

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305672
Decision Date:	08/16/2023	Hearing Date:	08/14/2023
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, 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:	Financial eligibility
Decision Date:	08/16/2023	Hearing Date:	08/14/2023
MassHealth's Rep.:	Sherri Paiva, Taunton MEC	Appellant's Rep.:	Pro se
Hearing Location:	Taunton 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 July 5, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth Standard and for MassHealth CarePlus. (see 130 CMR 505.002; 505.005 and Exhibit 1). The appellant filed this appeal in a timely manner on July 12, 2023. (see 130 CMR 610.015(B) and 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 MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002; 505.005, in determining that the appellant's income exceeds the limits for MassHealth Standard and for MassHealth CarePlus.

Summary of Evidence

The appellant appeared telephonically at the hearing and verified her identity. MassHealth was represented telephonically at the hearing by a worker from the MassHealth Enrollment Center in Taunton. Based on the Medicaid Management Information Systems (MMIS) screen in the record, the appellant was open on MassHealth Standard from November 15, 2019 through June 13, 2023. (Exhibit 4). The MassHealth representative stated that the appellant was protected on MassHealth Standard during the Covid Public Health Emergency (PHE). The MassHealth representative stated that the appellant submitted a MassHealth renewal form on May 30, 2023 and MassHealth determined the appellant was not financially eligible for MassHealth Standard based on her earned income. The MassHealth representative stated that the appellant is under age 65 and lives in a two person household with her child, who is under age 19. The MassHealth representative stated that the appellant verified gross weekly earned income of \$608.00, or \$2,634.46 a month. In determining countable income, MassHealth deducts 5% of the federal poverty level, which is \$82.80 a month for a family of two, and thus the appellant's countable income is \$2,551.13 per month. (Testimony). The MassHealth representative stated that appellant's income equals 150% of the federal poverty level. The MassHealth representative stated that the income limit for MassHealth Standard for parents of children under age 19, and the income limit for MassHealth CarePlus, is 133% of the federal poverty level. 133% of the federal poverty level is \$2,186.00 a month for a family of two. (Testimony). The MassHealth representative stated that the appellant's child is on MassHealth Family Assistance. The MassHealth representative noted that a previous notice issued terminating the appellant's MassHealth benefits as of June 13, 2023. The MassHealth representative stated that the appellant verified her address on July 5, 2023, and that update generated the notice at issue on appeal. The MassHealth representative stated that the appellant is offered health insurance through her employer and therefore is not qualified for a subsidized health plan through the Commonwealth Connector. The MassHealth representative advised the appellant to contact Premium Assistance at 800-862-4840 to inquire about premium assistance for her employer sponsored health insurance since her child is on Family Assistance.

The appellant stated that the premium for a family plan for her employer sponsored health insurance is \$120.00 a week, and the premium for an individual plan is \$50.00 a week, and she cannot afford these amounts.

Findings of Fact

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

1. The appellant was open on MassHealth Standard from November 15, 2019 through June 13, 2023; the appellant was protected on MassHealth Standard during the Covid Public Health Emergency.

2. The appellant submitted a MassHealth renewal form on May 30, 2023 and MassHealth determined the appellant was not financially eligible for MassHealth Standard and terminated the Standard benefits as of June 13, 2023.
3. The appellant is under age 65 and lives in a two person household with her child, who is under age 19.
4. The appellant verified gross weekly earned income of \$608.00, or \$2,634.46 a month.
5. MassHealth determined countable monthly income of \$2,551.13, which is 150% of the federal poverty level.
6. 133% of the federal poverty level is \$2,186.00 a month for a family of two.
7. The appellant's child is on MassHealth Family Assistance.
8. The appellant verified her address on July 5, 2023, and that update generated the notice at issue on appeal.
9. The appellant is offered health insurance through her employer.

Analysis and Conclusions of Law

A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if...

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL). (130 CMR 505.002(C)(1)(a)).

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: Health Care Reform: MassHealth: 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% 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)).

Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) 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 is categorically eligible for MassHealth Standard as the parent of a minor child and is also categorically eligible for MassHealth CarePlus. The income limit for both coverage types is 133% of the federal poverty level, or \$2,186.00 a month for a family of two. The appellant's gross monthly earned income is \$2,634.46 and, after deducting the 5 percentage

points of the federal poverty level, which is \$82.20 for a family of two, the appellant's countable income is \$2,551.13. Because the countable income exceeds 133% of the federal poverty level, the appellant is not financially eligible for MassHealth Standard or 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center