

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2208123

**Decision Date:** 12/9/2022

**Hearing Date:** 12/01/2022

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Elizabeth Nickoson, Taunton 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>	Eligibility
<b>Decision Date:</b>	12/9/2022	<b>Hearing Date:</b>	12/01/2022
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 1	<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 September 7, 2022, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the Appellant's income was too high. (130 CMR and 506.007 and 130 CMR 502.003 Exhibit 3). The Appellant filed this appeal in a timely manner on October 24, 2022.<sup>1</sup> (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal before the Board of Hearings. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth determined that the Appellant was not eligible for MassHealth Standard.

## Issue

---

<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, and restated in MassHealth Operations Memo (EOM) 20-10 dated August 1, 2022, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 130 CMR 502.003, in determining that the Appellant's income was too high, thus not qualifying for MassHealth Standard.

## Summary of Evidence

The MassHealth representative from the Taunton MassHealth Enrollment Center testified that the Appellant is an adult over the age of 21. (Testimony). On September 6, 2022, the Appellant submitted proof of monthly MAGI, consisting of paystubs. (Testimony). The proof of monthly income included bi-weekly payments of \$2,558.38. (Testimony). The Appellant's monthly income is 173.96% of the federal poverty level. The MassHealth representative added that the Appellant is a household of six, and as such, her monthly MAGI exceeded 133% of the 2022 federal poverty level for a household of six, or \$4,122.00 (Testimony).

She added that the Appellant is eligible to enroll in a health plan through the Massachusetts Health Connector and records indicate that the Appellant and her spouse have done so.

The Appellant testified telephonically that she is unable to pay the monthly premium for the Health Connector insurance and that she reached out to the Health Care Connector to appeal but that appeal was determined untimely. The Appellant testified that the only income is from her husband, and he will not help her pay the Health Connector premium. The Appellant expressed frustration that her husband's income is considered for purposes of determining eligibility. The Appellant acknowledged that she and her husband file their taxes jointly. The Appellant filed this appeal because of that dismissal of the appeal of the Health Connector decision.

## Findings of Fact

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

1. The Appellant is over the age of 21 years old and lives in a household of six. (Testimony and Exhibit 3).
2. The monthly household income for the Appellant is 173.96% of the federal poverty level (FPL). (Testimony and Exhibit 3).
3. Appellant was sent a denial on September 7, 2022, which Appellant appealed. (Exhibit 3).
4. Appellant is covered under the Massachusetts Health Care Connector. (Testimony).
5. Appellant's reason for requesting a fair hearing was because she cannot pay the premium determined under the Massachusetts Health Care Connector. (Testimony).

## Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. (130 CMR 515.002).

MassHealth regulation 130 CMR 502.003 regarding verification of eligibility factors states as follows:

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility

(1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and

(2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

The type of coverage for which a person is eligible is based on their income and assets, as described in 130 CMR 519.000 and 520.000. See 130 CMR 515.003(B).

Financial eligibility for MassHealth is based on financial responsibility, countable income, and countable assets. See 130 CMR 520.001. In determining eligibility for MassHealth, the total countable-income amount and countable assets of the individual is compared to an income standard and asset limit. See 130 CMR 520.002(A). An individual and the spouse's gross earned,

and unearned income less certain business expenses and standard income deductions is referred to as the countable income amount. See 130 CMR 520.009(A)(1). In determining gross monthly income, MassHealth multiplies the average weekly income by 4.333 unless the income is monthly. See 130 CMR 520.009(A)(1). For community residents, the countable-income amount is compared to the applicable income standard to determine the individual's financial eligibility. (130 CMR 520.009(A)(2)).

The types of income that are considered in the determination of eligibility are described in 130 CMR 520.009, 520.018, 520.019, and 520.021 through 520.024. (130 CMR 520.009(A)(4)). These include income to which the applicant, member, or spouse would be entitled whether or not actually received when failure to receive such income results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. (130 CMR 520.009(A)(4)). MassHealth considers both earned income and unearned income as countable in determining eligibility. (130 CMR 520.009). The Appellant does not work but files a joint tax return with her husband who is the sole earner for the family. The Appellant does not dispute the reported monthly income.

The evidence in the record shows that the Appellant does not qualify for MassHealth Standard.

MassHealth's decision in this matter was correct.

For the foregoing reasons, the appeal must be 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.

---

Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring

St., Ste. 4, Taunton, MA 02780, 508-828-4616