

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2304293

**Decision Date:** 8/15/2023

**Hearing Date:** 06/30/2023

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Stella Mudanya, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Termination of Benefits
<b>Decision Date:</b>	8/15/2023	<b>Hearing Date:</b>	06/30/2023
<b>MassHealth's Rep.:</b>	Stella Mudanya	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 May 9, 2023, MassHealth terminated the appellant's MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth. (see 130 CMR 506.007; and Exhibit 3). The appellant filed this appeal in a timely manner on May 23, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage based on the appellant's verified income.

## Issue

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

## Summary of Evidence

The MassHealth representative stated that the appellant is under age 65 and lives in a one-person household. The MassHealth representative stated that on May 9, 2023, the appellant verified employment earnings totaling \$617 per week. 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 \$1,61.00 a month for a family of one.

The appellant argued that his income is based solely on unemployment benefits and that he the appellant cannot afford to pay for insurance.

## **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. *(Testimony)*.
2. The appellant verified gross monthly earnings totaling \$2,468.00. *(Testimony)*.
3. 133% of the federal poverty level is \$1,616.00 a month for a household of one. *(Testimony; Federal Poverty Guidelines)*.
4. The appellant may obtain healthcare through the Commonwealth Connector. *(Testimony)*.

## **Analysis and Conclusions of Law**

MassHealth eligibility is determined using factors, such as income, assets, residency, and household composition. 130 CMR 505 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.

Financial eligibility for coverage types is determined by using the MassHealth MAGI household rules. Specifically, this is done by comparing the sum of all countable income less deductions for the individual's household, as described at 130 CMR 506.002, and comparing that number with the applicable income standard for the specific MassHealth coverage type.

130 CMR 505.008 details the requirements for individuals to qualify for MassHealth Care Plus, which are described below:

(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.

*See 130 CMR 505.008(A).*

To determine whether the appellant's modified adjusted gross income ("MAGI") is less than or equal to 133 percent of the federal poverty level, we must review the rules governing calculation of financial eligibility which can be found at 130 CMR 506.000. This regulation explains that financial eligibility is determined by household composition, countable income, and allowable deductions.

In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Once this number is determined, the regulation requires that 5 percentage points of the current federal poverty level (FPL) be subtracted from the applicable household total countable income. Once that calculation is made, MassHealth will determine whether the applicant's countable income makes them eligible for coverage.

*See 130 CMR 506.007(A).*

133% of the FPL is \$1,616.00 a month for a household of one. Five percentage points of the current FPL is \$80.80 for a household of one.

MassHealth testified that the appellant verified he had a gross weekly income of \$617, the appellant did not dispute this testimony. Using the required calculation, the appellant has a gross monthly income of \$2,673.46. Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to determine countable income. For a household of one, 5 percentage points of the current FPL equals \$80.80 a month. Thus, the appellant has a countable income of \$2,592.66. This gross monthly income places the appellant well above 133% of the federal poverty level required to obtain insurance through MassHealth CarePlus.

Under federal law, the following deductions are allowed when calculating Modified Adjusted Gross Income (MAGI) countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law; (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law

*See 130 CMR 506.003(D).*

The appellant did not offer testimony that he has expenses that would fall within the allowable deductions, pursuant to 130 CMR 506.003 (D). Thus, the appellant's MAGI is \$2,582.66.

In conclusion, the appellant's countable income is \$2,582.66. The income limit for MassHealth Care Plus is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's countable 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.

## **Order for MassHealth**

Remove 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.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

---

Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129