

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2306647
<b>Decision Date:</b>	11/1/2023	<b>Hearing Date:</b>	09/12/2023
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Kristina Nessralla (Quincy MEC) *via telephone*



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Termination of Coverage
<b>Decision Date:</b>	11/1/2023	<b>Hearing Date:</b>	09/12/2023
<b>MassHealth's Rep.:</b>	Kristina Nessralla	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South		

### 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 25, 2023, MassHealth informed the appellant that she did not qualify to receive MassHealth benefits because her income was too high. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 7, 2023. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth benefits because her income was too high.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 502.003, in determining that the appellant did not qualify for MassHealth benefits because her income was too high.

## Summary of Evidence

According to the MassHealth notice, the appellant has a household of three. (Ex. 1). As of the date of the notice, MassHealth determined that gross monthly income (GMI) for the household was at 288.38% of the Federal Poverty Level (FPL) but did not give the GMI itself. (Ex. 1).

The MassHealth representative stated that this is a household of four. Initially MassHealth determined that the household's reported income placed them at 318.915% of the FPL. At that time, the appellant was eligible for a ConnectorCare Plan. This was protected during the public health emergency. The household's reported income changed. The MassHealth representative stated that the household now receives income at 483.61% of the FPL.<sup>1</sup> The appellant's coverage was redetermined and the appellant was now qualified for a Health Connector Plan with an Advanced Premium Tax Credit.

The MassHealth representative stated that the appellant's husband receives \$1,040 per week of unemployment. The appellant receives \$282.85 per week from an employer, as well as a further \$346 per month from her self-employment. The appellant's son receives \$432 per week from employment. The appellant's daughter received \$255 from her seasonal job in July and August.<sup>2</sup> Based on these figures, the appellant and her husband qualified for a ConnectorCare Plan with Advance Premium Tax Credit and Health Safety Net. Their premium was determined to be \$1,140 per month with an additional \$25.88 per month for dental. MassHealth determined that the appellant's son was eligible for MassHealth Standard, and the appellant's daughter was eligible for MassHealth Family Assistance.

The appellant disputed the MassHealth representative's assertion that she was receiving a ConnectorCare plan prior to the July 2023 application. The appellant stated that her family was receiving private insurance and not ConnectorCare. The appellant stated that her husband's employer laid him off in February 2023. He began collecting unemployment at that time. His former employer's lay-off package included paying for his health insurance through August 31, 2023. Because the employer would stop paying for insurance after this date, the appellant began looking for health insurance in July. Once the appellant applied, she discovered that the premium for the ConnectorCare plan is \$1,100 per month plus dental.

The appellant stated that she was then redirected to the website for a health insurance agency.

---

<sup>1</sup> The hearing officer could not determine what income figures MassHealth used to reach either of these FPL determinations. They do not gibe with the figure in the MassHealth notice, which is 288.38% of FPL for a household of three. They also do not gibe with the FPL level for the household income the MassHealth representative states below although 318.915% of the FPL is close to that indicated below.

<sup>2</sup> Based on this testimony, the family's gross monthly household income is \$7,971.02. In order to reach this figure, all weekly income figures were multiplied by 4.333 in accordance with MassHealth rules at 130 CMR 506.007(A)(2)(c). In order to determine the appellant's daughter's income, which was seasonal, it was divided by 12, in accordance with 130 CMR 506.003(A)(4).

The appellant stated that over the next few weeks, her family was then inundated with telephone calls. The appellant stated that they have also received multiple letters from the Connector, which is confusing, and that every time she calls the Connector, she receives different information. The appellant stated that she is confused as to why she and her husband have to pay an exorbitant amount for the premium. Although her daughter's health insurance is through her school, the appellant is concerned as to whether her son has coverage.

## **Findings of Fact**

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

1. The appellant has a household of four. (Testimony of the MassHealth representative; Testimony of the appellant).
2. The household's gross monthly income totals \$7,971.02 and consists of the following:
  - a. The appellant's husband receives \$1,040 per week from unemployment. (Testimony of the MassHealth representative).
  - b. The appellant receives \$282.85 per week from an employer, as well as a further \$346 per month from her self-employment. (Testimony of the MassHealth representative).
  - c. The appellant's son receives \$432 per week from employment. (Testimony of the MassHealth representative).
  - d. The appellant's daughter received \$255 from her seasonal job in July and August. (Testimony of the MassHealth representative).
3. Based on this information, MassHealth determined that the appellant was not eligible for a MassHealth Benefit. (Ex. 1; Testimony of the MassHealth representative).
4. The appellant and her husband were determined to be eligible for ConnectorCare Plan with Advanced Premium Tax Credit. (Testimony of the MassHealth representative).
5. The appellant's children were found to be eligible for MassHealth coverage. (Testimony of the MassHealth representative).

## **Analysis and Conclusions of Law**

A child aged one through 18 years old is eligible for MassHealth Standard if the modified adjusted gross income (MAGI) of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level and the child is a citizen or a lawfully present immigrant. (130 CMR 505.002(B)(2)). Children younger than 19 years old are eligible for MassHealth Family Assistance

coverage if the modified adjusted gross income of the child's MassHealth MAGI household is greater than 150% and less than or equal to 300% of the FPL, the child is ineligible for MassHealth Standard or CommonHealth, the child is a citizen, and the child is uninsured. (130 CMR 505.005(B)(1)). A parent of a child younger than 19 years old is eligible for MassHealth Standard coverage if the MAGI of the household is less than or equal to 133% of the FPL; the individual is a citizen or a qualified noncitizen; and the parent lives with their children. (130 CMR 505.002(C)).

Based on the information presented at the hearing, MassHealth correctly determined that the appellant was not eligible for a MassHealth benefit. Based on the MassHealth representative's testimony concerning the individual household member's income, the household's GMI is \$7,971.02. If this is accurate, this would place the household at 318.84% of the FPL for a family of four. This is well above the income limit of 133% of the FPL which would be necessary for the appellant (and her husband) as the parent of a child younger than 19<sup>3</sup> to receive MassHealth. Even using the lower FPL of 288.38%, which MassHealth stated in the July 25, 2023, determination, the appellant is over the income limit.<sup>4</sup> Unless MassHealth greatly overstated the household income, and no information was put before the hearing officer indicating that the income was overstated, the appellant is not eligible for MassHealth.

For the above stated reasons, the appeal is DENIED.

## **Order for MassHealth**

None.

---

<sup>3</sup> The ages of the appellant's two children are presumed here to be 19 or under, as both were found eligible for a MassHealth benefit.

<sup>4</sup> It is acknowledged that the appellant was extremely concerned regarding the expense of the Health Connector Plan, as well as her interactions with the Connector. Issues concerning the Connector, however, are beyond the jurisdiction of the MassHealth Board of Hearings.

## 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.

---

Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

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