

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2401410
Decision Date:	3/4/2024	Hearing Date:	02/22/2024
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Tyrome Witherspoon – MEC
Roxana Noriega – Premium Assistance



*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 Community
Decision Date:	3/4/2024	Hearing Date:	02/22/2024
MassHealth's Rep.:	Tyrome Witherspoon	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC		

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 January 26, 2023, MassHealth informed Appellant that she does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits. MassHealth also determined that Appellant is eligible for a ConnectorCare Plan (Exhibit A). Appellant filed for an appeal with the Board of Hearings in a timely manner on January 26, 2023 (See 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute adequate grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits, but MassHealth also determined that Appellant is eligible for a ConnectorCare Plan.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it determined that Appellant does not qualify for MassHealth benefits upon determining that her gross countable household income exceeds eligibility limits and that Appellant is eligible for a ConnectorCare Plan.

Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative testified that Appellant is a non-disabled adult under the age of 65 who resides in the community in a household of one. Appellant last verified her income from unemployment at \$995.64 per week. The MassHealth representative testified that in order to be eligible for MassHealth, Appellant's income would need to be below 133% of the federal poverty level (FPL) for a household of one, which is \$1,616.00 per month. Multiplying \$995.64.00 per week by 4.333 places Appellant's countable monthly income at 345.96% of the FPL for a household of one which exceeds the MassHealth eligibility limit.

The MassHealth representative further testified that Appellant is eligible for a ConnectorCare Plan, but she would need to contact the Connector to select a plan and enroll before her benefits could begin.

Appellant did not dispute MassHealth figures regarding her gross weekly pay or her household size. Appellant described her financial situation and asserted that she cannot afford even the lowest cost ConnectorCare plan. Appellant testified that the lowest plan available to her has a monthly premium of about \$240 which she cannot afford given her monthly living expenses and her student loan payments.

Findings of Fact

By a preponderance of the evidence, this record supports the following salient findings:

1. Appellant is under the age of 65.
2. Appellant is a non-disabled adult residing in the community in a household of one.
3. Appellant has verified unemployment income of \$995.64 per week.

Analysis and Conclusions of Law

"The burden of proof is on the appealing party to show that the order appealed from is invalid, and we have observed that this burden is heavy" (*Massachusetts Inst. of Tech. v. Department of Pub. Utils.*, 425 Mass. 856, 867, 684 N.E.2d 585 (1997)).

Regulation 130 CMR 506.002 states in pertinent part:

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

Financial eligibility determinations for non-disabled persons are based on the combined MassHealth modified adjusted gross income(s) (MAGI) of all household members (130 CMR 506.002(A)(1)). In determining monthly income for MassHealth eligibility purposes, MassHealth is to multiply the weekly income by 4.333 (130 CMR 506.007(A)(2)(c)).

Appellant did not dispute any of MassHealth's figures or that she is under the age of 65, has not formally been determined to be disabled and resides in a household of one in the community. MassHealth properly multiplied Appellant's gross weekly unemployment of \$995.64 by 4.333 to obtain a monthly countable amount constituting 345.96% of the FPL for her household size which exceeds the applicable MassHealth eligibility limit of 133% FPL (\$1616.00 at the time the action was taken and currently, \$1,670.00).

On this record, Appellant has failed to establish that MassHealth's action is invalid due to an error of fact and/or law. For the foregoing reasons, the 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

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