

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2306868
<b>Decision Date:</b>	09/15/2023	<b>Hearing Date:</b>	09/13/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se, with Tax Preparer

**Appearance for MassHealth:**  
Ryan Bond, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65
<b>Decision Date:</b>	09/15/2023	<b>Hearing Date:</b>	09/13/2023
<b>MassHealth's Rep.:</b>	Ryan Bond	<b>Appellant's Rep.:</b>	Pro se, with Tax Preparer
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 27, 2023, MassHealth determined that Appellant is not eligible for MassHealth coverage because income exceeds program limits and coverage would terminate on August 31, 2023 (130 CMR 505.001, 506.000 et seq., and Exhibit 1). Appellant filed this appeal in a timely manner on August 10, 2023 (130 CMR 610.015(B) and Exhibit 2). Appellant is receiving aid pending protection (130 CMR 610.036). Termination of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that Appellant is not eligible for MassHealth coverage because household income exceeds program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that Appellant is not MassHealth eligible because household income exceeds program limits (130 CMR 505.001, 506.000 et seq.)

## Summary of Evidence

The MassHealth representative testified that Appellant is currently receiving MassHealth CarePlus because he was unemployed. On July 27, 2023, MassHealth determined that Appellant is no longer eligible for MassHealth coverage because household income exceeds program limits and coverage would terminate on August 31, 2023. Appellant is [REDACTED] years old and lives in a household of 1 person. Appellant is not disabled. Appellant files taxes and his income was determined from his 2022 tax return. Appellant is employed with annual household income totaling \$63,162 which equates to 428.22% of the federal poverty level for a household of 1. MassHealth reviewed income from dividends, self-employment, rental income, interest, pension, and capital gains. Because gross household income exceeds 133% of the federal poverty level, \$1,616 for a household of 1, Appellant is not eligible for MassHealth coverage. Appellant is eligible to enroll in a Health Connector Plan.

Appellant testified that he is self-employed and verified that MassHealth correctly recorded his income based on his 2022 tax return and his household size. Appellant and his tax preparer conceded that Appellant is no longer eligible for MassHealth based on income. Appellant and his tax preparer stated that Appellant's income is correctly recorded by MassHealth and testified to one-time income events in 2022. Appellant and his tax preparer intend to submit to MassHealth in the future a revised statement of income for purposes of reducing premiums associated with Connector eligibility.

## Findings of Fact

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

1. Appellant is currently receiving MassHealth CarePlus because he was unemployed.
2. Appellant is [REDACTED] years old and lives in a household of 1 person.
3. Appellant is not disabled.
4. Appellant files taxes and his income was determined from his 2022 tax return which includes income from dividends, self-employment, rental income, interest, pension, and capital gains.
5. Appellant is employed with annual household income totaling \$63,162 (\$5,263.57 monthly) which equates to 428.22% of the federal poverty level for a household of 1.
6. 133% of the federal poverty level for a household size of 1 person is \$1,616 (\$19,392 annually).

## Analysis and Conclusions of Law

Effective April 1, 2023, MassHealth no longer maintains continuous coverage related to the COVID-19 pandemic if members have been successfully renewed in the last 12 months.<sup>1</sup> MassHealth correctly issued notice of Appellant's eligibility based on MassHealth coverage criteria.<sup>2</sup> Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard – for pregnant women, children, parents and caretaker relatives, young adults, 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 who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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.

---

<sup>1</sup> See Eligibility Operations Memo 23-11 April 2023.

<sup>2</sup> See Eligibility Operations Memo 23-18 July 2023.

The financial standards referred to in 130 CMR 505.000 et. seq. use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition* (130 CMR 505.001(B)); and in this case 130 CMR 506.002(B)(1) applies, and Appellant is correctly considered a household of 1.<sup>3</sup> Countable household income includes earned, unearned, and rental income,<sup>4</sup> less deductions described in 130 CMR 506.003(D), none of which were documented as applicable by Appellant at hearing.<sup>5</sup> Appellant is not disabled. Appellant is self-employed with annual income determined from his 2022 tax return totaling \$63,162.84 annually (\$5,263.57 monthly). Appellant is not eligible for

---

<sup>3</sup> (B) MassHealth MAGI Household Composition.

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

1. the individual;
2. the individual's spouse, if living with him or her;
3. the taxpayer claiming the individual as a tax dependent;
4. any of the taxpayer's tax dependents; and
5. if any woman described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

(b) Medicaid Exceptions. Household size must be determined in accordance with non-tax filer rules for any of the following individuals

1. individuals other than the spouse or natural, adopted, or stepchild who expect to be claimed as a tax dependent by the taxpayer;
2. individuals younger than 19 years old who expect to be claimed by one parent as a tax dependent and are living with both natural, adopted or stepparents, but whose natural, adopted, or stepparents do not expect to file a joint tax return;
3. individuals younger than 19 years old who expect to be claimed as a tax dependent by a noncustodial parent. For the purpose of determining custody, MassHealth uses a court order or binding separation, divorce, or custody agreement establishing physical custody controls or, if there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

<sup>4</sup> See 130 CMR 506.003 (A)-(C).

<sup>5</sup> The following are allowable deductions from countable income when determining MAGI: (1) educator expenses; (2) reservist/performance artist/fee-based government official expenses; (3) health savings account; (4) moving expenses; (5) self-employment tax; (6) self-employment retirement account; (7) penalty on early withdrawal of savings; (8) alimony paid to a former spouse; (9) individual retirement account (IRA); (10) student loan interest; and (11) higher education tuition and fees.

MassHealth Standard because he is not disabled, does not have minor children living with him, and income exceeds 133% of the federal poverty level for a household of 1, \$1,616 (\$19,392 annually). Appellant is not eligible for CommonHealth coverage because he is not disabled. Appellant is not eligible for CarePlus because he is employed with gross income that exceeds 133% of the federal poverty level (130 CMR 505.008). Appellant is not categorically eligible for MassHealth Family Assistance which applies to children (130 CMR 505.005) or MassHealth Limited, which for individuals between 21 and 64 years of age applies to certain non-citizens with MassHealth MAGI household income less than 133% of the FPL (130 CMR 505.006(B)(1)(a)(4)).

Because MassHealth correctly determined Appellant's MassHealth eligibility, the appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

## **Order for MassHealth**

None, other than rescind aid pending.

## **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.

---

Thomas J. Goode  
Hearing Officer  
Board of Hearing

cc: Sylvia Tiar, Appeals Coordinator, Tewksbury MEC