

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405797
Decision Date:	7/11/2024	Hearing Date:	05/16/2024
Hearing Officer:	Scott Bernard	Record Open to:	05/24/2024

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Elizabeth Nickoson (Taunton MEC) *via*
telephone

Interpreter:



*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
Decision Date:	7/11/2024	Hearing Date:	05/16/2024
MassHealth's Rep.:	Elizabeth Nickoson	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 12, 2024, MassHealth informed the appellant that her MassHealth coverage would change from MassHealth Standard to MassHealth CommonHealth as of March 26, 2024 because her income exceeds the limit for MassHealth Standard. (See 130 CMR 505.002; 505.004 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on April 11, 2024. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the appellant's request, the record was left open until May 24, 2024 to give her an opportunity to submit updated income verifications, after which the record closed. (See Ex. 6).

Action Taken by MassHealth

MassHealth informed the appellant that her coverage would change from MassHealth Standard to MassHealth CommonHealth as of March 26, 2024 because she was over the income limit for MassHealth Standard.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, 506.006, and 506.007 in determining that the appellant was over the income limit for MassHealth Standard.

Summary of Evidence

An eligibility worker from the Taunton MassHealth Enrollment Center (MEC) (the MassHealth representative) and the appellant both attended the hearing by telephone. At the appellant's request, the Board of Hearings provided an interpreter, who also attended the hearing by telephone.

The MassHealth representative testified to the following. The appellant is between the ages of [REDACTED] years old and [REDACTED] years old and lives in a household of one. (Testimony). The appellant is disabled and is a citizen. (Testimony; Ex. 4). The appellant last reported that her gross monthly income (GMI) was \$1,461 from Social Security in 2021. (Testimony). This GMI placed the appellant at 131.03% of the FPL for a household of one at that time. (Testimony). The appellant's income verification has since expired. (Testimony). On March 12, 2024, MassHealth's computer system redetermined the appellant's eligibility using information from the Federal Data Hub to verify her income. (Testimony). The Federal Data Hub indicated that the appellant's countable income was now equal to 141.29% of the FPL, though it could not show the actual GMI amount upon which it based this figure. (Testimony). Based on that information, MassHealth determined that the appellant was over the income limit of 133% of the FPL for MassHealth Standard with the Medicare Buy-In but was eligible for MassHealth CommonHealth without a premium. (Testimony; Ex. 1; Ex. 4). If the appellant was able to submit updated income information showing that her GMI did not exceed \$1,670 per month or 133% of the FPL for a household of one, she would be eligible for MassHealth Standard. (Testimony).

The appellant stated that she wanted an opportunity to submit updated information to MassHealth in order to try to get her old coverage back. (Testimony). The appellant confirmed that she still lives in a household of one and that her sole income is from Social Security. (Testimony). The appellant stated that she wanted to hand-deliver the information to the MEC that was closest to where she lived. (Testimony). At the close of the hearing, the appellant was given until May 24, 2024 to submit that information. (Ex. 6).

Subsequent to May 24, 2024, the MassHealth representative informed the hearing officer by email that the appellant had submitted her income verification to the MEC before May 24, 2024. (Ex. 6). She wrote that the appellant was able to verify that her GMI was \$1,836 from Social Security, which exceeded 133% of the FPL for a household of one. (Ex. 6). The MassHealth representative wrote that the appellant remained eligible for CommonHealth without a monthly premium. (Ex. 6). The MassHealth representative concluded by stating since the reported income information did not demonstrate a change in income, MassHealth did not generate a new eligibility determination.

(Ex. 6).

Findings of Fact

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

1. The appellant is between the ages of ■ years old and ■ years old and lives in a household of one. (Testimony).
2. The appellant is disabled and a citizen. (Testimony; Ex. 4).
3. The appellant last reported in 2021 that her GMI was \$1,461 from Social Security. (Testimony).
4. This GMI placed the appellant at 131.03% of the FPL for a household of one at that time. (Testimony).
5. The appellant's income verification has since expired. (Testimony).
6. On March 12, 2024, MassHealth's computer system tried to redetermine the appellant's eligibility using information from the Federal Data Hub to verify her income. (Testimony).
7. The Federal Data Hub indicated that the appellant's income was now equal to 141.29% of the FPL, though it could not show the actual GMI amount upon which it based this figure. (Testimony).
8. Based on that income, the appellant was over the income limit of 133% of the FPL for her previous coverage, MassHealth Standard with the Medicare Buy-In. (Testimony; Ex. 4).
9. The appellant was determined to be eligible for MassHealth CommonHealth without a premium. (Testimony; Ex. 1; Ex. 4).
10. The record was left open until May 24, 2024 to allow the appellant to submit updated income verification. (Ex. 6).
11. The appellant verified that she receives \$1,826 per month from Social Security. (Ex. 6).

Analysis and Conclusions of Law

A disabled adult ■ through ■ years old is eligible for MassHealth Standard coverage if they are permanently and totally disabled; have household modified adjusted gross income that is less than or equal to 133% of the FPL; are a citizen or a qualified noncitizen; and utilize available health insurance benefits or enroll if no cost or purchased by MassHealth and not be enrolled in Medicare Parts A or B. (130 CMR 505.002(E)(1)). A disabled adult ■ through ■ years old is eligible for

MassHealth CommonHealth if they are permanently and totally disabled; ineligible for MassHealth Standard; a citizen; meet a one-time-only deductible or have modified adjusted gross income that is less than or equal to 200% of the FPL and provide verification that they are HIV positive; and utilize available health insurance benefits or enroll if no cost or purchased by MassHealth and not be enrolled in Medicare Parts A or B. (130 CMR 505.004(C)).

Financial eligibility for coverage types that are determined using the Disabled Adult 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 506.007(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 (not applicable in this appeal) and unearned income (described below) less deductions¹. (130 CMR 506.007(A)(2)(b)). Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return and may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income. (130 CMR 506.003(B)).

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.).

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 [REDACTED] (those finalized after [REDACTED] or pre-existing agreements /modified after [REDACTED] 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.

The appellant meets the categorical criteria for MassHealth Standard for disabled adults from [REDACTED] through [REDACTED] years old. The income limit for is \$1,670 per month, which is equal to 133% of the FPL for a household of one. The gross monthly household income for the appellant's household is \$1,826, which is 146.29% of the federal poverty level for a household of one. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 141.29% of the FPL. Since this countable income exceeds 133% of the FPL, the appellant is not financially eligible for MassHealth Standard at this time. The appellant does meet the categorical criteria for MassHealth CommonHealth described above, however, which is consistent with MassHealth eligibility determination.

For that reason, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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