

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2305311
Decision Date:	8/4/2023	Hearing Date:	08/01/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Carrie McKinnon

Interpreter: Alberto, ITI



*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:	Dismissed	Issue:	Eligibility; Over Income
Decision Date:	8/4/2023	Hearing Date:	08/01/2023
MassHealth's Rep.:	Carrie McKinnon	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 May 31, 2023, MassHealth denied the Appellant's application for MassHealth benefits because it determined that the Appellant was over the allowable income limits. (See, Exhibit 1). The Appellant filed this appeal in a timely manner on June 20, 2023. (See, 130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (See, 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's application for benefits because she was over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant was over the income guidelines for MassHealth benefits.

Summary of Evidence

A MassHealth representative appeared at the hearing via telephone and testified as follows: The Appellant completed her annual MassHealth application renewal on May 31, 2023. With respect to proof of income, the Appellant reported that she currently works 2 jobs and submitted a paystub for each job position. The Appellant reported (and the paystubs verified) that she grosses \$ 1,179.38 bi-weekly at her first job, and \$ 729.00 bi-weekly at her second job. The Appellant is a household of 1 and her Federal Poverty Level (FPL) is 333.76%. As such, the Appellant's income exceeds the FPL guidelines, so she does not qualify for MassHealth benefits.

The Appellant appeared at the hearing via telephone and testified through an interpreter. She explained that she needs health insurance even if she must pay for it because of her numerous health, neck, and spinal issues. As a result of these issues, the Appellant has been unable to work for the past 3 days. The Appellant testified that if she does not have health insurance then she cannot be treated by a health care physician. The Appellant further testified that she is a widow and does not have anyone to assist her presently. Further, she was not notified that she is currently without health insurance. The Appellant reiterated that she is willing to pay for health insurance because it is needed due to her health conditions.

The MassHealth representative testified that the Appellant was assessed to purchase a plan through the Massachusetts Health Connector with an advanced premium tax credit. However, the MassHealth representative does not have access to the Health Connector and is unable to verify whether the Appellant has enrolled. The Appellant testified that she called 3 weeks ago and was told that her appeal was open and would have to take place first. The Appellant explained that when she is unable to work, she does not get paid time off. The MassHealth representative testified that MassHealth is an income-based program. If the Appellant's income were to change, she should report said changes to MassHealth so that her eligibility can be re-assessed. While it is not guaranteed that the Appellant will automatically qualify for full benefits through MassHealth if she reports a change in her income, doing so may change the tax bracket that the Appellant would shop for the Health Connector. Therefore, if the Appellant does have any changes in income, she should report them to MassHealth.

The MassHealth representative suggested that if the Appellant has a change in hours or has a few weeks where she is not working as much, she could submit current consecutive paystubs to MassHealth. MassHealth would then average out the income for that time and account for any loss of time. The Appellant inquired as to whether she would have to wait until November for the next enrollment period with the Health Connector. The MassHealth representative explained that the Appellant could ask the Health Connector when their next available open enrollment period is and asked whether the Appellant's current place of employment offers health insurance. The Appellant explained that it does not. The MassHealth representative explained that to qualify for

MassHealth benefits the Appellant would have to fall at or below 133% of the FPL. The monthly gross income limit is \$ 1,616.00. The MassHealth representative reiterated that if the Appellant is over that limit, she should still report a change in her hours because it could change the tax credits that she receives and the plans that she would shop for in the Health Connector. So, it would still be beneficial to the Appellant to report any changes. The MassHealth representative testified that to report any changes, the Appellant can call MassHealth directly or she can upload her current pay stubs which show the change in her income. The Appellant thanked the MassHealth representative for this information.

Findings of Fact

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

1. The Appellant is under the age of 65 and a MassHealth recipient. (Exhibit 3).
2. On or about May 31, 2023, MassHealth sent a denial notice to the Appellant after determining that she was over the allowable income limits. (Testimony; Exhibit 1).
3. The Appellant's total monthly gross income amounts to \$ 4,115.95. which places her over-income for MassHealth benefits. (Testimony).
4. The Appellant timely appealed on June 6, 2023. (Exhibit 2).
5. The Appellant requires health insurance due to her health issues and is willing to pay for insurance. (Testimony).
6. The Appellant is not paid when she is unable to work because of her health issues. (Testimony).
7. The Appellant can report income and change of hours to MassHealth to re-assess her eligibility and for tax credit purposes through the Health Connector if she so chooses. (Testimony).

Analysis and Conclusions of Law

MassHealth may make an adjustment in the matters at issue before or during an appeal period. (See, 130 CMR 610.051(B)). If the parties' adjustment resolves one or more of the issues in dispute in favor of the Appellant, the hearing officer, by written order, may dismiss the appeal in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. *Id.*

With respect to 130 CMR 610.035, the Board of Hearings will dismiss a hearing when....

- (1) the request is not received within the time frame specified in 130 CMR 610.015;
- (2) the request is withdrawn by the appellant;
- (3) the sole issue is one of state or federal law requiring automatic change in assistance for classes of members;
- (4) the stated reason for the request does not constitute grounds for appeal as set forth in 130 CMR 610.032. Without limiting the generality of the foregoing, except as provided in 130 CMR 610.032(A)(11), no provider decision or action including, but not limited to, a provider determination about whether or the extent to which a service is medically necessary constitutes an appealable action hereunder;
- (5) the stated reason for the hearing request is outside the scope of 130 CMR 610.000 as set forth in 130 CMR 610.003;
- (6) BOH has conducted a hearing and issued a decision on the same appealable action arising out of the same facts that constitute the basis of the request;
- (7) the party requesting the hearing is not an applicant, member, or resident as defined in 130 CMR 610.004;
- (8) BOH learns of an adjustment or action that resolves all of the issues in dispute between the parties;
- (9) BOH learns that the applicant or member has passed away prior to the date of filing and there is no full compliance with 130 CMR 610.016(B) within ten days of a BOH request;
- (10) BOH learns that the applicant or member has passed away prior to the date of filing and scheduling a hearing and is not informed until the date of the hearing and there is no full compliance with 130 CMR 610.016(B); or
- (11) the appellant fails to appear at a scheduled hearing.

....

(130 CMR 610.035(A)).

In the present case, the Appellant was satisfied with the explanation given at the hearing by the MassHealth representative. Because the appeal issue has been resolved in the Appellant's favor, there is nothing left to dispute before the hearing officer. For the above-stated reasons, this appeal is dismissed.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

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