

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313332
Decision Date:	02/01/2024	Hearing Date:	01/10/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Yesenia Henriquez, Quincy 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Over Income
Decision Date:	02/01/2024	Hearing Date:	01/10/2024
MassHealth's Rep.:	Yesenia Henriquez	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Virtual)	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

Through a notice dated November 28, 2023, MassHealth denied the Appellant's application for MassHealth benefits because MassHealth determined that her income is too high to qualify (see 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1). The Appellant filed this appeal in a timely manner on December 19, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial or reduction of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that she did not qualify for MassHealth benefits because her income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 130 CMR 502.003, in denying the Appellant's application for MassHealth benefits because it determined her household income exceeded program limits.

Summary of Evidence

The hearing was held virtually. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64 and has a household size of one. The MassHealth representative testified that the Appellant has \$1,033 in weekly gross income, from unemployment benefits. The MassHealth representative testified that this equated to 363% of the federal poverty level. The MassHealth representative testified that because the Appellant's income is greater than 133% of the federal poverty level, and the Appellant does not have a disability, the Appellant does not qualify for MassHealth benefits. The MassHealth representative testified that the Appellant was only eligible for a Health Connector plan.

The Appellant appeared at the virtual hearing and verified her identity. The Appellant testified that she had been laid off and that she has essential needs and expenses related to her mortgage payments and food, and that she does not have money to pay for a premium that she had been quoted for a Health Connector plan. The Appellant also stated that she is concerned that in Massachusetts it is illegal not to have health insurance, but that she cannot afford it, which is why she applied for MassHealth benefits. The Appellant asked what MassHealth is doing for people who are in a position like her. The Appellant wanted to know what benefits are available for those who cannot afford the premiums associated with Health Connector plans, but do not otherwise qualify for MassHealth.

Findings of Fact

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

1. The Appellant is an individual between the age of 21 and 64 years old. (Testimony, Exhibit 4).
2. The Appellant has a weekly gross income of \$1,033 and a household size of one. (Testimony).
3. The Appellant income equals 363% of the federal poverty level (Testimony).

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that the Appellant's gross household income exceeded program limits to qualify for MassHealth benefits, specifically MassHealth CarePlus.¹ As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

¹ Based on the testimony at hearing, the Appellant and MassHealth representative did not indicate that the Appellant would categorically qualify for another type of coverage, such as MassHealth Standard or CommonHealth.

(1) Standard for pregnant women, children, parents and caretaker relatives, young adults,² 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;

(5) Small Business Employee Premium Assistance for adults or young adults

(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.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person

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

in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, to be eligible for MassHealth CarePlus, an individual's modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). The Appellant agreed that her income is \$1,033 weekly. Using the methodology outlined in 130 CMR 506.007(A), the Appellant's income is \$4,475.99 monthly. MassHealth deducts 5 percentage points of the Federal Poverty Level in determining countable income, and thus the appellant's countable income is \$4,415.24 (\$4,398 - \$60.75). In 2023, 133% of the Federal Poverty Level equals \$1,616 monthly for a household of one. 2023 MassHealth Income Standards & Federal Poverty Guidelines.³

³ This source is publicly available at: <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

There is no dispute that the Appellant's income currently exceeds 133% of the Federal Poverty Level. As such, unfortunately, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus. Therefore, MassHealth did not err in issuing the November 28, 2023, notice.

I credit the Appellant's testimony and am sympathetic to her situation and the questions she raised at the hearing. The Appellant's arguments regarding her needs, the legal requirements to have health insurance,⁴ and the challenges she is facing are noted. However, to the extent that these arguments pertain to the legality of the applicable regulations, it is beyond the scope of the hearing officer's decision-making authority. MassHealth Fair Hearing regulations state, in pertinent part:

the hearing officer must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2) (emphasis added).

Because MassHealth did not err in applying the relevant regulations, this appeal is denied.⁵

The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

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

⁴ While outside the scope of this appeal, MassHealth Eligibility Operations Memorandum 2024-01 (January 2024) provides guidance on coverage and tax penalties for tax year 2023 and is available at: <https://www.mass.gov/doc/eom-24-01-federal-and-state-health-insurance-requirements-for-tax-year-2023-0/download>.

⁵ This denial does not preclude the Appellant from contacting the Health Connector. Given the Appellant's current situation as she testified to at the hearing, she is encouraged to do so.

receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

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