

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405833
Decision Date:	7/1/2024	Hearing Date:	05/16/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Elizabeth Nickoson (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/Income
Decision Date:	7/1/2024	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 26, 2024, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN) starting on March 16, 2024, but was not eligible for MassHealth benefits because she was over the income limit for her household size. (See 130 CMR 505.002 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). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant was not eligible for MassHealth because her income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in determining that the appellant's income was too high to receive MassHealth benefits.

Summary of Evidence

According to the Medicaid Management Information System (MMIS), the appellant is between the ages of [REDACTED] years old. (Ex. 3). From February 25, 2018 through April 30, 2024 the appellant received MassHealth Standard. (Ex. 3). The appellant has been eligible for HSN and a ConnectorCare plan since March 16, 2024. (Ex. 3).

A worker from the Taunton MassHealth Enrollment Center (MEC) represented MassHealth, the appellant represented herself, and both attended the hearing by telephone. The MassHealth representative testified that the appellant is residing in a household of one. (Testimony). The appellant completed a renewal by telephone on March 26, 2024. (Testimony). The appellant is a tax filer. (Testimony). The appellant reported earning \$250 per week from Employer One, and \$600 per week from Employer Two. (Testimony). This amounts to a gross monthly income (GMI) of \$3,683.05. (Testimony). The representative explained that for a household of one to qualify for MassHealth benefits, that individual's income must not exceed 133% of the Federal Poverty Level (FPL), which is equal to having a GMI of \$1,670 or less per month. (Testimony). The appellant is eligible to receive a plan through the Massachusetts Health Connector, but had not yet enrolled as of the day of the hearing. (Testimony). The MassHealth representative emphasized that the appellant could access comprehensive insurance through the Connector if she chose to enroll. (Testimony).

The appellant stated that she has contacted the Connector, and expressed frustration over the proposed \$200 monthly premium for insurance coverage, since she rarely sees a doctor. (Testimony). When she contacted MassHealth in March, the reported income at that time was accurate. (Testimony). The appellant took pains to state that the reality is that she works consistently for Employer One but only sporadically for Employer Two.

The appellant was advised to promptly report any significant changes in income, even if they did not immediately render her eligible for MassHealth benefits. Such updates could potentially result in eligibility for a more favorable type of ConnectorCare. The appellant was informed of various methods to communicate changes, including by phone, online, or in person. The appellant also inquired about aid pending, clarifying that she had requested benefits to continue during the appeals process. (Testimony). She was informed, however, that she had submitted the appeal slightly too late to receive aid pending the appeal.

Findings of Fact

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

1. The appellant is between the ages of [REDACTED] years old. (Ex. 3).
2. From February 25, 2018 through April 30, 2024 the appellant received MassHealth

Standard. (Ex. 3).

3. The appellant is living in a household of one. (Testimony).
4. The appellant completed a renewal by telephone on March 26, 2024. (Testimony).
5. The appellant is a tax filer. (Testimony).
6. The appellant reported earning \$250 per week from Employer One, and \$600 per week from Employer Two. (Testimony).
7. This amounts to a GMI of \$3,683.05. (Testimony).
8. For a household of one to qualify for MassHealth benefits, that individual's income must not exceed 133% of the FPL, which is equal to having a GMI of \$1,670 or less per month. (Testimony).
9. The appellant is eligible to receive a plan through the Massachusetts Health Connector, but had not yet enrolled as of the day of the hearing. (Testimony).

Analysis and Conclusions of Law

MassHealth CarePlus provides coverage for adults aged [REDACTED] with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged [REDACTED] be a U.S. citizen or qualified noncitizen, have a household income not exceeding 133% of the federal poverty level, be ineligible for MassHealth Standard, 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 505.008(A),(C)).

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 below) and unearned income (not applicable in this appeal) less deductions¹. (130 CMR 506.007(A)(2)(b)). 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.).

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 meets all criteria for MassHealth CarePlus, except financial. The income limit for CarePlus is \$1,670 per month for a family of one, which is 133% of the federal poverty level. The appellant's gross monthly household income is \$3,683.05 which is 293.47% of the federal poverty level for a household of one. After deducting five percentage points from that raw figure, the appellant's countable income is equal to 288.05% of the federal poverty level. Since this countable income exceeds 133% of the federal poverty level, the appellant does not qualify financially for MassHealth CarePlus.

For that reason, the appeal is DENIED.

Order for MassHealth

None.

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.

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