

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407828
Decision Date:	7/24/2024	Hearing Date:	06/27/2024
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:	7/24/2024	Hearing Date:	06/27/2024
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 May 15, 2024, MassHealth informed the appellant that starting on January 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 15, 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

The MassHealth representative testified that the appellant is under the age of [REDACTED] and lives in a household of two with her minor child. (Testimony; Ex. 3). On May 8, 2024 the appellant reported to MassHealth that her income had changed to \$840.21 weekly. (Testimony). The appellant is on paid leave from her employer. (Testimony). Based on this weekly income, the appellant's gross monthly income (GMI) is \$3,644.96, which is equal to 208.68% of the federal poverty level (FPL) for a household of two. (Testimony). The appellant's income exceeds the income limit to qualify for MassHealth, which is no more than \$2,266 per month or 133% of the FPL for a household of two. (Testimony). MassHealth issued the notice under appeal as a result. (Testimony; Ex. 1). The appellant's minor child is eligible for MassHealth Family Assistance. (Testimony).

The appellant testified that she has been on paid leave for three months in order to care for her father who has cancer. (Testimony). The appellant's paid leave was recently extended into [REDACTED] (Testimony). The MassHealth representative stated that the appellant is eligible for a ConnectorCare plan with a subsidy of \$351 per month. (Testimony). The appellant would need to contact the Connector. (Testimony). The appellant stated that she is not able to afford the cost of the premium for a ConnectorCare plan even with the subsidy. (Testimony).

Findings of Fact

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

1. The appellant is under the age of [REDACTED] and lives in a household of two with her minor child. (Testimony; Ex. 3).
2. On May 8, 2024 the appellant reported to MassHealth that her income had changed to \$840.21 weekly. (Testimony).
3. The appellant is on paid leave from her employer. (Testimony).
4. Based on this weekly income, the appellant's GMI is \$3,644.96, which is equal to 208.68% of the FPL for a household of two. (Testimony).
5. The appellant's income exceeds the income limit to qualify for MassHealth, which is no more than \$2,266 per month or 133% of the FPL for a household of two. (Testimony).
6. MassHealth issued the notice under appeal as a result. (Testimony; Ex. 1).
7. The appellant's minor child is eligible for MassHealth Family Assistance. (Testimony).
8. The appellant is eligible for a subsidized ConnectorCare plan. (Testimony).

Analysis and Conclusions of Law

Parents and caretaker relatives of children under [REDACTED] 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 506.007(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 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 \$3,644.96, which is equal to 213.68% of the FPL for a household of two.

After deducting five percentage points from this raw figure, the appellant's countable income is equal to 208.68% of the FPL. Since this countable income 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.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning 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.

Scott Bernard
Hearing Officer
Board of Hearings

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