

**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|-------------------|
| Appeal Decision: | Denied | Appeal Number: | 2311025 |
| Decision Date: | 12/21/2023 | Hearing Date: | December 07, 2023 |
| Hearing Officer: | Brook Padgett | | |

Appellant Representative:

Pro se

MassHealth Representative:

Hector Rivera



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

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|--------------------------|-------------|------------------------|---------------------------------------|
| Appeal Decision: | Denied | Issue: | 130 CMR 505.000 Income Eligibility |
| Decision Date: | 12/21/2023 | Hearing Date: | December 07, 2023 |
| MassHealth Rep.: | H. Rivera | Appellant Rep.: | Pro se |
| Hearing Location: | Springfield | 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

The appellant received a notice dated October 27, 2023 stating: You do not qualify for MassHealth. However, the Health Safety Net may be able to help pay for certain health care services at Massachusetts acute hospitals or community health centers. (Exhibit 1).

The appellant filed this appeal timely on November 07, 2023. (130 CMR 610.015(B); Exhibit 2).

Termination or change in status of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant was over income for MassHealth benefits.

Issue

Did MassHealth correctly determine the appellant's eligibility?

Summary of Evidence

A representative from MassHealth testified that a review of the appellant's household indicated the family income was over 133% of the federal poverty level (FPL) for their household size. The representative explained that because the monthly gross family income of \$4,506.32 is 268% of the FPL and exceeds the 133% level for a family of two (\$2,186.00), the appellant and her child are ineligible for MassHealth Standard. MassHealth stated the appellant is not a tax filer; however if the appellant intends to file taxes in 2024, she could be eligible for subsidized Connector coverage. MassHealth indicated the appellant's child is approved for Family Assistance with a premium of \$28.00.

The appellant did not contest her income and stated she was hoping to get her denial overturned due to special circumstances. The appellant testified that she is a single parent who recently lost her job and doesn't have enough money to pay for health insurance. The appellant stated she is currently receiving unemployment and has prior medical bills that need to be paid along with a bill for \$4,000.00 to fix her car. The appellant was hoping MassHealth would be able to make a determination based on her net income rather than her gross because at the end of the month she has very little money left for food or clothing. The appellant stated she did not know if she intends to file taxes this year and indicated she has not paid the monthly premium for her child's Family Assistance coverage.

MassHealth responded that the regulations require income determinations be based on gross income.

Findings of Fact

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

1. The appellant is a member of a household of two with income of \$4,506.32. (Testimony).
2. 133% of the FPL for a household of two is \$2,186.00.
3. The appellant's household income is 269% of the FPL for a household of two. (Exhibit 1).
4. The family's income is over 133% of the FPL.

Analysis and Conclusions of Law

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued requirements for continuous coverage. Since March 2020, MassHealth has put protections in place so that individuals receiving Medicaid would generally not lose their

coverage unless they voluntarily withdrew, moved out of state, or passed away.¹ These continuous coverage requirements ended April 01, 2023.² On April 01, 2023 MassHealth began redetermining all members to ensure that they still qualify for their current benefits. During this redetermination period the appellant's income was verified at \$4,506.32.

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). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard - for families (with minor children), pregnant women, children and disabled individuals, including extended benefits; must have income under 133% of federal poverty limit;
- (2) Prenatal - for pregnant women;
- (3) CommonHealth - for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;
- (4) Family Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens; and
- (6) Essential – for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and
- (7) Limited - coverage for non-qualified aliens and certain qualified aliens.

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000 (130 CMR 505.001). The financial eligibility for various MassHealth coverage types is determined by comparing the household group's monthly gross income without regard to any deductions with the applicable income standards for the specific coverage. (130 CMR 506.003, 130 CMR 506.007(A)).³ Generally, eligibility is based on 133% of the federal-poverty level for adults and 200% of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers and persons who are HIV positive. Children under the age of 19

¹ See Eligibility Operations Memo 20-09, April 2020.

² See Eligibility Operations Memo 23-18, July 2023.

³ 130 CMR 506.003: Countable Income. Eligibility is based on the family group's gross countable earned and unearned income as defined in 130 CMR 506.003, except as described in 130 CMR 506.003(C) below. (A) Gross Earned Income. (1) **Gross earned income is the total amount of compensation received** for work or services performed **without regard to any deductions**. (2) Gross earned income for the self-employed is the total amount of business income listed or allowable on a U.S. Tax Return. (B) Gross Unearned Income. (1) Gross unearned income is the total amount of income that does not directly result from the individual's own labor before any income deductions are made. (2) Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, and interest and dividend income (*Emphasis added*).

may establish eligibility for Standard coverage if the gross income of the group is less than or equal to 150% of the federal poverty level (130 CMR505.002(C)(2). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth (130 CMR 506.007(B)).

The appellant has verified gross monthly income of \$4,506.32, which is 268% of the FPL and exceeds 133% FPL standard for a household of two. Based on the submitted verified income MassHealth has correctly determined the appellant is ineligible for MassHealth Standard benefits and therefore this appeal is DENIED.

The Appellant should 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.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Springfield MEC