

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311033
Decision Date:	1/26/2024	Hearing Date:	12/07/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
Via telephone



Appearance for MassHealth:  
Via telephone  
Jessica Ramirez



*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; Over income
<b>Decision Date:</b>	1/26/2024	<b>Hearing Date:</b>	12/07/2023
<b>MassHealth's Rep.:</b>	Jessica Ramirez	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	<b>Aid Pending:</b>	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 October 16, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income is over the allowable limits (130 CMR 506.007(B); Exhibit 1). The appellant filed this appeal in a timely manner on November 3, 2023 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's MassHealth application because it determined that her income is over the allowable limits.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's income is over the allowable limit to receive MassHealth benefits.

## Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified as follows: The appellant, who has a household size of two, completed her renewal application on June 7, 2023. She is appealing the denial notice dated October 16, 2023 (Exhibit 1). There were additional notices that were mailed to the appellant also dated October 16, 2023. They include: an approval notice for MassHealth Family Assistance benefits for the appellant's child with a \$20.00 monthly premium and a partial Health Safety Net approval notice addressed to the appellant. The appellant also qualifies for a Health Connector plan and will need to contact the Health Connector to enroll into a plan. In the interim, the appellant is covered by Health Safety Net. The appellant does not qualify for MassHealth benefits because of her reported (gross) income which amounts to \$929.50 per week, or \$4,027.00 per month, or \$48,333.28 per year. Her reported income amounts to 240.08% of the federal poverty level.

The appellant appeared at the hearing by telephone and testified that her reported (gross) income did not sound accurate. She stated that she would submit her recent paystubs which do not include overtime pay. The appellant testified that she did not find it fair to use the gross amount of income in MassHealth calculations because taxes are taken out of her income. The appellant testified that she takes home approximately \$700.00 per week. She explained that she was previously working overtime shifts to maintain her expenses, however, there is no current overtime hours at the place of her employment. The appellant testified that she does not receive any other assistance, such as food stamps for example. The appellant stated that she received a \$20.00 bill from MassHealth and clarified at hearing that it is the premium bill related to her child's coverage.

The appellant next made inquiry about the monthly cost for Health Connector coverage. She stated her concerns involve the ability to maintain her monthly expenses because she is struggling financially. The MassHealth representative stated that the appellant can opt to contact the Health Connector to make inquiry about monthly payments. She explained that each plan is different and the monthly cost is dependent on what plan is chosen.<sup>1</sup>

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<sup>1</sup> The 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.

## Findings of Fact

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

1. The appellant is an adult female tax filer who is under the age of 65.
2. The appellant's household is comprised of two people – the appellant and her minor child.
3. The appellant's verified gross monthly income is \$4,027.00, or 240.08% of the federal poverty level for a family of two.
4. On October 16, 2023, MassHealth notified the appellant that she is not eligible for MassHealth, but is eligible for partial Health Safety Net, and is also eligible to enroll in a plan with the Massachusetts Health Connector.
5. The appellant timely appealed this denial notice.

## Analysis and Conclusions of Law

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<sup>2</sup>, 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 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

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<sup>2</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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.

Under 130 CMR 505.002(C)(1)(a) and 505.008(A)(2)(c), for parents and adults between the ages of 21 and 64, the income limit for MassHealth Standard or CarePlus is 133% of the federal poverty level. The appellant's income is at 240.08% of the federal poverty level. Because the appellant's income is over the limit for any applicable MassHealth coverage type, MassHealth's action was consistent with the applicable regulations.<sup>3</sup>

## 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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

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<sup>3</sup> There is no evidence that the appellant meets any of the categorical requirements of MassHealth Standard that have higher income limits (pregnancy, disability, HIV positive status, or a breast or cervical cancer diagnosis).