

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306489
Decision Date:	09/20/2023	Hearing Date:	09/07/2023
Hearing Officer:	Emily T. Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Taylor Edwards, Quincy 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; Income; Under 65;	
Decision Date:	09/20/2023	Hearing Date:	09/07/2023
MassHealth's Rep.:	Taylor Edwards	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Remote)	Aid Pending:	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 July 26, 2023, MassHealth terminated the appellant's MassHealth CarePlus benefits because MassHealth determined that his income is too high to qualify (see 130 CMR 505.008(A) and Exhibit 1). The appellant filed this appeal in a timely manner on August 2, 2023, and received aid pending appeal (see 130 CMR 610.015(B) and Exhibit 2). Denial or reduction of assistance is a valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that his coverage for MassHealth CarePlus would end because his household income exceeded eligibility limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 130 CMR 502.003, in terminating the Appellant's MassHealth CarePlus benefit because it determined his household income exceeded program limits.

Summary of Evidence

The Appellant appeared at the hearing telephonically and verified his identity. He testified that he was laid off in June 2023, and applied for MassHealth. At the time, his income was \$0, and he began receiving MassHealth CarePlus benefits as of June 26, 2023. As directed, he updated MassHealth when his income changed in July 2023, and he began receiving unemployment benefits.

MassHealth was represented telephonically by a representative from the Quincy MassHealth Enrollment Center. The MassHealth representative testified that the Appellant is between the ages of 21 and 64 years old, and that he has a household size of one. The MassHealth representative testified that in July 2023, the Appellant reported a weekly gross income of \$1,015, equating to \$4,398 monthly, which is 356.9% of the Federal Poverty Level. The MassHealth representative explained that the Appellant initially qualified for CarePlus because he had reported an income of \$0. The MassHealth representative testified that the income limit for MassHealth CarePlus is 133% of the Federal Poverty Level, which is \$1,616.00 a month for a household of one. Because the Appellant's reported income exceeds this amount, he is not financially eligible for CarePlus and his coverage was set to terminate August 31, 2023.

The Appellant agreed that his weekly gross income is \$1,015, though he explained that his weekly net income is \$864. The Appellant explained that he appealed the decision because his expenses exceed his income. He further stated that losing his CarePlus benefits as a single person is more challenging because one cannot rely on a spouse's insurance coverage.

The MassHealth representative explained that by regulation, MassHealth assesses an individual's gross rather than net income. The representative shared that the Appellant may be eligible for a subsidized health insurance plan through the Massachusetts Health Connector and provided him with its phone number.

Findings of Fact

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

1. The Appellant is an individual between the age of 21 and 64 years old. (Testimony).
2. The Appellant has a weekly gross income of \$1,015 and a household size of one. (Testimony).
3. To be eligible for MassHealth CarePlus, an individual's modified adjusted gross income must be less than or equal to 133% of the Federal Poverty Level. In 2023, 133% of the Federal Poverty Level for a household of one is \$1,616.00 a month. (Testimony and 130 CMR 505.008(A)).

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that the Appellant's gross household income exceeded program limits to qualify for MassHealth CarePlus. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed 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
- (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.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

- (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

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

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(M).

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, to be eligible for MassHealth CarePlus, an individual's modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). The Appellant agreed that his income is \$1,015 weekly. Using the methodology outlined in 130 CMR 506.007(A), the Appellant's income is \$4,398 monthly. MassHealth deducts 5 percentage points

of the Federal Poverty Level in determining countable income, and thus the appellant's countable income is \$4,337.25 (\$4,398 - \$60.75). In 2023, 133% of the Federal Poverty Level equals \$1,616 monthly for a household of one. 2023 MassHealth Income Standards & Federal Poverty Guidelines.²

There is no dispute that the Appellant's income currently exceeds 133% of the Federal Poverty Level. As such, unfortunately, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus. Therefore, MassHealth did not err in issuing the July 26, 2023, notice.

The Appellant's arguments regarding his expenses, the challenges of being a household of one, and that his net income is more relevant than his gross income are noted. However, to the extent that these arguments pertain to the legality of the applicable regulations, it is beyond the scope of the hearing officer's decision-making authority. MassHealth Fair Hearing regulations state, in pertinent part:

the hearing officer must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2) (emphasis added).

Because MassHealth did not err in applying the relevant regulations, this appeal is denied.³

Order for MassHealth

Rescind aid pending and proceed with the action set forth in the notice dated July 26, 2023.

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

² This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

³ This denial does not preclude the Appellant from contacting the Health Connector. Given the Appellant's current situation as he testified to at the hearing, he is encouraged to do so.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily T. Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171