

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312554
Decision Date:	1/22/2024	Hearing Date:	01/03/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

*Via telephone:*

Pro se

Appearance for MassHealth:

*Via telephone:*

Monica Ramirez, Quincy MEC

Interpreter:



*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; Income
<b>Decision Date:</b>	1/22/2024	<b>Hearing Date:</b>	01/03/2024
<b>MassHealth's Rep.:</b>	Monica Ramirez	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 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 November 28, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income exceeds the limit for MassHealth (Exhibit 1). The appellant filed this appeal in a timely manner on December 5, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's income exceeds the limit for MassHealth.

## Summary of Evidence

The MassHealth representative and the appellant appeared at hearing telephonically. The MassHealth representative testified as follows: the appellant, who is an adult over the age of 21 and under the age of 65, has a household size of five which includes him, his spouse, and three children. The household's income is \$78,045 gross annually which she verified with the appellant on December 29, 2023, prior to hearing. That puts the household at 222.10% of the Federal Poverty Level (FPL), which is over the income limit to qualify for MassHealth Standard as a non-disabled adult. To qualify for MassHealth Standard as a non-disabled adult, the income limit is 133% of the FPL, which for a household of five is \$46,740 gross annually. On November 28, 2023, MassHealth issued a notice informing the appellant that he was over the income limit for MassHealth. Based on his income, he qualified for a Connector Care Type 3A plan through the Health Connector and temporary Health Safety Net. His Health Safety Net coverage became effective October 31, 2023. Due to aid pending, the appellant's MassHealth Standard benefits have been protected during the appeal process.

The appellant did not dispute his income, but felt that MassHealth should consider his net income, not gross. He stated that he did not understand why his income was too high, especially when they have had this coverage in the past. His main concern was coverage for his wife and children. His wife has chronic asthma, and had to discontinue treatment due to lack of coverage. He has to pay \$60 premium per child, or \$180 monthly, for their coverage. He has a lot of expenses including rent, food, and transportation. The Health Connector plan was over \$600 per month, which he cannot afford.

The MassHealth representative stated that MassHealth considers gross income and those expenses are not deductible. She also explained that due to protections in place during the Public Health Emergency, the appellant and his family remained on MassHealth Standard, despite being over the income limit. Once the Public Health Emergency ended, their information was updated and eligibility was re-evaluated, resulting in the determination on November 28, 2023. His children qualify for MassHealth Family Assistance which has a premium based on the household's income. He and his wife are eligible for the Connector Care plans and temporary Health Safety. His wife did not appeal and her benefits were not protected by aid pending. Her MassHealth Standard coverage was in effect from June 15, 2021 through December 31, 2023 and temporary Health Safety Net became effective October 31, 2023.

## Findings of Fact

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

1. The appellant is an adult over the age of 21 and under the age of 65, with a household size of five (Testimony and Exhibits 1 and 4).

2. On November 28, 2023, MassHealth issued a notice informing the appellant that he was over the income limit to qualify for MassHealth benefits (Testimony and Exhibit 1).
3. The household's gross annual income is \$78,045, which for a household of five is 221.10% of the Federal Poverty Level (Testimony and Exhibit 1).
4. The appellant did not dispute his income (Testimony).
5. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the Federal Poverty Level, or \$46,740 gross annually (or \$3,895 gross monthly) for a household of five (Testimony).
6. On December 5, 2023, the appellant timely appealed the notice (Exhibit 2).
7. The appellant and his wife were approved for a Connector Care plan Type 3A through the Health Connector and temporary Health Safety Net (Testimony).
8. The appellant's children were approved for MassHealth Family Assistance (Testimony).
9. The appellant's MassHealth Standard benefits were protected during the appeal process by aid pending (Testimony).

## **Analysis and Conclusions of Law**

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

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>1</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;

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

- (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

Categorically, as a parent of children under 19, the appellant and his spouse are eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1), the income limit for that coverage type is 133% of the FPL. For a household of five, that limit is \$3,895 gross monthly or \$46,740 gross annually. The appellant's most recently verified gross annual income is \$78,045, or 222.10% of the FPL. Based on this figure, he is over the income limit for MassHealth Standard benefits and MassHealth's determination was correct.

Categorically, the appellant's two children are eligible for MassHealth Standard and MassHealth Family Assistance; however, under 130 CMR 505.002(B)(2), the income limit for Standard is 150% of the FPL for a child aged one through eighteen and under 130 CMR 505.005(A)(1), the income limit for Family Assistance is greater than 150% and less than 300% of the FPL. For a household of five, 150% of the FPL is \$4,393 gross monthly or \$52,716 gross annually and 300% of the FPL is \$8,785 gross monthly or \$105,420 gross annually. The household income is above the limit for the children to qualify for MassHealth Standard, but within the limit for MassHealth Family Assistance. For these reasons, MassHealth correctly determined that the appellant's children qualify for MassHealth Family Assistance.

For these reasons, the MassHealth decision is correct and the appeal is denied.<sup>2</sup>

## Order for MassHealth

None, other than remove aid pending.

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<sup>2</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.

## **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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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171