

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408753
Decision Date:	10/7/2024	Hearing Date:	08/22/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via video conference

Appearance for MassHealth:
Monica Ramirez (Quincy MEC) *via video conference*



*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:	Community Eligibility-Under 65/Income
Decision Date:	10/7/2024	Hearing Date:	08/22/2024
MassHealth's Rep.:	Monica Ramirez	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	Aid Pending:	Yes

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 June 3, 2024, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN) starting on May 24, 2024, but after July 31, 2024 she would no longer be eligible for MassHealth CarePlus because she was over the income limit for her household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on June 3, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

In a notice dated June 13, 2024, the Board of Hearings scheduled a video conference with the appellant for July 11, 2024. (Ex. 5). On July 11, 2024, the appellant did not appear for the videoconference. (Ex. 7). The appellant contacted BOH on the same date and explained that she had technical issues accessing the hearing. (Ex. 8; Ex. 9). For that reason, BOH rescheduled the hearing for August 22, 2024. (Ex. 10).

Action Taken by MassHealth

MassHealth determined the appellant was not eligible for MassHealth because her income exceeded the income limit for MassHealth coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008 and 506.007, in determining that the appellant's income exceeded the income limit to receive MassHealth benefits.

Summary of Evidence

A benefits eligibility representative from the Quincy MassHealth Enrollment Center (MEC) spoke on behalf of MassHealth and the appellant spoke on her own behalf. All individuals attended the hearing by video conference.

The MassHealth representative testified to the following. The appellant is an individual under the age of 65 and lives in a household of one. (Testimony; Ex. 1). On June 3, 2024, the appellant reported that her gross monthly income (GMI) was \$3,414.35, which is the equivalent of 267.06% of the federal poverty level (FPL) for a household of one. (Testimony; Ex. 1). The appellant had been a recipient of MassHealth CarePlus since August 19, 2023. (Testimony; Ex. 3). The income limit for a household of one to receive CarePlus is \$1,670 per month, which is 133% of the FPL for a household size of one. (Testimony).

The MassHealth representative spoke with the appellant on August 16 to discuss the reasons why the appellant does not qualify for coverage. (Testimony). The appellant reported that she was working part-time and earning \$514.31 weekly. (Testimony). The appellant's updated GMI was therefore \$2,228.51, equivalent to 172.57% of the FPL, which continued to exceed the income limit for the CarePlus coverage she was receiving. (Testimony). The appellant is residing with one other individual, but since this person was over the age of 19 years old, she is not being counted as part of the appellant's household. (Testimony). The MassHealth representative informed the appellant that her income continued to exceed the income limit for her household size. (Testimony).

The appellant testified to the following. The appellant was frustrated about her MassHealth eligibility. (Testimony). The appellant stated that she is actually residing with not one, but two of her grandchildren but confirmed that they were both over the age of 19 years old. (Testimony). The appellant was recently diagnosed with [REDACTED] and stated that this was causing her a great deal of emotional distress as well as financial strain. (Testimony). Despite netting around \$314 per week from her job, the appellant was struggling to afford necessary medications. (Testimony). The appellant was apprehensive about the high costs of medications. (Testimony). The appellant was distressed that she was caught in a system that seemed to disregard her needs, and felt that her circumstances were not being fully considered in the eligibility process. (Testimony). The appellant was concerned about the navigating the healthcare system, and had difficulty understanding her options and the requirements for receiving assistance. (Testimony). The appellant wanted adequate health coverage but did not want to make difficult choices regard financial stability and

receiving healthcare. (Testimony). The appellant was hesitant to apply for Social Security disability, as she wanted to continue working, despite having health issues. (Testimony). The appellant stated that she would follow up with the Health Connector in order to explore additional options. (Testimony).

Findings of Fact

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

1. The appellant is an individual under the age of 65 and lives in a household of one. (Testimony; Ex. 1).
2. The appellant is residing with her two grandchildren who are both over the age of 19 years old. (Testimony).
3. On June 3, 2024, the appellant reported that her GMI was \$3,414.35, which is the equivalent of 267.06% of the FPL for a household of one. (Testimony; Ex. 1).
4. The appellant had been a recipient of MassHealth CarePlus since August 19, 2023. (Testimony; Ex. 3).
5. The income limit for a household of one to receive CarePlus is \$1,670 per month, which is 133% of the FPL for that household size. (Testimony).
6. On August 16, 2024, the appellant reported that she was working part-time and earning \$514.31 weekly. (Testimony).
7. The appellant's updated GMI was therefore \$2,228.51, equivalent to 172.57% of the FPL, which continued to exceed the income limit for the CarePlus coverage she was receiving. (Testimony).

Analysis and Conclusions of Law

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 except for 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.).

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: be aged 21-64, be a U.S. citizen or qualified noncitizen, have a household income not exceeding 133% of the federal poverty level, be ineligible for MassHealth Standard, utilize available health insurance benefits or enroll if no cost or purchased by MassHealth, and not be enrolled in Medicare Parts A or B. (130 CMR 505.008(A),(C)).

The appellant meets the categorical criteria for MassHealth CarePlus. The income limit for CarePlus for a household of one is \$1,670 per month, which is equal to 133% of the FPL for that household size. At the time of the determination under appeal, the appellant's GMI was reported to \$3,414.35 per month, which is 272.06% of the FPL for a household of one. After deducting five percentage points from this raw figure, the appellant's countable income was equal to 267.06% of the FPL. On August 16, the appellant reported that her GMI had changed to \$2,228.51 per month, which was 177.57% of the FPL for a household of one. After deducting five percentage points from this raw figure, the appellant's countable income was equal to 172.57% of the FPL. Unfortunately, the appellant's reported countable income exceeded 133% of the FPL on both occasions, and for

¹ Neither the MassHealth representative nor the appellant stated 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 December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, 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.

that reason the appellant did not financially qualify for CarePlus.

For that reason, the appeal is 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

Remove aid pending.

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

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