

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312932
Decision Date:	03/05/2024	Hearing Date:	01/08/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Connie Dorvil



*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>	03/05/2024	<b>Hearing Date:</b>	01/08/2024
<b>MassHealth's Rep.:</b>	Connie Dorvil	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 3	<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 November 7, 2023, MassHealth determined that the appellant is not eligible for MassHealth coverage because her household income exceeds program limits, but the appellant is eligible to enroll in a ConnectorCare Plan (Exhibit 1). The appellant filed this appeal in a timely manner on November 28, 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 determined that Appellant is not eligible for MassHealth coverage because her household income exceeds program limits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because her household income exceeds program limits.

## Summary of Evidence

The appellant and the MassHealth representative appeared at the hearing. The MassHealth representative testified as follows: the appellant, who is under 65 years of age with a household size of three, submitted a renewal application on or about August 13, 2023. The appellant is employed with monthly gross earned income totaling \$5,750.00, which equates to 272.55% of the Federal Poverty Level (FPL). The appellant is not currently pregnant, and she has not been determined disabled. Because the appellant's gross household income exceeds 133% of the FPL, she is not eligible for MassHealth coverage. The appellant is eligible to enroll in a Health Connector plan and is eligible for Health Safety Net coverage (Exhibit 1, p. 1).

The appellant verified her income and testified that she understands her income exceeds the MassHealth program limits, but she has been diagnosed with Lupus. However, she cannot continue with her medical treatment because her current health insurance is not accepted by her physicians. The appellant explained that she is currently enrolled in a Health Connector plan but she cannot continue to pay for coverage due to the high premiums. The appellant does not receive any monetary assistance and her daily expenses exceed her income.

The MassHealth representative explained that the appellant may be eligible for MassHealth CommonHealth benefits if she were determined disabled. She would need to fill out the Adult Disability Supplement, which Disability Evaluation Services (DES) would then review. The appellant stated that she did not want to apply for disability because she would like to continue with employment. The MassHealth representative stated that if the appellant was determined disabled by MassHealth, the FPL is 150% and not 133%. Thus, the appellant's monthly gross income could not exceed \$2,756.00. Here, the appellant's current monthly income would still exceed program limits, even if she were to apply for disability through MassHealth. The MassHealth representative suggested that the appellant contact the Health Connector to ascertain whether she can arrange for a payment plan. The appellant reiterated that her physicians do not accept the health insurance that she currently receives through the Health Connector, regardless of the costs. The MassHealth representative then suggested that the appellant first contact her physicians to ascertain what health plans are accepted in-network and then contact the Health Connector. Further, the MassHealth representative stated that the appellant should contact MassHealth to update her income if it ever changes.

## Findings of Fact

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

1. The appellant is under the age of 65 and resides in a household of three (Exhibit 3; Exhibit 1, p. 2).

2. The appellant has not been determined disabled. A pregnancy was not reported to MassHealth (Testimony).
3. The appellant is employed (Testimony).
4. The appellant's monthly gross earned income is \$5,750.00, which equates to 272.55% of the FPL for a household of 3 (Testimony).
5. MassHealth notified the appellant on November 7, 2023 that she is not eligible for MassHealth benefits (Testimony; Exhibit 1).
6. The appellant is eligible to enroll in a Health Connector Plan and is eligible for Health Safety Net coverage. *Id.*
7. The appellant filed a timely appeal on November 28, 2023 (Exhibit 2).
8. The relevant monthly FPL for appellant's household size of three is: 133%: \$2,756.00 (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;
- (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;

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

- (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.

In the present case, the appellant is employed with monthly gross earned income totaling \$5,750.00.<sup>2</sup> The appellant is not eligible for MassHealth Standard because her income exceeds 133% of the FPL for a household of three. The appellant is not eligible for CommonHealth coverage because she has not been determined disabled. The appellant is not eligible for CarePlus because she is employed with gross income that exceeds 133% of the FPL (130 CMR 505.008). The appellant is not eligible for MassHealth Family Assistance which applies to children (130 CMR 505.005) or MassHealth Limited, which for individuals between 21 and 64 years of age applies to certain non-citizens with MassHealth MAGI household income less than 133% of the FPL (130 CMR 505.006(B)(1)(a)(4)).

Because the MassHealth determination is correct, the appeal is denied.

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.

## Order for MassHealth

None.

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<sup>2</sup> See 130 CMR 506.003(B)(1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333 (130 CMR 506.007(A)(2)(c)).

## 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