

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2302389

Decision Date: 5/1/2023

Hearing Date: 04/24/2023

Hearing Officer: Patricia Mullen

Record Open to: 04/28/2023

Appearance for Appellant:



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:	5/1/2023	Hearing Date:	04/24/2023
MassHealth's Rep.:	Jeffrey Pamphile, Charlestown MEC	Appellant's Rep.:	Spouse/ authorized representative
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 March 8, 2023, 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 March 22, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032). The appellant's spouse appeared at the hearing and the record was left open to give her the opportunity to submit authorization from the appellant. On April 28, 2023, the appellant submitted a note authorizing his spouse to represent him at the hearing. (Exhibit 6).

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's spouse 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 two person household with his spouse. (Exhibit 5). The MassHealth representative stated that MassHealth conducted a batch redetermination on March 4, 2023. Through a match with the Massachusetts Department of Revenue (DOR), MassHealth noted that the appellant had net self employment income (after business deductions) of \$2,256.51 a month according to his 2021 tax return. The MassHealth representative stated that the appellant's spouse has gross Social Security income of \$1,164.00 a month, other gross income of \$1,896.96 a month, and minimal employment income of \$40.00 a month for her CommonHealth case, for a total of \$3,100.96 a month. The MassHealth representative stated that the couple's total monthly income of \$5,357.47 is 346% of the federal poverty level for a family of two and exceeds the income limit for MassHealth. The MassHealth representative stated that the income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$2,186.00 a month for a family of two. The MassHealth representative stated that he believed the income limit for a subsidized health plan through the Commonwealth Connector is 300% of the federal poverty level. The MassHealth representative stated that the appellant indicated a potential disability and could complete and return a disability supplement to MassHealth so that a determination of disability could be made.

The appellant's spouse stated that the appellant is not disabled, but needs health insurance coverage. The appellant's spouse noted that she receives disability benefits in addition to her Social Security, but does not receive \$1,896.96, rather her net is \$786.96 a month. The appellant's spouse noted that the statement for her monthly disability benefit indicates that a deduction is taken for federal taxes and a deduction of \$1,100.00 is taken as an offset. The appellant's spouse stated that she did not know what was meant by that offset amount. The appellant's spouse stated that the appellant is still self employed. The appellant's spouse stated further that she and the appellant have not yet filed their taxes for 2022, but intend to do so in the next couple of weeks.

The MassHealth representative advised the appellant's spouse to contact her disability benefits provider to determine what the offset of \$1,100.00 means, and provide documentation to MassHealth. The MassHealth representative advised further that the appellant should submit the couple's 2022 tax returns to MassHealth, once completed. The MassHealth representative noted that MassHealth would also accept a profit and loss statement as verification of self employment income. The MassHealth representative stated that MassHealth would redetermine financial eligibility upon receipt of the verification of updated income.

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 two person household.
2. Through a match with DOR, MassHealth verified gross monthly income of \$5,357.47 for the appellant and his spouse.

3. 133% of the federal poverty level is \$2,186.00 a month for a household of two.

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).

The appellant lives in a two person household and has total gross monthly income of \$5,357.47. The income limit for MassHealth Care Plus is 133% of the federal poverty level, or \$2,186.00 a month for a household of two. The appellant's income exceeds this amount and thus he is not financially eligible for MassHealth Care Plus. MassHealth's action is upheld and the appeal is denied.

Once the appellant submits updated verification of income to MassHealth, MassHealth will redetermine his case.

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: Nga Tran, Charlestown MassHealth Enrollment Center