

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304317
Decision Date:	7/5/2023	Hearing Date:	06/26/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Kristine Angelari, Tewksbury MEC

Interpreter:



*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 - Over income
<b>Decision Date:</b>	7/5/2023	<b>Hearing Date:</b>	06/26/2023
<b>MassHealth's Rep.:</b>	Kristine Angelari	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 April 20, 2023, MassHealth denied the appellant's request for health coverage. (Ex 1). The appellant filed this appeal in a timely manner on May 22, 2023. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined appellant did not qualify for health coverage.

### Issue

The appeal issue is whether MassHealth was correct in determining appellant was not eligible for benefits.

### Summary of Evidence

Appellant and the MassHealth worker both appeared by phone and were sworn. MassHealth denied appellant for MassHealth coverage. (Ex. 1; Testimony). MassHealth testified appellant was

over income. (Testimony). On April 5, 2023, MassHealth sent appellant a request for income verification. Appellant sent MassHealth a pay stub on April 19, 2023 showing his income was \$2,137.50 every two weeks. MassHealth updated appellant's income on April 20, 2023. (Testimony). Appellant is listed as a household of 1 with income from his job. The MassHealth representative testified that appellant's income was 376.23% of the Federal Poverty Level (FPL). He was therefore over income but was eligible for the Health Connector. (Testimony).

Appellant testified that the paystub he submitted reflected overtime income and that he was only making \$1,700-\$1,800 a week. He also stated he had no children and was not married. The MassHealth representative stated that overtime income is countable when determining eligibility. She told appellant it is his responsibility to report changes in income within ten days. He could do this by sending in a paystub or calling the MassHealth customer service line. This updating of income would ensure his eligibility for health care. (Testimony). Appellant was willing to send MassHealth an updated paystub to see if he qualified for coverage.<sup>1</sup>

## Findings of Fact

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

1. MassHealth sent appellant a request for income verification on April 5, 2023. (Testimony).
2. Appellant sent MassHealth a pay stub on April 19, 2023 showing his income was \$2,137.50 every two weeks. (Testimony).
3. Appellant is a household of 1 and under the age of 65. (Testimony; Ex. 4).
4. The appellant's income is over 133% of the federal poverty level for MassHealth CarePlus. He is eligible for the Health Connector. (Testimony).
5. Appellant is not married and has no children. (Testimony).
6. The appellant has not been deemed disabled by MassHealth or the Social Security Administration.

## Analysis and Conclusions of Law

---

<sup>1</sup> This decision deals with the April 20, 2023 MassHealth denial notice and does not consider any actions taken by appellant subsequent to the hearing date of June 26, 2023.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

#### 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).

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.

##### 130 CMR 506.007(A).

The appellant lives in a one-person household and has total gross monthly income of \$4,275.00. Five percentage points of the current federal poverty level for a family of one is \$60.75 and thus the appellant's countable income is \$4,214.25, (\$4,275.00 - \$60.75), which the MassHealth representative testified is 376.23% of the federal poverty level for a household of one. The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's income exceeds this amount and thus he is not financially eligible for MassHealth CarePlus. MassHealth's action is upheld and the appeal is

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.

---

Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

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