

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313693
Decision Date:	3/20/2024	Hearing Date:	01/25/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Darcy Chapdelaine – Springfield 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:	3/20/2024	Hearing Date:	01/25/2024
MassHealth's Rep.:	Darcy Chapdelaine	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Room 2 (Remote)	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 October 27, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that she was over the allowable income limits (130 CMR 506.007(B); 502.003; Exhibit 1). The appellant filed this appeal in a timely manner on December 27, 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 application for benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible to receive MassHealth benefits.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows:

The appellant started receiving MassHealth Standard benefits on December 25, 2015. At that time, she was listed on her grandparent's MassHealth application. The appellant is an adult between the ages of ■ and ■, and her grandparent is over the age of ■. The appellant's grandparent submitted a renewal application to MassHealth on September 25, 2023, which was processed the following day. On the submitted application, her grandparent indicated that the appellant is no longer part of her household. As a result, MassHealth removed the appellant from her grandparent's household. Upon removal, MassHealth terminated the appellant's benefits effective October 10, 2023.

On October 27, 2023, the appellant individually applied for MassHealth benefits by telephone. The appellant reported her family size as a household of one, with no tax dependents, no disabilities, pregnancy, breast or cervical cancer, HIV positive status, nor access to other health insurance. The appellant's reported income from employment is \$640.00 per week, or \$2,773.12 per month which equates to 223.42% of the federal poverty level (FPL). The appellant verified that her income is accurate. Based on her income, the appellant is over the allowable income limits to be eligible for MassHealth benefits. The appellant was notified on or about October 27, 2023 that she is not eligible for such (Exhibit 1). She is eligible to enroll in a subsidized health plan through the Health Connector and has temporary Health Safety Net coverage available to her until the end of January of 2024. *Id.* The MassHealth representative stated that the appellant's proof of residency is still pending with MassHealth.¹

The appellant stated that she is a full-time student and inquired whether that would affect her eligibility. The MassHealth representative explained that student status would not affect her eligibility. Per regulation, a member's eligibility is determined by income.

The appellant indicated that she has experienced recent health issues and is unable to afford the cost of her daily medication (See, Exhibit 2, p. 1; Exhibit 5, pp. 4-6). The MassHealth representative stated that if the appellant has a disability, she has the option of submitting a disability supplemental form to MassHealth Disability Evaluation Services (DES) for review. If DES deems the appellant is disabled, she may qualify for MassHealth benefits because there are no income limits with this coverage type.

¹¹ The appellant submitted documentation to the Board of Hearings (BOH) pertaining to, *inter alia*, her residency status (See, Exhibit 5, pp. 1-3). At hearing, MassHealth was notified that a copy would be sent electronically, on appellant's behalf. MassHealth subsequently confirmed receipt thereof and reported that no additional information is pending for the appellant (Exhibit 6).

The appellant declined the option of filing a disability supplemental form to DES. As to Health Connector plans, the appellant stated that the premiums are too expensive for her.

Findings of Fact

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

1. The appellant is an adult between the ages of ■ and ■, lives in a household of one, and files taxes. (Testimony; Exhibit 3).
2. The appellant had previously been eligible for MassHealth Standard when she was part of her grandparent's household.
3. When the appellant was removed from her grandparent's household, MassHealth terminated the appellant's benefits effective October 10, 2023.
4. On October 27, 2023, the appellant individually applied for MassHealth benefits by telephone.
5. On or about October 27, 2023, MassHealth notified the appellant that she is not eligible to receive MassHealth benefits due to excess income (Exhibit 1).
6. The appellant's verified monthly gross income from employment amounts to \$2,773.12, which equates to 223.42% of the FPL for a household of one. (Testimony).
7. The appellant is eligible for Health Safety Net coverage. (Testimony; Exhibit 1).
8. The appellant is eligible to enroll in a subsidized health plan through the Health Connector (Testimony; Exhibit 1).

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular 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*. The MassHealth coverage types are:

- (1) *Standard* - for pregnant women, 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 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 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.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of 21 and 64, the appellant meets the categorical requirements for MassHealth CarePlus.² The question then remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth CarePlus if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (See, 130 CMR 505.002(C)(1)(a)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

- (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

² The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type.

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.

In the present case, the appellant files taxes and does not dispute that she resides in a household of one.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(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. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level 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) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
- (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,773.12.³ This amount exceeds 133% of the FPL for a household of one, which is \$1,616.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. This appeal is denied.⁴

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186

³ In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "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."

⁴ This denial does not preclude the appellant from directing any questions about Health Connector plans to 1-877-MA-ENROLL ([1-877-623-6765](tel:1-877-623-6765)), or inquiries concerning Health Safety Net to 877-910-2100.