

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313052
<b>Decision Date:</b>	1/31/2024	<b>Hearing Date:</b>	01/09/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se with spouse

**Appearance for MassHealth:**  
Christina Prunier, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	1/31/2024	<b>Hearing Date:</b>	12/15/2023
<b>MassHealth's Rep.:</b>	Christina Prunier	<b>Appellant's Rep.:</b>	Pro se with spouse
<b>Hearing Location:</b>	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 November 16, 2023, MassHealth notified Appellant that she is not eligible for MassHealth benefits (130 CMR 505.001, 505.002, and Exhibit 1). Appellant filed this appeal in a timely manner on December 1, 2023 (130 CMR 610.015(B) and Exhibit 2). Notice of ineligibility for MassHealth coverage is valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth notified Appellant that she is not eligible for MassHealth benefits.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.002 in notifying Appellant that she is not eligible for MassHealth coverage.

## Summary of Evidence

Appellant was receiving MassHealth Standard coverage which was protected during the Public Health Emergency related to the pandemic. On November 16, 2023, a renewal application was completed by telephone, and MassHealth issued a notice informing Appellant that she is not

eligible for MassHealth Standard and coverage was changing to eligibility for a Health Connector Plan with partial Health Safety Net.<sup>1</sup> Appellant's household size is 5, including her spouse, mother, and children. Household income consists of Appellant's \$2,240.25 bi-weekly earned income, and her mother's \$560 Social Security income. Appellant's gross monthly household income is \$5,414.62 which equates to 160.78% of the federal poverty level for a household of 5. Appellant is not disabled and did not report a pregnancy or other categorical criteria for required for MassHealth Standard coverage. Appellant files taxes jointly with her spouse and claims all household members as tax dependents. Household income has exceeded 133% of the federal poverty level for a household of 5, \$3,895, since 2022. MassHealth testified that Appellant has access to health insurance through her employer which precludes eligibility for specialized tax credit programs through the Health Connector. She added that Appellant is only eligible for Connector Care plans at full premiums because she has access to other insurance. However, if Appellant sends a letter from her employer to MassHealth showing that she does not have access to employer sponsored health insurance, she may be eligible to enroll in a Connector Care plan with a lower premium. The MassHealth representative added that Premium Assistance may be available to Appellant if her employer-sponsored health insurance meets Premium Assistance criteria.

Appellant testified that household income and household size are correct. Appellant testified that she tried to enroll in a Health Connector Plan, but the premium was \$380 per month which she cannot afford. She added that she missed the open enrollment period for insurance through her employer and isn't certain if she can still access health insurance through her employer.

## Findings of Fact

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

1. Appellant was receiving MassHealth Standard coverage which was protected during the Public Health Emergency related to the pandemic.
2. On November 16, 2023, a renewal application was completed by telephone, and MassHealth issued notice informing Appellant that she is not eligible for MassHealth Standard coverage which changed to eligibility for a Health Connector Plan with partial Health Safety Net.
3. Appellant's household size is 5, including her spouse, mother, and children.
4. Household income consists of Appellant's \$2,240.25 bi-weekly earned income, and her mother's \$560 Social Security income.

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<sup>1</sup> A notice of eligibility for other family members issued on November 2, 2023 and was not appealed.

5. Appellant's gross monthly household income is \$5,414.62 which equates to 160.78% of the federal poverty level for a household of 5.
6. Appellant is not disabled and did not report a pregnancy or other categorical criteria for MassHealth Standard coverage.
7. Appellant files taxes jointly with her spouse and claims all household members as tax dependents.
8. Gross household income has exceeded 133% of the federal poverty level for a household of 5, \$3,895, since 2022.

## Analysis and Conclusions of Law

Effective April 1, 2023, MassHealth no longer maintains continuous coverage related to the COVID-19 pandemic for members if they have been successfully renewed in the last 12 months.<sup>2</sup> On November 16, 2023, Appellant completed an annual review by telephone, and MassHealth issued a notice issued informing Appellant that MassHealth Standard coverage was changing to eligibility for a Health Connector plan and partial Health Safety Net. Appellant's eligibility is determined based on MassHealth coverage criteria.<sup>3</sup> Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in

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<sup>2</sup> See Eligibility Operations Memo 23-11 April 2023.

<sup>3</sup> See Eligibility Operations Memo 23-18 July 2023.

130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

The financial standards referred to in 130 CMR 505.000 et. seq. use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition* (130 CMR 505.001(B)). In Appellant’s case 130 CMR 506.002(B)(1) applies, and Appellant and other household members are correctly included in the household composition.<sup>4</sup> Countable household income includes earned, unearned, and rental income,<sup>5</sup> less deductions described in 130 CMR 506.003(D), none of which were asserted as applicable by Appellant at hearing.<sup>6</sup> Appellant is under 65 years of age, is not disabled, and has

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<sup>4</sup> (B) MassHealth MAGI Household Composition.

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
  - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
  - (c) all persons the taxpayer expects to claim as tax dependents; and
  - (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

- (2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

- (a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of
1. the individual;
  2. the individual’s spouse, if living with him or her;
  3. the taxpayer claiming the individual as a tax dependent;
  4. any of the taxpayer’s tax dependents; and
  5. if any woman described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

- (b) Medicaid Exceptions. Household size must be determined in accordance with non-tax filer rules for any of the following individuals

1. individuals other than the spouse or natural, adopted, or stepchild who expect to be claimed as a tax dependent by the taxpayer;
2. individuals younger than 19 years old who expect to be claimed by one parent as a tax dependent and are living with both natural, adopted or stepparents, but whose natural, adopted, or stepparents do not expect to file a joint tax return;
3. individuals younger than 19 years old who expect to be claimed as a tax dependent by a noncustodial parent. For the purpose of determining custody, MassHealth uses a court order or binding separation, divorce, or custody agreement establishing physical custody controls or, if there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

<sup>5</sup> See 130 CMR 506.003 (A)-(C).

<sup>6</sup> The following are allowable deductions from countable income when determining MAGI: (1) educator expenses;

not reported that she is pregnant or meets other categorical criteria for MassHealth Standard eligibility. Appellant's gross monthly household income is \$5,414.62 which equates to 160.78% of the federal poverty level for a household of 5. Appellant is not eligible for MassHealth Standard because her income exceeds 133% of the federal poverty level or \$3,895 per month (130 CMR 505.002(C)). Appellant is not eligible for CarePlus because she is employed with gross household income that exceeds 133% of the federal poverty level (130 CMR 505.008). Appellant is not categorically eligible for MassHealth Family Assistance which potentially applies to children and some adults who are PRUCOLs, HIV-positive individuals, some disabled individuals, and some EAEDC recipients (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)).

The MassHealth determination is correct; and the appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765); Health Safety Net to 877-910-2100; and Premium Assistance to 1-800-862-4840.

## **Order for MassHealth**

None.

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(2) reservist/performance artist/fee-based government official expenses;(3) health savings account;(4) moving expenses;(5) self-employment tax;(6) self-employment retirement account; (7) penalty on early withdrawal of savings;(8) alimony paid to a former spouse; 9) individual retirement account (IRA);(10) student loan interest; and (11) higher education tuition and fees.

## **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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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