

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403276
Decision Date:	5/29/2024	Hearing Date:	04/11/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Sherri Paiva (Taunton MEC) *via telephone*



*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:	Under 65/Downgrade/Income/HSN
Decision Date:	5/29/2024	Hearing Date:	04/11/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center	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 March 1, 2024, MassHealth denied the appellant's request for MassHealth benefits because MassHealth determined that his income exceeds the limit for MassHealth CarePlus. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on March 1, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for a MassHealth benefit because his income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 505.008, in determining that the appellant was not eligible for MassHealth because his income was too high.

Summary of Evidence

An eligibility worker for the Taunton MassHealth Enrollment Center (MEC) represented MassHealth, the appellant represented himself, and both parties appeared by telephone.

The MassHealth representative testified to the following. The appellant completed his annual renewal over the phone on March 1, 2024. (Testimony). The appellant lives in a household of one and is under the age of 65. (Testimony; Ex. 1; Ex. 3). The appellant is listed as a tax filer and reported that his gross monthly income (GMI) was \$2,727, which placed the appellant at 219.47 % of the federal poverty level (FPL). (Testimony; Ex. 1). The appellant had previously been on MassHealth CarePlus but such coverage had been terminated on February 20, 2024 by an earlier MassHealth notice. Based on the household size and income, MassHealth determined the appellant was over the income limit for CarePlus, but was eligible for a ConnectorCare plan and the Health Safety Net (HSN). (Testimony; Ex. 3). For the above reasons, MassHealth sent the appellant a notice on March 1, 2024, informing him that he was over the income limit for MassHealth. (Testimony; Ex. 1; Ex. 3).

On his renewal, the appellant stated that he had a disability or illness. (Testimony). Therefore, MassHealth sent the appellant an adult disability supplement on March 5, 2024. (Testimony). As of the date of hearing, MassHealth had not yet received any confirmation from the Disability Evaluation Service (DES) that they had completed a disability determination for the appellant. (Testimony). Since the renewal, the appellant's reported GMI had increased to \$3,500, which placed him at 283% of the FPL. (Testimony). As of the date of the hearing, the appellant did not appear to be enrolled in a ConnectorCare Plan. (Testimony).

The appellant did not contest MassHealth's determination regarding his income. (Testimony). He stated that he has been promoted to assistance manager at his workplace, and was now salaried at \$42,000 annually. (Testimony). The appellant raised an issue concerning his identity, stating that MassHealth had been confusing him with his son, who has the same name. (Testimony). The appellant stated that in the past MassHealth had sent some of his notices to his son's address. (Testimony). The appellant stated that he was frustrated by this and had contacted MassHealth prior to the hearing and had them add "Senior" to his name to stop this practice. (Testimony). The appellant also stated, however, that he had received the notice under appeal, which MassHealth did send to the correct address. (Testimony). The appellant stated that he did not receive the disability supplement MassHealth sent on March 5, 2024, but confirmed with the MassHealth representative that MassHealth did send it to the correct address. (Testimony). The MassHealth representative stated she would send another copy, and the appellant was also given a link to the disability supplement on the MassHealth website. (Testimony).

Findings of Fact

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

1. The appellant completed his annual renewal over the phone on March 1, 2024. (Testimony).
2. The appellant lives in a household of one and is under the age of 65. (Testimony; Ex. 1; Ex. 3).
3. The appellant is listed as a tax filer, and reported that his GMI was \$2,727, which placed the appellant at 219.47 % of the FPL. (Testimony; Ex. 1).
4. Based on the household size income, the appellant was determined eligible for a ConnectorCare plan and HSN. (Testimony).
5. MassHealth sent the appellant a notice on March 1, 2024, informing him that he was over the income limit for MassHealth. (Testimony; Ex. 1; Ex. 3).
6. Since the date of the renewal the appellant's GMI had risen to \$3,500, which placed him at 283% of the FPL. (Testimony).
7. The appellant confirmed that MassHealth correctly determined his household income. (Testimony).

Analysis and Conclusions of Law

In order to be financially eligible for MassHealth CarePlus, an individual's household modified adjusted gross income must be less than or equal to 133% of the federal poverty level (FPL). (130 CMR 505.008(A)(2)(c)).

Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (Id.).

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules is determined by comparing the sum of all countable income less deductions for the individual's household with the applicable income standard for the specific coverage type. (130 CMR 506.006(A)). MassHealth will construct a household 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. (130 CMR 506.007(A)(1)).

Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's household. Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)). A household's countable income is the sum of the gross 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. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income (described above) and unearned income (not applicable in this appeal) less deductions¹. (130 CMR 506.007(A)(2)(b)). In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. ((130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable income, it then determines what percentage of the federal poverty level that income is and subtracts five percentage points from that number. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the federal poverty level to determine the individual's eligibility. (Id.).

The appellant completed his renewal over the telephone on March 1, 2024. At that time, the appellant reported that he lived in a household of one, and earned \$2,727 per month, which is the equivalent of 224.47 % of the FPL. MassHealth then subtracted 5% from that raw score and determined that for the purposes of determining his eligibility, the appellant's income was equivalent to 219.47% of the FPL. This was in excess of the income limit for MassHealth CarePlus, which is 133% of the FPL. The appellant was therefore not eligible for CarePlus. Since that time, the appellant's income has increased to \$3,500 per month. This income level places the appellant at 283% of the FPL. The appellant continues to be over the income limit for MassHealth.

For the above reasons, the appeal is DENIED.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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

¹ Neither the MassHealth representative nor the appellant stated that any deductions were applicable here but they are described in 130 CMR 506.003(D) and are as follows: student loan interest; educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses, for the amount and populations allowed under federal law; one-half self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible); individual retirement account (IRA); scholarships, awards, or fellowships used solely for educational purposes; student loan interest; and other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

receipt of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA
02780