

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309691
Decision Date:	01/12/2024	Hearing Date:	12/04/2023
Hearing Officer:	Thomas Doyle	Record Open to:	01/03/2024

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kim Daughtry, Springfield 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, Over Income, Under 65
Decision Date:	01/12/2024	Hearing Date:	12/04/2023
MassHealth's Rep.:	Kim Daughtry	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	No

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 September 14, 2023, MassHealth denied appellant's health coverage because he was over income. (Ex 1). The appellant filed this appeal in a timely manner on September 25, 2023. (Ex. 2). MassHealth's determination regarding scope and amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant health care benefits.

Issue

The appeal issue is whether MassHealth was correct in changing appellant's coverage due to being over income.

Summary of Evidence

Appellant and the MassHealth worker (worker) both appeared by phone and were sworn. The worker testified to the following: Appellant did a renewal by phone in June 2023. MassHealth processed the application and terminated appellant's coverage in July 2023 due to being over income. Appellant previously had MassHealth CarePlus. Appellant is eligible for the Health Connector. The worker stated appellant is a household of 1 with monthly income from capital gains at \$1,296.33 and a monthly income from interest and dividends at \$5,589.83. The worker said she conferred with appellant by phone before this hearing took place. (Testimony). Appellant told MassHealth on his renewal application that he had a disability. (Ex. 1). After some discussion between the parties, the worker agreed to mail to appellant another disability supplement form so he could complete it and send it in for review. (Testimony). The worker arranged to have a disability supplement form mailed to appellant. (Ex. 8). The record was kept open for appellant to fill out and return the disability supplement form. (Ex. 7). At the end of the record open period, this hearing examiner contacted the worker to determine if a disability supplement form had been returned by appellant. She wrote back that she checked and no supplement was received. (Ex. 9).

Appellant did not refute the amounts of his monthly income. He stated it was from a trust that he did not control. He stated he made no income from his mortgage business.

Findings of Fact

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

1. Appellant completed a renewal in June 2023 for MassHealth coverage. (Testimony).
2. Appellant's income is \$6,886.00 (rounded off) every month. Appellant did not dispute this figure. (Testimony).
3. Appellant is a household of 1 and under the age of 65. (Testimony; Ex. 5).
4. 133% of the federal poverty level is \$1,616.00 a month for a household of one. (130 CMR 505.008 (A)); 2023 MassHealth Income Standards and Federal Poverty Guidelines). Appellant is eligible for the Health Connector. (Testimony).
5. At the time of the hearing, appellant has not been deemed disabled by MassHealth or the Social Security Administration.
6. A disability supplement form was sent to appellant post hearing and was not returned. (Ex. 8, 9).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

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: *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.

130 CMR 505.008(A).

506.007: Calculation of Financial Eligibility

The rules in 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 in 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.

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.

The appellant lives in a one-person household and has total gross monthly income of \$6,886.00 (rounded off) (capital gains of \$1,296.33 plus interest and dividends of \$5,589.83). Five percentage points of the current federal poverty level for a family of one is \$81.00 and thus the appellant's countable income is \$6,805.00.00, (\$6,886 - \$81). The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,616.00 a month for a household of one. The appellant's income exceeds this amount and thus he 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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186