

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304340
Decision Date:	8/10/2023	Hearing Date:	06/26/2023
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:



Appearance for MassHealth:
Via telephone:
Tyrome Witherspoon, Springfield 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:	8/10/2023	Hearing Date:	06/26/2023
MassHealth's Rep.:	Tyrome Witherspoon	Appellant's Rep.:	Spouse
Hearing Location:	Springfield MassHealth Enrollment Center, 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 April 27, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth. (Exhibit 1). The appellant filed this appeal in a timely manner on or around May 25, 2023. Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

Issue

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

Summary of Evidence

The MassHealth representative appeared at hearing via telephone and testified as follows: the appellant is under the age of 65 and has a household size of two. MassHealth sent a renewal to the appellant on February 13, 2023 and the appellant returned it timely on March 7, 2023. MassHealth received an affidavit of zero income for the appellant and pay stubs for the appellant's spouse showing her income as \$51,000 gross annually. The paystubs did not include the employer's name and MassHealth still needs the spouse to verify her income. The income limit for MassHealth CarePlus benefits for a non-disabled person under the age of 65 is 133% of the Federal Poverty Level (FPL), which is \$26,232 gross annually for a household size of two. The appellant's household income of \$51,000 gross annually falls at 241.40% of the FPL. The appellant reported that he is disabled but that has not been verified.

The appellant was represented at hearing by his spouse via telephone. She confirmed that their income was accurate, but with mortgage, car insurance, and other bills it is difficult to make ends meet. She stated that her husband is disabled and they sent in the Disability Supplement a couple of weeks ago. They received a letter on June 14, 2023 from Disability Evaluation Services confirming receipt of the Supplement. The appellant's spouse stated that her employer offers health insurance but she cannot afford to pay for it. Additionally, the pay stubs she provided are the only ones she has access to, even though they do not have her employer's name on it.

The MassHealth representative responded that MassHealth has not received the Disability Supplement or determination yet. MassHealth still required verification of her income. If she doesn't have pay stubs with her employer's name, she could submit her 2022 tax return with all attachments and schedules. The MassHealth representative also mentioned that the appellant may qualify for Premium Assistance which would help pay for her employer-sponsored health insurance, as long as the plan met the necessary criteria. She would need to enroll in the employer-sponsored plan to receive Premium Assistance. Currently, the appellant and his spouse are both receiving MassHealth CarePlus benefits that were initially protected during the Public Health Emergency and now, through aid pending during the appeal process.

Findings of Fact

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

1. The appellant is under the age of 64 and lives in a household of two. (Testimony and Exhibit 4).
2. On April 27, 2023, MassHealth notified the appellant that he was over the allowable income limit to qualify for MassHealth. (Exhibit 1).

3. The appellant's household gross annual income is \$51,000, made up of his spouse's earnings from her employment. The appellant submitted a zero income affidavit for himself. (Testimony).
4. 133% of the Federal Poverty Level for a household of two is \$26,232 annually. (Testimony).
5. On or about May 25, 2023, the appellant timely appealed the notice. (Exhibit 2).
6. The appellant states he is disabled and submitted a Disability Supplement about two weeks; however, it has not yet been processed and MassHealth cannot verify that he is disabled at this time. (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

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,¹ 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

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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.

Categorically, the appellant is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL.² For a household of two, that gross income limit is \$26,232 per year. The appellant's household's most recently verified gross annual income is \$51,000, or 241.40% of the FPL. Based on this figure, he is over the income limit for MassHealth CarePlus benefits. For these reasons, the MassHealth decision is correct 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

² Once the appellant's Disability Supplement is processed, he may be eligible for MassHealth CommonHealth. Additionally, as discussed at hearing, the appellant and his wife may qualify for Premium Assistance if she enrolls in her employer-sponsored plan and the plan meets the necessary criteria.