

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304022
Decision Date:	6/20/2023	Hearing Date:	06/14/2023
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickerson, 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

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	6/20/2023	Hearing Date:	06/14/2023
MassHealth's Rep.:	Liz Nickerson	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 27, 2023, MassHealth determined that Appellant is not eligible for MassHealth coverage, but is eligible to enroll in a Connector Plan, and her minor child is eligible for MassHealth Family Assistance (130 CMR 505.001 and Exhibit 1). Appellant filed this appeal in a timely manner on May 16, 2023 and has been receiving aid pending the outcome of the appeal (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant is not eligible for MassHealth coverage, but is eligible to enroll in a Connector Plan, and her minor child is eligible for MassHealth Family Assistance.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001 et seq. in determining that Appellant is not MassHealth eligible, and her minor child is eligible for Family Assistance.

Summary of Evidence

The MassHealth representative testified that Appellant and her minor child were open on MassHealth Standard coverage during the Covid pandemic, and coverage was protected through March 31, 2023 when MassHealth lifted the pandemic-related protections. Appellant submitted a renewal application to MassHealth on April 27, 2023, and eligibility was determined based on family group size and income. The MassHealth representative testified that Appellant lives with her minor child and her husband, who is not applying for MassHealth benefits. No disabilities are indicated. Appellant is employed with monthly gross earnings of \$632.95. Appellant's husband is employed with \$4,090.35 gross earnings per month. Combined household income of \$4,714.30 equates to 222.56% of the federal poverty level which exceeds 133% of the federal poverty level for a household of 3, \$2,756 per month. MassHealth testified that Appellant and her husband file taxes jointly and claim her minor child as a tax dependent; therefore, all household income is countable in determining eligibility. Appellant was determined eligible for a Health Connector Plan with Health Safety Net, and her minor child was determined eligible for MassHealth Family Assistance.

Appellant testified that when she appealed, she did not feel that her husband's income should be factored into household income because his income is used to pay mortgage expenses and other household expenses. She added that the Connector plan has a \$93 monthly premium.

Findings of Fact

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

1. Appellant and her minor child were open on MassHealth Standard coverage during the Covid pandemic, and coverage was protected through March 31, 2023 when MassHealth lifted the pandemic-related protections.
2. Appellant submitted a renewal application to MassHealth on April 27, 2023.
3. Appellant lives with her minor child and her husband, who is not applying for MassHealth benefits.
4. No disabilities are indicated.
5. Appellant is employed with monthly gross earnings of \$632.95. Appellant's husband is employed with \$4,090.35 gross earnings per month. Combined household income of \$4,714.30 equates to 222.56% of the federal poverty level.

6. Monthly federal poverty levels for a household size of 3 are: 133%: \$2,756; 150%: \$3,108; 300%: \$6,215.
7. Appellant and her husband file taxes jointly and claim Appellant's minor child as a tax dependent.

Analysis and Conclusions of Law

Effective April 1, 2023, MassHealth no longer maintains continuous coverage related to the COVID-19 pandemic for members if they have been successfully renewed in the last 12 months.¹ Therefore, Appellant's renewal application and eligibility is determined based on MassHealth coverage criteria. Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a 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 set forth at 130 CMR 505.001(A) 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

¹ See Eligibility Operations Memo 23-11 April 2023.

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 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)); and in this case 130 CMR 506.002(B)(1) applies.² Countable household income includes earned, unearned, and rental income,³ less deductions described in 130 CMR 506.003(D), none of which were asserted as applicable by Appellant at hearing.⁴ Appellant is non-disabled and employed with monthly gross earnings of \$632.95. Appellant's husband is employed with \$4,090.35 gross earnings per month. Combined household income of \$4,714.30 equates to 222.56% of the federal poverty level, which exceeds 133% of the federal poverty level, \$2,756 per month. Therefore, MassHealth correctly determined that Appellant and her child are no longer eligible for MassHealth Standard coverage (130 CMR 505.002).⁵ Appellant is not eligible for CarePlus because household income exceeds 133% of the federal poverty level (130 CMR 505.008). Children who are citizens as defined in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrants, as defined in 130 CMR 504.003(A): *Lawfully Present Immigrants*, or nonqualified PRUCOLs, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*, whose modified adjusted gross income of the MassHealth MAGI household is greater than 150% and less than

² (B) MassHealth MAGI Household Composition.

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists 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.

³ See 130 CMR 506.003 (A)-(C).

⁴ 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.

⁵ While Appellant's income was presumably within program limits for MassHealth Standard prior to the pandemic that resulted in continuous coverage during the pandemic, neither party testified that household income increased beyond 133% of the federal poverty level due to employment that had begun within the last 12 months, which would potentially allow a 12-month extension of Standard coverage beginning on the date earned income exceeded \$2,756 if other eligibility factors were also met (130 CMR 505.002(L)(3)).

or equal to 300% of the federal poverty level (FPL) are eligible for MassHealth Family Assistance (130 CMR 505.005). Appellant's household income is between 150% and 300% of the federal poverty level, \$3,108 \$6,215 respectively; therefore, MassHealth correctly determined that Appellant's minor child is eligible for Family Assistance.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

Because the MassHealth determination is correct, the appeal is DENIED.

Order for MassHealth

None, other than rescind aid pending.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780