

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406087
Decision Date:	06/04/2024	Hearing Date:	05/28/2024
Hearing Officer:	Emily Sabo	Record Open to:	06/11/2024

Appearance for Appellant:



Appearance for MassHealth:

Yesenia Henriquez, Quincy 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 ¹	Issue:	Community Eligibility; Under 65
Decision Date:	06/04/2024	Hearing Date:	05/28/2024
MassHealth's Rep.:	Yesenia Henriquez	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South (Telephone)	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 denied the Appellant's application for MassHealth benefits because MassHealth determined that the Appellant's income is too high. 130 CMR 506.007(B), 130 CMR 502.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on March 20, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth benefits on the grounds that her income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B) and 130 CMR 502.003, in denying the Appellant's application for MassHealth benefits because it

¹ The appeal is denied, though as will be explained later, based on the Appellant's submission during the record open period, according to MassHealth, the Appellant is eligible for a Connector Care Plan Type 3C.

determined her household income exceeded program limits.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64 and has a household size of one. The MassHealth representative testified that the Appellant's income source is unemployment income and her weekly income is \$1,033. The MassHealth representative testified that in order to be eligible for MassHealth CarePlus, the Appellant's income would have to be 133% of the federal poverty level or less. The MassHealth representative also testified that the Appellant was not qualifying for Health Connector coverage because they Appellant needed to submit adequate proof of her address and residency.²

The Appellant verified her identity. The Appellant did not dispute her current unemployment income but testified that it is scheduled to end in four weeks.³ The Appellant testified that she had previously submitted an affidavit of residency. The Appellant testified that due to her lack of insurance, she has been unable to continue taking her rheumatoid arthritis medication.

The record was held open until June 4, 2024, for the Appellant to submit proof of address and residency to MassHealth, and until June 11, 2024, for MassHealth to review and respond. On May 30, 2024, the MassHealth representative notified the hearing officer that the Appellant had submitted an affidavit of residency and was processed eligible for Connector Care Plan Type 3C. Exhibit 5.

Findings of Fact

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

1. The Appellant is an individual between the ages of 21 and 64 years old. Testimony, Exhibit 4.
2. The Appellant's current income source is unemployment income, and her weekly income is \$1,033. Testimony.
3. The Appellant submitted an affidavit of Massachusetts residency and was deemed eligible for Connector Care Plan Type 3C. Exhibit 5.

² The MassHealth representative testified that the Appellant had submitted a copy of her driver's license, but that was insufficient.

³ If the Appellant's income changes, she is welcome to re-apply for MassHealth. As discussed at the hearing, MassHealth members have a responsibility to update MassHealth within 10 days of a change in their circumstances, including changes in income and address.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that the Appellant's gross household income exceeded program limits to qualify for MassHealth benefits, specifically MassHealth CarePlus.⁴ 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. 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,⁵ 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.

130 CMR 505.001(A).

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

⁴ Based on the testimony at hearing, the Appellant and MassHealth representative did not indicate that the Appellant would categorically qualify for another type of coverage, such as MassHealth Standard or CommonHealth.

⁵ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 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.

(2) 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 MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based 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 as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) 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) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, to be eligible for MassHealth CarePlus, an individual's modified adjusted gross income must be less than or equal to 133% of the federal poverty level. 130 CMR 505.008(A)(2)(c). The Appellant did not dispute that her current weekly income is \$1,033. That equals a monthly income of \$4,475.99. 130 CMR 506.007(A)(2)(c).

In 2024, 133% of the Federal Poverty Level equaled \$1,670/monthly for a household of one.⁶ There is no dispute that the Appellant's income currently exceeds 133% of the Federal Poverty Level. As such, unfortunately, the Appellant does not meet the financial requirements to qualify for MassHealth CarePlus. Therefore, MassHealth did not err in issuing the March 12, 2024, notice.⁷

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

⁶ The 2024 income standards are available here: <https://www.mahealthconnector.org/help-center-answers/eligibility/federal-poverty-level-fpl>.

⁷ The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).