

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404812
Decision Date:	6/17/2024	Hearing Date:	05/02/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Ryan Bond – Tewksbury 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; Downgrade; Over income
Decision Date:	6/17/2024	Hearing Date:	05/02/2024
MassHealth's Rep.:	Ryan Bond	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	Aid Pending:	Yes

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 February 27, 2024, MassHealth notified the appellant that her benefits were being downgraded from MassHealth Standard to Health Safety Net because MassHealth determined there was a change in circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on March 25, 2024 (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth benefits were downgraded from MassHealth Standard to Health Safety Net.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's benefits from MassHealth Standard to Health Safety Net.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows: The appellant is an adult between the ages of 21 and 64 and resides in a household of two. She previously received MassHealth Standard benefits based on her household income at that time. The appellant renewed her application and submitted her recent paystubs from employment on or about February 16, 2024.

The appellant's verified gross monthly income from employment totals \$3,176.88; this amount equates to 188.32% of the Federal Poverty Level (FPL) for the household size (See, Exhibit 1, p. 2). To qualify for MassHealth benefits, the appellant's income must be at or below 133% of the FPL, or \$2,266.00 per month for a household size of 2. On February 27, 2024, MassHealth notified the appellant that her benefits were being downgraded from MassHealth Standard to Health Safety Net because of a change in her circumstances (Exhibit 1). The appellant is eligible to receive Health Safety Net coverage and she is eligible for a ConnectorCare plan through the Massachusetts Health Connector. *Id.*

The appellant verified that her income is accurate and expressed her dissatisfaction with the MassHealth Enrollment Center (MEC). She explained that upon contacting the MEC prior to this appeal, a worker informed her that she was approved for MassHealth benefits. The appellant testified that the MEC worker she spoke with gave her a case number should she encounter any issues moving forward. Additionally, the appellant took exception to MassHealth not accounting for living expenses, taxes, rent, and utilities in determining eligibility. She testified that she is a single mother and does not earn livable wages. The MassHealth representative explained that, in accordance with regulations, MassHealth does not factor in living expenses nor taxes in determining eligibility. As to the case number that was assigned to the appellant from the MEC worker, the MassHealth representative explained that unless the appellant received the worker's name that she spoke with, he had no knowledge of any case number assigned nor any way to confirm what the MEC worker stated to her.

The appellant inquired about the enrollment process with the Health Connector. The MassHealth representative explained that when applicant is over the income limits to receive MassHealth benefits, said applicant, such as the appellant in this case, may still qualify for health benefits through the Health Connector. The MassHealth representative stated that the appellant can contact the Health Connector to see what health plan will work best for her and explained that a premium may be assessed, dependent on her income. The appellant asked if there was a specific

timeline that she needed to contact the Health Connector. In response, the MassHealth representative explained that to be enrolled by the first of the month, the appellant would need to contact the Health Connector by the 23rd of the month prior. The appellant stated that she would contact the Health Connector in the upcoming weeks and confirmed that she has aid pending status because of upcoming physician appointments scheduled the following day. The MassHealth representative also confirmed that the appellant's minor child currently receives MassHealth Family Assistance benefits with a premium, which the appellant pays monthly.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64 and lives in a household of two with her minor child.
2. The appellant previously received MassHealth Standard benefits based on her previous income.
3. On February 16, 2024, the appellant renewed her application and submitted her recent paystubs from employment to MassHealth.
4. On February 27, 2024, MassHealth notified the appellant that her benefits were downgraded from MassHealth Standard to Health Safety Net coverage because of a change in her circumstances. The appellant is eligible for Health Safety Net coverage and a ConnectorCare plan through the Health Connector.
5. The appellant's verified gross monthly income from employment is \$3,176.88, which equates to 188.32% of the FPL for a household of two.
6. 133% of the FPL limit for a household size of 2 is \$ 2,266.00 per month.
7. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults¹, disabled individuals, certain persons who are HIV positive,

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) MassHealth Family Assistance – for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;

(5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in)— for certain Medicare beneficiaries.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth’s determination that the appellant is not eligible for MassHealth benefits. As of the hearing date, the only two coverage types for which the appellant is potentially eligible are MassHealth Standard or CarePlus. The question remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth Standard and/or CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). 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;
- (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 two.

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 \$3,176.88.² This amount exceeds 133% of the FPL for a household

² In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "the total amount of taxable

of two, which is \$2,266.00. 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.³

Order for MassHealth

None, except to remove aid pending.

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

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

³ 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.