 1). The appellant filed an appeal in a timely manner on April 21, 2022. (130 CMR 610.015; Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible for MassHealth because her income is too high.

Issue

Whether MassHealth was correct in their decision regarding the appellant's eligibility for MassHealth.

Summary of Evidence

At the time of the eligibility decision, the appellant's family group of one had monthly earned income of \$3,467 each month which is over 300% of the federal poverty level. The appellant has not been deemed disabled by MassHealth or the Social Security Administration. The appellant's monthly income made her ineligible for MassHealth. (Testimony; Exhibit 1).

The appellant presented more recent pay stubs from her employer to the Board of Hearings showing a gross bi-weekly income of \$1,582.80. Both have consistent bi-weekly income based on working 80 hours each week at an hourly rate of \$19.11. The pay stubs presented to the Board of Hearings show a monthly gross income of \$3,312. The MassHealth representative noted that more recent information submitted to the agency show a monthly income of \$3,263. At hearing, the appellant testified that she makes approximately \$19 each hour working 40 hours each week. As noted above, records presented to MassHealth and the Board of Hearings show an hourly income of \$19.11 working 40 hours each week.

The MassHealth representative testified that the appellant does not meet the categorical eligibility guidelines for MassHealth Standard. MassHealth determined that the appellant does not meet the income eligibility requirements for MassHealth CarePlus as her most recent income of \$3,263 exceeds 133% of the federal poverty level which is \$1,507 for a family group of one.

The appellant indicated on the application that she is disabled. MassHealth sent the appellant a disability supplement which is still being processed. The MassHealth representative noted that MassHealth has up to 90 days to process the disability supplement. The MassHealth representative testified that even if the appellant is deemed disabled, she would not be eligible for MassHealth Standard as she does not meet the income eligibility requirements for that program. The MassHealth representative noted that if the appellant is deemed disabled, she may be eligible for MassHealth CommonHealth which would likely require her to pay a premium.

Findings of Fact

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

1. The appellant is a member of a family group of one.
2. At the time of the eligibility decision, MassHealth calculated a monthly gross income of \$3,467.

3. The appellant has not been deemed disabled by MassHealth or the Social Security Administration.
4. Paystubs presented at the hearing show the appellant working 40 hours each week at an hourly rate of \$19.11 resulting in a monthly income of \$3,312.
5. Recent paystubs received by the agency show a monthly income of \$3,263.
6. The appellant's income is over 133% of the federal poverty level.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard – for pregnant women, 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 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;
- (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.

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements. (130 CMR 505.001). The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: Household Composition. (130 CMR 505.001(B)).

Pursuant to 130 CMR 506.002(A), MassHealth determines household size at the individual member level. MassHealth determines household composition through the Modified Adjusted Gross Income (MAGI) composition rules and the MassHealth Disabled Household composition rules. (130 CMR 506.002(A)). Individuals who expect to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who are not claimed as a tax dependent by another taxpayer have a household consisting of:

- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children. (130 CMR 506.002(B)(1)).

The appellant did not dispute the fact that she is a member of a family group of one. (130 CMR 506.002(B)(1)). The appellant has not been deemed disabled by MassHealth or the Social Security Administration.

To calculate financial eligibility for an individual, MassHealth will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. (130 CMR 506.007). Different households may exist within a single family, dependent on the family members' familial and tax relationships to each other. (130 CMR 506.007). The appellant's household meets the definition of a MassHealth MAGI household of one. (130 CMR 506.002).

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to MassHealth MAGI households. (130 CMR 506.007). Countable income includes earned income described in 130 CMR

506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D). (130 CMR 506.007). Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007). The earned income from the appellant forms the basis for establishing her eligibility for MassHealth. The regulations define earned income as the total amount of taxable compensation received for work or services performed less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (130 CMR 506.003(A)(1)). The appellant has wages.

MassHealth allows the following deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees. (130 CMR 506.003(D)).

The appellant did not present evidence of any of these expenses or deductions for MassHealth to consider. (130 CMR 506.003(D)).

In determining monthly income, MassHealth averages weekly income by 4.333. (130 CMR 506.007(A)). Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household's total countable income to determine eligibility of the individual under the coverage type with the highest income standard. (130 CMR 506.007(A)). In this case, deducting \$56.65 from the lowest income discussed at hearing results in a monthly income of \$3,206.65.

The appellant did not present testimony or evidence to demonstrate that she meets the categorical requirements for any other coverage type than MassHealth Care Plus. (130 CMR 505.001(A)).

MassHealth CarePlus provides coverage to adults 21 through 64 years of age. (130 CMR 505.008(A)(1)). To be eligible for MassHealth CarePlus the individual

needs to 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% 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.

The appellant's modified adjusted gross income is above 133% of the federal poverty level which is \$1,507 each month for a family group of one. Therefore, the appellant does not qualify for MassHealth.

The decision made by MassHealth was correct.

This 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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290