

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403142
Decision Date:	05/23/2024	Hearing Date:	04/04/2024
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sunnatra Som, Tewksbury MEC

Interpreter: Spanish



*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; Income
Decision Date:	2403142	Hearing Date:	04/04/2024
MassHealth's Rep.:	Sunnatra Som	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (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

On 1/16/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit. See Exh. 1 and 130 CMR §§ 506.007 502.003. Appellant filed this appeal in a timely manner on 2/28/24. See 130 CMR 610.015(B) and Exhibit 2. Denial and/or termination of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that Appellant was ineligible for MassHealth benefits because her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits because her income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is between the ages of 21 and 64, does not have a verified disability, and lives in a household size of three (3). On 10/12/23, MassHealth conducted an automated renewal of Appellant's eligibility for MassHealth Limited. During this process, MassHealth received a social security data match, which prompted a request for Appellant to provide updated proof of income. Based on Appellant's response, MassHealth verified that Appellant receives bi-weekly earned gross income of \$730, which equated to \$1,581.54 per-month, and verified that her husband receives gross social security income of \$1,450 per-month.¹ Combined, Appellant has a total gross household income of \$3,031.54 per-month. On 1/16/24, MassHealth notified Appellant that she did not qualify for benefits because her income exceeded the program limit.

The MassHealth representative explained that to be eligible for Limited, individuals must have income that does not exceed 133% of the federal poverty level (FPL). Appellant's combined household income of \$3,031.54 per-month places her at 173% of the FPL.² As this exceeds the amount needed to qualify for MassHealth, Appellant does not qualify for MassHealth. She is, however, eligible for a subsidized ConnectorCare plan through the Health Connector.

Appellant appeared at hearing and testified through a Spanish interpreter. Appellant claimed that her income fluctuates based on the hours she works and is often less than the \$730 bi-weekly figure cited by MassHealth. In addition, MassHealth reported her husband's gross social security income, which does not reflect the deductions and the amount he actually receives, which is closer to \$1,300 per-month. Appellant testified that she needs MassHealth because she cannot afford medical expenses and health care costs. Their income does not allow them to have room for additional expenses such as basic costs of living or food. When asked what her most recent paystub reflected, Appellant did not provide a figure but indicated that in the last pay period she covered other people's shifts and worked more hours than usual.

In response, the MassHealth representative indicated that Appellant could send updated income information at any time and MassHealth will redetermine her eligibility. The representative also explained that MassHealth uses gross income figures when determining eligibility and was unable to account for the deductions and living expenses cited by the Appellant.

Findings of Fact

¹ MassHealth testified that as of 2/21/24, after the notice under appeal was issued, Appellant's husband's social security income increased to \$1,487.70.

² The 1/16/24 notice indicates that Appellant was at a FPL of 283.58%. See Exh. 1, p. 2. When asked about the discrepancy in FPL figures, MassHealth testified that the 173% is correct and that the increased FPL was based on a third income reported from the household that had not been verified.

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

1. Appellant is between the ages of 21 and 64, does not have a verified disability, and lives in a household size of three (3).
2. Appellant earns bi-weekly gross income of \$730, or \$1,581.54 per-month.
3. Appellant's husband receives gross social security income of \$1,450 per-month.
4. Appellant has a combined household gross income of \$3,031.54 per-month which places her at 173% of the FPL.
5. On 1/16/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit.

Analysis and Conclusions of Law

This appeal addresses (1) whether MassHealth was correct in determining that Appellant did not qualify for MassHealth benefits because her income exceeded the program limit. 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. See 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (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

(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.

See 130 CMR 505.001(A)

To establish eligibility for MassHealth, individuals must meet both categorical and financial requirements. Appellant does not have a verified disability and was previously deemed categorically eligible for MassHealth Limited. To be financially eligible for Limited, an individual's household income must be less than or equal to 133% of the FPL. See 130 CMR 505.006(B).³ At the time of its eligibility determination, the income limit for a household size of three (3) at 133% of the FPL was \$2,756 per-month. See 2023 MassHealth Income Standards & Federal Poverty Guidelines. By the time of the hearing, this figure was updated to \$2,862 per-month. See 2024 MassHealth Income Standards & Federal Poverty Guidelines.⁴ Including her spouse's income, Appellant has a combined total gross income of \$3,031.91 per-month, which places her at 173% of the FPL. While Appellant noted that her income fluctuates in accordance with hours worked, she did not offer evidence of an alternative income figure that could be used in determining eligibility. Absent such evidence, Appellant has not demonstrated that MassHealth erred in rendering its 1/16/24 eligibility determination.

For these reasons, 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.

³ MassHealth Limited is available to "adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL." 130 CMR 505.006(B).

⁴ The income standards for 2024 went into effect 3/1/24.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

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