

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2300211
Decision Date:	4/5/2023	Hearing Date:	02/09/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Via telephone

 *Pro se*

Appearance for MassHealth:

Via telephone

Chanthy Kong

Interpreter: Appellant's own ASL Translation
Services



*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:	4/5/2023	Hearing Date:	02/09/2023
MassHealth's Rep.:	Chanthy Kong	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 December 19, 2022, MassHealth notified the Appellant that she was approved for MassHealth CommonHealth because of a change in her circumstances. (130 CMR 505.004; Exhibit 1). The Appellant filed this appeal in a timely manner on January 9, 2023. (130 CMR 610.015(B); Exhibit 2). Determinations regarding scope and amount of assistance are valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that she was approved for MassHealth CommonHealth with a monthly premium because of a change in her circumstances.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant must pay a monthly premium for MassHealth CommonHealth benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing by telephone and testified as follows: On

December 19, 2022, MassHealth notified the Appellant that her benefits changed to MassHealth CommonHealth with a monthly premium of \$ 31.20 per month because she is disabled and working part-time. (Exhibit 1). The MassHealth representative explained the premium was assessed based upon her family household size and income that the Appellant reported to MassHealth. Accordingly, the Appellant reported in her renewal package that she works part-time and receives \$ 223.08 per week, in addition to her full monthly social security income of \$ 1106.00 per month. When MassHealth combines the totals, the Appellant's monthly income amounts to \$ 2072.62 which is over the limits and therefore the reason for the monthly premium. The MassHealth representative further explained that if the Appellant's income received from working part-time was not reported correctly, the Appellant can submit her recent paystubs to MassHealth so that her income can be verified.

The Appellant appeared at the hearing by telephone and testified through her own ASL translation services. The Appellant testified that she does not have access to a printer or fax and will look into whether her place of employment is able to print out recent copies of her paystubs. Further, the Appellant receives direct deposit and does not receive actual pay stubs. The Appellant expressed her frustration with how MassHealth determines eligibility and does not factor in her other expenses. The Appellant testified that she has been employed part-time for six (6) years and did not have to pay a premium beforehand. The Appellant feels that it is unfair, given her additional expenses and made inquiry as to how MassHealth received the amount of her monthly social security income. In response, the MassHealth representative explained that every year, social security adjusts for the cost of living and the Appellant would need to report her new income to MassHealth.

Findings of Fact

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

1. On December 19, 2022, MassHealth notified the Appellant that her benefits changed to MassHealth CommonHealth with a \$ 31.20 monthly premium assessed. (Testimony; Exhibit 1).
2. The Appellant self-reported to MassHealth that her weekly income is \$ 223.08, and her monthly income from social security is \$ 1106.00. (Testimony).
3. The Appellant is employed part-time two (2) days for six (6) hours each day for a total of twelve (12) hours per week. (Testimony).
4. The Appellant is disabled. (Testimony).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (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.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. Based on the available options, the relevant coverage types for this appeal are MassHealth Standard and CommonHealth.

The Appellant's Eligibility for MassHealth Standard

A disabled adult 21 through 64 years of age or a disabled young adult 19 or 20 years of age who does not meet the requirements described at 130 CMR 505.002(B)(4)(a)1 is eligible for MassHealth Standard Coverage if he or she meets the following requirements:

- (a) The individual is permanently and totally disabled as defined in 130 CMR

501.001: *Definition of Terms*;

- (b) The modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household* is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under § 1634 of the *Social Security Act* (42 U.S.C. § 1383.c) as a disabled adult child or a disabled adult widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: *Pickle Amendment Cases*;
- (c) 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*; and
- (d) The individual complies with 130 CMR 505.002(M).

130 CMR 505.002(E).

Here, the Appellant's modified adjusted gross income of her household of one as described in 130 CMR 506.002(C) is above the 133% of the federal poverty level (FPL), as self-reported by the Appellant. Therefore, the Appellant's reported income exceeds the MassHealth Standard limitations.

The Appellant's Eligibility for MassHealth CommonHealth

Because the Appellant is a working disabled adult between the ages of 21 and 64 and does not qualify for MassHealth Standard, she meets the eligibility requirements for MassHealth CommonHealth. To qualify for MassHealth CommonHealth as a disabled working adult, the applicant must either be working at least 40 hours per month or must have medical bills that meet or exceed the amount of a one-time deductible. (See, 103 CMR 505.004(D); 103 CMR 506.009).¹

Here, there is no dispute that the Appellant is working at least 40 hours per month and therefore qualifies for MassHealth CommonHealth as a disabled working adult. It should be noted that, in accordance with Eligibility Operations Memo 22-17 (See, footnote 1, below) the Appellant would qualify for MassHealth CommonHealth regardless of whether she was employed at least 40 hours per month.

With respect to financial requirements, MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

¹ In December of 2022, MassHealth issued Eligibility Operations Memo 22-17, which states, in pertinent part, that the MassHealth system was updated to allow MassHealth members who have disabilities, have income about 133% of the FPL and are 21-64 years of age to be eligible to receive MassHealth CommonHealth benefits without needing to meet a one-time deductible or be employed at least 40 hours per month. (See, <https://www.mass.gov/doc/eom-22-17-changes-to-streamline-masshealth-commonhealth-eligibility-for-adults-0/download>).

...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(C). Income of all the household members forms the basis for establishing an individual's eligibility. A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(A) 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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

In the present case, the Appellant self-reported that she grossed \$ 223.08 per week. Taking this figure and applying it to the formula above, including the addition of the Appellant's monthly social security income, less any deductions, amounts to her total monthly income of \$ 2072.61. The question remains whether, according to her self-reported finances, she must pay a monthly premium.

As to premiums, 130 CMR 506.011(B)(2) discusses the premium formulas for MassHealth CommonHealth members whose eligibility is described in 130 CMR 505.004(B): Disabled working Adults through (G): Disabled Children Younger than 18 Years Old... The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL....The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health-insurance premium.

130 CMR 506.011(B)(2).

Here, the Appellant's monthly income exceeds 150% of the FPL²

130 CMR 505.004(I) discusses CommonHealth premiums and states, in pertinent part, as follows: Disabled adults, disabled working adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2)....

130 CMR 505.004(I).

In sum, the Appellant is eligible for MassHealth CommonHealth benefits, considering, *inter alia*, her family household size of one (1) and her monthly income. However, her self-reported income exceeds 150% of the FPL, as noted above, and therefore she must pay a monthly premium. This appeal is denied.³

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

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

² The Federal Poverty Guidelines can be found at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

³ This denial does not preclude the Appellant from submitting her most recent paystubs to MassHealth if there is a discrepancy between what she self-reported and what she actually grosses part-time weekly. (See, 130 CMR 506.005) Given the weekly amount received that the Appellant testified to at the hearing, she is encouraged to do so.

