

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407546
Decision Date:	7/22/2024	Hearing Date:	06/28/2024
Hearing Officer:	Scott Bernard	Record Open to:	07/05/2024

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jessica Ramirez (Tewksbury 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:	7/22/2024	Hearing Date:	06/28/2024
MassHealth's Rep.:	Jessica Ramirez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury 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 May 9, 2024, MassHealth informed the appellant that starting on April 29, 2024, she was eligible for Health Safety Net (HSN) but did not qualify for a MassHealth benefit because her income exceeds the limit for MassHealth (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 9, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record remained open until July 5, 2024 to allow the appellant to submit updated income information, after which it closed.

Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for a MassHealth benefit because her income exceeds the limit for MassHealth.

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 exceeds the limit for MassHealth.

Summary of Evidence

An eligibility worker from the MassHealth Enrollment Center (MEC) in Tewksbury represented MassHealth and the appellant represented herself. Both parties attended the hearing telephonically,

The MassHealth representative testified to the following. The appellant submitted updated information to MassHealth on May 9, 2024, and based upon the submission, MassHealth issued the notice on appeal. (Testimony; Ex. 1). The appellant is under the age of ■ years old and lives in a household of two, consisting of herself and her child, who is under the age of ■ years old. (Testimony; Ex. 3). The appellant last reported that she receives \$1,148 every two weeks from employment. (Testimony). Based on this, the appellant's projected yearly income is \$29,852, and her gross monthly income (GMI) is \$2,487.72. (Testimony). The appellant's income places her at 141.5% of the federal poverty level (FPL). (Testimony). This is over 133% of the FPL, which is the income limit for MassHealth. (Testimony). For that reason, the notice states that due to her income the appellant is not eligible for a MassHealth benefit but is approved for Health Safety Net, which may be able to help pay for certain health services at the Massachusetts acute care hospitals or community health centers as a secondary coverage. (Testimony; Ex. 1). The appellant is also eligible for a Type 2 ConnectorCare plan. (Testimony; Ex. 3). The appellant's child was separately determined to be eligible for MassHealth Standard. (Testimony).

The appellant testified to the following. The appellant did report that she made around \$1,100 every two weeks to MassHealth sometime last year, but her income has since decreased. (Testimony). The appellant is working around three days per week, or sometimes only two days per week and so she is earning less money currently. (Testimony).

The MassHealth representative stated that, if the appellant were to submit update pay stubs showing countable income less than 133% FPL, she might be eligible for MassHealth Standard. (Testimony). The appellant requested time after the hearing to submit updated pay stubs to MassHealth and was given until July 5, 2024 to do so. (Testimony). On July 5, 2024, the hearing officer emailed the MassHealth representative and asked whether the appellant submitted the updated pay stubs. (Ex. 5). The MassHealth representative responded that the appellant had not submitted any further documentation. (Ex. 5).

Findings of Fact

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

1. The appellant submitted updated information to MassHealth on May 9, 2024, and based on the updated information, MassHealth issued a notice of eligibility. (Testimony; Ex. 1).
2. The appellant is under the age of ■ years old and lives in a household of two, consisting of

herself and her child, who is under the age of ■ years old. (Testimony; Ex. 3).

3. The appellant last reported that she receives \$1,148 every two weeks from employment. (Testimony).
4. Based on this, the appellant's projected yearly income is \$29,852, and her GMI is \$2,487.72. (Testimony).
5. The appellant's income places her at 141.5% of the FPL. (Testimony).
6. The appellant is eligible for a Type 2 ConnectorCare plan. (Testimony; Ex. 3).
7. The record remained open until July 5, 2024 to allow the appellant to submit updated income information. (Ex. 5).
8. The appellant submitted nothing during the record open period. (Ex. 5).

Analysis and Conclusions of Law

Parents and caretaker relatives of children under ■ years old can qualify for MassHealth Standard coverage if they meet specific requirements. (130 CMR 505.002(C)(1)). First the household income must not exceed 133% of the federal poverty level. (130 CMR 505.002(C)(1)(a)). Additionally, they must be either a U.S. citizen or a qualified noncitizen. (130 CMR 505.002(C)(1)(b)). If they are a parent, they need to live with their children and assume primary responsibility for their care, even in cases of separation, divorce, or custody arrangements. (130 CMR 505.002(C)(1)(c)(1)). Finally, they must use potential health insurance benefits in accordance with 130 CMR 503.007, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012. (130 CMR 505.002(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 the categorical criteria for MassHealth Standard for parents of children under age [REDACTED]. The income limit for MassHealth Standard is \$2,266 per month, which is equal to 133% of the federal poverty level for a household of two. The gross monthly household income for the appellant's household is \$2,487.72, which is 146.05% of the federal poverty level for a household of two. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 141.05% of the FPL. Unfortunately, since this countable income still exceeds 133% of the FPL, the appellant does not qualify financially for MassHealth Standard at this time.

For that reason, the appeal must be DENIED.

The appellant, however, may submit updated income documentation to MassHealth at any time.

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

¹ Neither the MassHealth representative nor the appellant indicated 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 December 31, 2018, 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.

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

Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957