

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400086
Decision Date:	03/29/2024	Hearing Date:	01/25/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
Via telephone  
Pro se

Appearance for MassHealth:  
Via telephone  
Eva Zoledziewski – 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Over income
<b>Decision Date:</b>	03/29/2024	<b>Hearing Date:</b>	01/25/2024
<b>MassHealth's Rep.:</b>	Eva Zoledwieski	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 2 (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 December 13, 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 January 3, 2024 (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 is an adult and resides in a household of four, which include herself and her three minor children. On December 13, 2023, the appellant completed a renewal application online. Her monthly reported gross income from employment is \$4,334.00 which equates to 168.36% of the federal poverty level (FPL) (Exhibit 1, p. 2). The appellant's income was electronically verified by MassHealth. The FPL limit for a family size of 4 is \$3,325.00 per month. Based on her income, MassHealth determined that the appellant is not eligible to receive MassHealth benefits and notified her of such on or about December 13, 2023 (Exhibit 1). The appellant is eligible to enroll in a health plan through the Health Connector and she is eligible to receive Health Safety Net coverage. *Id.* The appellant's children are eligible to receive MassHealth Family Assistance benefits, with a \$12.00 premium assessed for each child (Testimony).

The appellant did not dispute her income. She testified that her income has been the same for the past 8 years and asked why she no longer qualifies for MassHealth benefits. In response, the MassHealth representative testified that during the Public Health Emergency (PHE), all MassHealth members had their benefits protected, regardless of whether they were over the income limits. PHE protections ended earlier this year.

The appellant stated that she has received MassHealth Standard benefits since 2015 and reiterated that her income remained unchanged. As for MassHealth Family Assistance benefits for her children, the appellant made inquiry as to the reason that her children would need to pay a premium. The MassHealth representative explained that premiums are assessed in accordance with the member's household income. The appellant asked whether MassHealth considers other expenses such as her rent, car insurance and the like. In response, the MassHealth representative stated that in accordance with the regulations, additional expenses, such as rent and car insurance, are not factored into eligibility determinations. Rather, MassHealth considers the gross amount of an applicant's household income when determining eligibility. The MassHealth representative explained that if the appellant's monthly income or employment hours were to decrease, she should report the change to MassHealth. The appellant stated that she cannot afford to have her income decrease because of her rental expenses, nor can she afford to pay for a Health Connector plan. The appellant testified that she already pays a high monthly premium (\$800.00 per month) for health insurance through her Employer Sponsored Insurance (ESI) plan. The appellant explained that MassHealth was her secondary insurance to assist her with her co-payments and prescription costs.

## **Findings of Fact**

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

1. The appellant is an adult and lives in a household of four, which includes herself and her three children.
2. The appellant previously received MassHealth Standard benefits.
3. On December 13, 2023, the appellant completed her renewal application for MassHealth benefits online.
4. On or about December 13, 2023, MassHealth notified the appellant that she is not eligible to receive MassHealth benefits due to excess income.
5. The appellant is eligible to receive Health Safety Net coverage.
6. The appellant is eligible to enroll in a health plan through the Health Connector.
7. The appellant's verified gross monthly income from employment amounts to \$4,334.00, which equates to 168.36% of the FPL for a household of four.
8. The FPL limit for a family size of 4 is \$3,325.00 per month.
9. The appellant timely appealed this MassHealth action.

## 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 a parent, the appellant meets the categorical requirements for MassHealth Standard.<sup>1</sup> The question then remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth Standard 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 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;

---

<sup>1</sup> The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type.

- (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 does not dispute that she resides in a household of four.

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 \$4,334.00.<sup>2</sup> This amount exceeds 133% of the FPL for a household of four, which is \$3,325.00. 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.<sup>3</sup>

---

<sup>2</sup> 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."

<sup>3</sup> MassHealth did not comment on whether the appellant's access to ESI will affect her eligibility for coverage

This appeal is denied.

## **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

---

through the Connector.