

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406559
<b>Decision Date:</b>	6/24/2024	<b>Hearing Date:</b>	06/05/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherrienne Paiva, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	6/24/2024	<b>Hearing Date:</b>	06/05/2024
<b>MassHealth's Rep.:</b>	Sherrienne Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 April 23, 2024, MassHealth denied Appellant's application for MassHealth benefits because it determined that Appellant's income exceeds MassHealth program limits (130 CMR 505.001, 506.003; 130 CMR 506.007(B) and Exhibit 1). Appellant's appeal was timely filed on April 23, 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 Appellant's application for MassHealth.

### Issue

The appeal issue is whether MassHealth correctly calculated Appellant's income, pursuant to 130 CMR 506.003, 130 CMR 506.004(D), and 130 CMR 506.007 in determining that she is not eligible for MassHealth benefits.

## Summary of Evidence

The MassHealth representative testified that Appellant is an adult over 21 years of age and under 65 years of age who lives in a non-disabled, one-person household. Appellant was open on MassHealth Standard coverage through the Department of Transitional Assistance (DTA) which is scheduled to close on June 6, 2024. The MassHealth representative testified that Appellant was open through DTA as part of another household and remained open on Standard coverage during the Public Health Emergency (PHE). The MassHealth representative stated that Appellant is also enrolled in Harvard Pilgrim coverage through her employer. MassHealth testified that the DTA segment remained open through Covid/PHE protections and Appellant was required to reapply for MassHealth benefits, and was sent an application on October 17, 2023, which was not completed until April 23, 2024. Appellant is a tax-filer with earned income verified electronically as \$1,300 bi-weekly which equates to \$2,817 monthly income. Appellant's income equates to 219.47% of the federal poverty level for a household size of one person which exceeds the limit for MassHealth benefits. The MassHealth representative stated that the income limit to receive MassHealth Benefits is 133% of the federal poverty level, or \$1,670 per month for a household of one. The MassHealth representative stated that Appellant was approved for the Health Safety Net and may obtain health insurance through the Commonwealth Connector.

Appellant testified that she has had MassHealth coverage through the Department of Transitional Assistance which is scheduled to end on June 7, 2024. Appellant testified that she believes she earns \$1,100 bi-weekly. Appellant stated that she has not received any DTA benefit for 3 or 4 years, but her MassHealth coverage remained open. Appellant added that she started working full-time in January 2022. Appellant stated that she was aware of Connector Care coverage but does not want to pay a health insurance premium. Appellant added that she ended Harvard Pilgrim coverage through her employer in October 2023 because she still had MassHealth coverage and does not want to pay a premium for health insurance.

## Findings of Fact

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

1. Appellant is an adult over 21 years of age and under 65 years of age who lives in a non-disabled, one-person household.
2. Appellant was open on MassHealth Standard coverage which remained open during the PHE through the Department of Transitional Assistance (DTA). Appellant was open on DTA as part of another household and Standard coverage is scheduled to close on June 6, 2024.
3. Appellant is not a member of a TAFDC or EAEDC household and is not a parent of caretaker of a child under 19 years of age living in her household.

4. Appellant has not received DTA benefits for 3 or 4 years.
5. Appellant was enrolled in Harvard Pilgrim coverage through her employer which she terminated in October 2023.
6. Appellant was sent a MassHealth application on October 17, 2023, which was not completed until April 23, 2024.
7. Appellant is a tax-filer with earned income verified electronically as \$1,300 bi-weekly which equates to \$2,817 monthly income.
8. Appellant's income equates to 219.47% of the federal poverty level for a household size of one person.
9. 133% of the federal poverty level is \$1,670 per month for a household of one.
10. Appellant was approved for the Health Safety Net and may obtain health insurance through the Commonwealth Connector.
11. Appellant started working full-time in January 2022.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 505.000 et seq., explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, 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) 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, CommonHealth, or CarePlus;

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

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet categorical and financial requirements. Appellant is over 21 years of age and under 65 years of age, and lives in a household size of one non-disabled person. Appellant is not eligible for MassHealth Standard<sup>1</sup> or CommonHealth. An individual between the ages of 21 and 64 is eligible for MassHealth CarePlus 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 505.008(A)(2); [dg-fpl-0324.docx | Mass.gov](#). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (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.

Here, Appellant resides in a household of one with electronically verified earned income of \$1,300 bi-weekly which equates to \$2,817 monthly income.<sup>2</sup> Based on current MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level is \$1,670 for a household size of 1 person. See chart at [dg-fpl-0324.docx | Mass.gov](#) MassHealth determines an applicant’s modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income as described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

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<sup>1</sup> Although Appellant was open on MassHealth Standard through the DTA with Covid/PHE protections, extended eligibility under 130 CMR 505.002(L) does not apply as she is not a member of a TAFDC household and is not a parent or caretaker of a child 19 years of age living in the MassHealth household.

<sup>2</sup> MassHealth multiplies weekly income by 4.333 to arrive at monthly income (130 CMR 506.007(A)(2)(c)).

...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(C). Income of all the household members forms the basis for establishing an individual's eligibility. 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(K).

(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 (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) 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.

(D) Safe Harbor Rule. The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described at 26 CFR 1.36B-1(e) is below 100 percent FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

(1) MassHealth uses current monthly income and the Health Connector uses projected annual income amounts.

(2) MassHealth MAGI household uses exceptions to tax household rules and the Health Connector uses the pure tax filing household.

(E) MAGI Protection for Individuals Receiving MassHealth Coverage on December 31, 2013. Notwithstanding the above, in the case of determining ongoing eligibility for individuals determined eligible for MassHealth coverage to begin on or before December 31, 2013, application of the MassHealth MAGI Household Income Calculation methodologies as set forth in 130 CMR 506.007 will not be applied until March 31, 2014, or the next regularly scheduled annual renewal of eligibility for such individual under 130 CMR 502.007, whichever is later, if the application of such methodologies would result in a downgrade of benefits.

Per 130 CMR 506.003(B), countable income includes, in relevant part, unearned income, which “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.”

Additionally, under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law; (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and (12) 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

See 130 CMR 506.003(D).

Pursuant to 130 CMR 506.007(A), 5 percentage points of the current FPL is deducted to

determine countable income. See 130 CMR 506.007(A)(3) For a household of one, 5 percentage points of the current FPL equals \$83.50 a month. Accordingly, Appellant's \$2,817 countable income for eligibility purposes is \$2,733. The income limit for MassHealth CarePlus is 133% of the federal poverty level, or \$1,670 a month for a household of one. Because Appellant's income exceeds 133% of the federal poverty level, Appellant is not financially eligible for MassHealth benefits at this time.

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED.

Appellant can direct any question about the Health Connector to 1-877-623-6765 and can direct any question about the 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 receipt of this decision.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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