

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305712
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)		

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 June 29, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth CarePlus. (see 130 CMR 505.008 and Exhibit 1). The appellant filed this appeal in a timely manner on July 13, 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 505.008, in determining that the appellant's income exceeds the limit for MassHealth CarePlus.

Summary of Evidence

The appellant appeared telephonically at the hearing and verified her identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center in Taunton. According to the Medicaid Management Information Systems (MMIS) screen in the record, the appellant was open on MassHealth CarePlus from March 21, 2019 to June 28, 2023. (Exhibit 4). The MassHealth representative stated that MassHealth received the appellant's renewal application on June 14, 2023 and determined that the appellant was no longer financially eligible for MassHealth CarePlus. The MassHealth representative stated that at the time of the June 29, 2023 notice, MassHealth determined that the appellant lived in a 3 person household and her income exceeded 133% of the federal poverty level and thus she was not financially eligible for MassHealth CarePlus. It was learned at the hearing, that the appellant does not claim one of her adult children as a tax dependent. As a result, the MassHealth representative changed the household size in the system to a 2 person household. The appellant noted that she would still claim her other adult child on her taxes this year. The MassHealth representative stated that the appellant verified gross earned income of \$650.00 a week, or, \$2,816.00 a month. The MassHealth representative stated that the income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$2,186.00 a month for a household of 2. The MassHealth representative stated that because the appellant's countable income exceeds 133% of the federal poverty level, she is not financially eligible for MassHealth. The MassHealth representative stated that because the appellant is offered health insurance by her employer, she is not eligible for a subsidized Commonwealth Connector health insurance plan.

The appellant stated that she pays a premium of \$500.00 a month for her employer sponsored family health insurance plan. The appellant noted that she cannot afford the premiums for this plan. The appellant testified that the adult child she claims on her taxes, has diabetes, and she has asthma and rheumatoid arthritis.

The MassHealth representative stated that she would send disability supplements to the appellant and her adult child for them to complete and return.

Findings of Fact

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

1. The appellant was open on MassHealth CarePlus from March 21, 2019 to June 28, 2023.
2. MassHealth received the appellant's renewal application on June 14, 2023 and determined that the appellant was no longer financially eligible for MassHealth CarePlus.
3. The appellant lives in a two person household with her adult child.

4. The appellant has gross monthly earned income totaling \$2,816.00.
5. 133% of the federal poverty level is \$2,186.00 a month for a household of 2.
6. The appellant pays a premium of \$500.00 for her employer sponsored family health insurance plan.

Analysis and Conclusions of Law

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 CarePlus. The income limit for CarePlus 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 \$2,816.00 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 \$2,733.80. Because the countable income exceeds 133% of the federal poverty level, the appellant 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.

Patricia Mullen
Hearing Officer
Board of Hearings

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