

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407171
Decision Date:	7/24/2024	Hearing Date:	06/11/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Millie Behnk (Springfield MEC) *via telephone*

Interpreter:
[Redacted] (Spanish)



*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:	7/24/2024	Hearing Date:	06/11/2024
MassHealth's Rep.:	Millie Behnk	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Springfield 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 13, 2024, MassHealth informed the appellant that starting on March 3, 2024 she was eligible for Health Safety Net (HSN) but did not qualify for a MassHealth benefit because her income exceeded the income limit for MassHealth coverage. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 2, 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 that the appellant was not eligible for a MassHealth benefit because her income exceeded the income limit to qualify for MassHealth coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007, in determining that the appellant was not eligible for MassHealth because her income exceeded the income limit to qualify for MassHealth coverage.

Summary of Evidence

An eligibility worker from the Springfield MassHealth Enrollment Center (MEC) and the appellant both attended the hearing telephonically. At the appellant's request, the Board of Hearings arranged for an interpreter to attend the hearing by telephone as well.

The MassHealth representative testified to the following. The appellant is under the age of 65 years old. (Testimony; Ex. 3). The appellant has a reported household size of three, which includes two of her children who are over the age of 21 years old. (Testimony). On January 23, 2024 MassHealth sent the appellant a renewal application with a due date of March 8, 2024. (Testimony). MassHealth did not receive the appellant's renewal application by March 8, 2024. (Testimony). On March 13, 2024, MassHealth updated the appellant's eligibility using available electronic sources. (Testimony). The electronic sources showed that the appellant had household income that was equal to 297.14% of the federal poverty level (FPL) for her household size. (Testimony). The appellant's household income exceeded the income limit for her to be eligible for MassHealth coverage, MassHealth issued the notice under appeal. (Testimony; Ex. 1). On May 14, 2024, the appellant submitted an updated pay stub showing that she worked 67 hours over a two week period at \$21.00 per hour or \$1,407.00 for that period. (Testimony). Based on this, her gross monthly income (GMI) was \$3,048.96, which was equivalent to 136.68% of the FPL for a household of three. (Testimony). The appellant's income still exceeded the income limit to be eligible for MassHealth benefits. (Testimony).

The appellant testified to the following. The appellant currently was only working 40 hours per two week period, and she wanted to submit an updated paystub. (Testimony). The appellant asserted that she did not earn \$40,000 per year. (Testimony). The appellant's hours fluctuated depending on the season and her employer's needs. (Testimony). The appellant also reported that her children had moved out and she was living alone. (Testimony). The appellant needed MassHealth coverage because she had a knee replacement recently and needed to see her doctor. (Testimony). The appellant could not afford the premiums for a plan through the Connector. (Testimony).

The appellant stated that she would fax MassHealth an updated pay stub by the end of the day of the hearing and the MassHealth representative stated she would forward the pay stub to the hearing officer. (Testimony). The MassHealth representative did forward a copy of the updated pay stub that the appellant faxed to her after the hearing. (Ex. 6). The pay stub showed that in the pay period May 19 through June 1, 2024 the appellant earned \$1,624.86. (Id.). Based on this, the appellant's GMI was \$3,521.07, which was 275.56% of the FPL for a household of one or 158.62% of the FPL for a household of three. (Id.).

Findings of Fact

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

1. The appellant is under the age of 65 years old. (Testimony; Ex. 3).
2. The appellant lives in a household of three with her two children who are over the age of 21 years old. (Testimony).
3. On January 23, 2024 MassHealth sent the appellant a renewal application with a due date of March 8, 2024. (Testimony).
4. MassHealth did not receive the appellant's renewal application by March 8. (Testimony).
5. On March 13, 2024, MassHealth updated the appellant's eligibility using available electronic sources. (Testimony).
6. The electronic sources showed that the appellant had household income that was equal to 297.14% of the FPL for her household size. (Testimony).
7. The appellant's household income exceeded the income limit for her to be eligible for MassHealth coverage. (Testimony).
8. On May 14, 2024, the appellant submitted an updated pay stub showing that her GMI was \$3,048.96, which was equivalent to 136.68% of the FPL for a household of three. (Testimony).
9. The appellant reported that her two children are no longer living with her. (Testimony).
10. Subsequent to the hearing the appellant submitted an updated pay stub showing that she had a GMI of \$3,521.07, which is which 275.56% of the FPL for a household of one or 158.62% of the FPL for a household of three. (Ex. 6).

Analysis and Conclusions of Law

MassHealth CarePlus provides coverage for adults aged 21 to 64, with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must meet the following conditions. The individual must be an adult 21 through 64 years old, and a citizen, as described in 130 CMR 504.002, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1). (130 CMR 505.008(A)(2)(a),(b)). The modified adjusted gross income of the individual's MassHealth MAGI household must be less than or equal to 133% of the federal poverty level. (130 CMR 505.008(A)(2)(c)). The individual must be ineligible for MassHealth Standard. (130 CMR 505.008(A)(2)(d)). The individual must comply with 130 CMR 505.008(C), which means that they must use potential health insurance benefits in accordance with 130 CMR 503.007 and enroll in health insurance, if available at no greater cost than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.008(D) or 506.012. (130 CMR 505.008(A)(2)(e); (130 CMR 505.008(C)). Finally, the individual must not be

enrolled in or eligible for Medicare Parts A or B. (130 CMR 505.008(A)(2)(f)).

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 506.007(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 (described below) and unearned income (not applicable in this appeal) less deductions. (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 the categorical criteria for MassHealth CarePlus. MassHealth initially determined that the appellant lived in a household of three, but the appellant testified that she now lives in a household of one. The income limit for CarePlus is \$1,255 per month for a household of one, and \$2,862 for a household of three. These figures are equal to 133% of the FPL for these respective household sizes. On May 14, 2024, the appellant reported that her GMI was \$3,048.96, which is 242.95% of the FPL for a household of one and 141.68% of the FPL for a household of three. After deducting five percentage points from these raw figures, the appellant's countable income is equal to either 237.95% of the FPL for a household of one or 136.68% of the FPL for a household of three. Subsequent to the hearing the appellant submitted an updated pay stub showing that she had a GMI of \$3,521.07, which is which 280.56% of the FPL for a household of one or 163.62% of the FPL for a household of three. Again, after deducting five percentage points from these raw figures, the appellant's countable income is equal to either 275.56% of the FPL for a household of one or 158.62% of the FPL for a household of three. Unfortunately, in every case, the appellant's countable income appears to exceed 133% of the FPL, and therefore the appellant does not currently financially qualify for CarePlus.

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

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104