

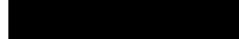
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2308704
Decision Date:	11/14/2023	Hearing Date:	10/23/2023
Hearing Officer:	Paul C. Moore	Record Closed:	11/06/2023

Appearance for Appellant:

 pro se (by telephone)

Appearance for MassHealth:

Jada Newsome, Quincy MassHealth
Enrollment Center (by telephone)

Spanish Interpreter:


(by telephone)



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Under Age 65; MAGI Eligibility
Decision Date:	11/14/2023	Hearing Date:	10/23/2023
MassHealth Rep.:	Jada Newsome	Appellant Rep.:	Pro se
Hearing Location:	Board of Hearings (remote)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated September 8, 2023, MassHealth notified the appellant that she will no longer be eligible for MassHealth effective October 31, 2023 due to excess countable income (Exh. 1). The appellant filed a timely appeal of this notice with the Board of Hearings (BOH) on September 22, 2023 (130 CMR 610.015; Exh. 2). Termination of assistance is valid grounds for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant will no longer be eligible for MassHealth effective October 31, 2023.

Issue

Did MassHealth correctly determine that the appellant is no longer eligible for MassHealth due to excess countable income?

Summary of Evidence

A MassHealth representative from the Quincy MassHealth Enrollment Center testified by telephone that the appellant is under age 65, is not disabled, and lives in a household of one. The appellant was previously enrolled in MassHealth CarePlus. The appellant's modified adjusted gross income (MAGI) consists of \$420.00 weekly from job #1 and \$382.00 every two weeks from job #2. According to the MassHealth representative, these figures, when added, give the appellant a total monthly MAGI of \$2,647.65. This MAGI places the appellant at 212.91% of the 2023 federal poverty level for a household of one. Thus, at this time, the appellant does not qualify for a MassHealth benefit, but instead qualifies for a health plan through the Massachusetts Health Connector (Testimony, Exh. 1).

The MassHealth representative added that the appellant told MassHealth that her pay fluctuates, so MassHealth asked the appellant to submit copies of recent pay stubs from both jobs. The appellant did not produce the requested pay stubs, according to the MassHealth representative (Testimony).

The appellant testified by telephone through a Spanish interpreter that the MAGI figure on file with MassHealth for job #1 is correct. However, for job #2, which is at a school, she is not paid when she is absent from work, or during the summer when school is out (Testimony).

At the close of the hearing, the hearing officer agreed to leave the record of this appeal open until November 6, 2023 for the appellant to submit two recent pay stubs from each job, corroborating her earned income (pay stubs must be from within the last sixty days) (Exh. 4). The hearing officer also agreed to hold the record of the appeal open for one additional week, or until November 13, 2023, for the MassHealth representative to report back to the hearing officer whether the appellant qualifies for a MassHealth benefit based on her review of the additional pay stubs (*Id.*).

No additional pay stubs, or any correspondence, were received from the appellant.

Findings of Fact

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

1. The appellant is under age 65, not disabled and lives in a household of one (Testimony).
2. The appellant was previously enrolled in MassHealth CarePlus (Testimony, Exh. 1).
3. In September, 2023, MassHealth reviewed the appellant's eligibility for MassHealth (Exh. 1).
4. The appellant's modified adjusted gross income (MAGI) consists of \$420.00 weekly from job #1 and \$382.00 every two weeks from job #2 (Testimony).

5. These figures, when added, give the appellant a total monthly MAGI of \$2,647.65 (Testimony).
6. 133% of the FPL for a household of one in 2023 is \$1,616.00 monthly MAGI (88 *Federal Register* 3424, pp. 3424-3425 (January 19, 2023)).
7. Through a notice dated September 8, 2023, MassHealth notified the appellant that she will no longer be eligible for MassHealth effective October 31, 2023 due to excess countable income (Exh. 1).
8. The appellant filed a timely appeal of this notice with the BOH on September 22, 2023 (Exh. 2).
9. The appellant agrees that her MAGI from job #1 is \$420.00 weekly, but asserted that her MAGI from job #2 fluctuates (Testimony).
10. The hearing record was left open for the appellant to submit recent pay stubs from both of her jobs to corroborate her MAGI (Exh. 4).
11. No pay stubs were received.

Analysis and Conclusions of Law

Modified adjusted gross income (MAGI) defined at 130 CMR 501.001 as:

modified adjusted gross income as defined in section 36(B)(d)(2) of the Internal Revenue Code with the following exceptions:

- (1) an amount received as a lump sum only counts as income in the month received;
- (2) scholarships, awards, or fellowship grants used for education purposes, and not for living expenses, are excluded from income;
- (3) certain taxable income received by American Indians and Alaska Natives is excluded from income as described in 42 CFR § 435.603(e).

MassHealth regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type.

130 CMR 505.001(A) notes in relevant part:

(A) The MassHealth coverage types are the following:

- (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.

Because the appellant is not considered disabled by MassHealth, she does not qualify for MassHealth Standard or MassHealth CommonHealth.

In order to qualify for MassHealth CarePlus, regulation 130 CMR 505.008(A) notes as follows:

(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: *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 percent 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.

(Emphasis added)

Further, MassHealth regulations at 130 CMR 506.007 state as follows:

To calculate financial eligibility for an individual, 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, dependent on the family members' familial and tax relationships to each other. 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. 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(C). Income of all the household members forms the basis for establishing an individual's eligibility. 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).

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

(Emphasis added)

Here, MassHealth used the following figures to arrive at the appellant's monthly MAGI: \$420.00 weekly from job #1, and \$382.00 every two weeks from job #2. While the appellant argued that the MAGI from job #2 was variable, she did not provide any documentary evidence of fluctuations in income from the latter.

Applying regulation 130 CMR 506.007(A), above, \$420.00 (job #1) times 4.333 is equal to \$1,820.00. For job #2, \$382.00 divided by 2 is \$191.00; \$191.00 times 4.333 is equal to \$827.60.

Adding \$1,820.00 and \$827.60 yields \$2,647.60, monthly MAGI. This is essentially the same figure MassHealth offered at hearing (with a difference of five cents).

\$2,647.60 is 217.9% of the FPL for a household of one in 2023. Even after subtracting five percentage points from this amount, as directed by 130 CMR 506.007(A), the appellant is still well above 133% of the monthly MAGI figure of \$1,616.00 for her to be eligible for MassHealth CarePlus.

MassHealth's decision that the appellant is no longer eligible for a MassHealth benefit, but is instead eligible to enroll in a plan through the Massachusetts Health Connector, was correct.

The appeal is therefore 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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Tosin Adebisi, Appeals Coordinator, Quincy MEC