

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2203890

Decision Date: 6/28/2022

Hearing Date: 06/22/2022

Hearing Officer: Patricia Mullen

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Jeffrey Pamphile, Charlestown 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:	Financial eligibility
Decision Date:	6/28/2022	Hearing Date:	06/22/2022
MassHealth's Rep.:	Jeffrey Pamphile, Charlestown MEC	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center		

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 May 6, 2022, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth. (see 130 CMR 506.007; 505.008, and Exhibit 1). The appellant filed this appeal in a timely manner on May 20, 2022. (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 denied the appellant's application for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007; 505.008, in determining that the appellant's income exceeds the limit for MassHealth.

Summary of Evidence

The appellant appeared telephonically at the hearing. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Charlestown. The MassHealth representative stated that the appellant is under age 65 and lives in a one person household. The MassHealth representative stated that the appellant verified employment earnings totaling \$70,000.00 a year gross, which averages to \$5,833.33 per month. The MassHealth representative testified that the total gross monthly income exceeds the limit for MassHealth CarePlus for non-disabled persons under age 65. The MassHealth representative stated that the income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,507.00 a month for a family of one. The MassHealth representative stated that the appellant was determined eligible for a subsidized Commonwealth Connector plan.

By way of history, the MassHealth representative noted that the appellant was denied MassHealth and a Connector plan by notice dated April 7, 2022 for failure to submit verifications. The appellant submitted requested verifications and her case was processed, leading to the May 6, 2022 notice on appeal. (Testimony).

The appellant confirmed her income and noted that her employer does not offer health insurance. The appellant stated that she was on a Connector plan and it was terminated. The appellant stated that when she called the Commonwealth Connector she was told she could not enroll until November 1, 2022. The MassHealth representative stated that she is eligible for a subsidized Connector Care plan and should call the Connector about enrolling. The MassHealth representative gave the appellant the phone number for the Commonwealth Connector. The appellant was advised that this was a MassHealth appeal and any issue with the Commonwealth Connector would have to be raised with them.

Findings of Fact

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

1. The appellant is under age 65 and lives in a one person household.
2. The appellant verified gross monthly earnings totaling \$5,833.33.
3. 133% of the federal poverty level is \$1,507.00 a month for a household of one.

Analysis and Conclusions of Law

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).

Deductions. The following are allowable 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).

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 total gross monthly income of \$5,833.33. The income limit for MassHealth Care Plus is 133% of the federal poverty level, or \$1,507.00 a month for a household of one. The appellant's countable income exceeds this amount and thus she is not financially eligible for MassHealth Care Plus. 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Jennifer Vitt, Charlestown MassHealth Enrollment Center