

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408792
Decision Date:	8/26/2024	Hearing Date:	07/18/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Elizabeth Nickoson



*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, Eligibility, Over income
Decision Date:	8/26/2024	Hearing Date:	07/18/2024
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 3 (Remote)	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 28, 2024, MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is over the allowable limits (130 CMR 506.007(B); 502.003; Exhibit 1). The appellant filed this appeal in a timely manner on or about April 29, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible to receive MassHealth benefits because his income is over the allowable limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible to receive MassHealth benefits.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows:

The appellant, a tax-filer, resides in a household of 1 and previously received MassHealth CarePlus benefits. On March 28, 2024, the appellant completed his renewal application. The appellant's reported gross monthly income from employment and Social Security is \$2,928.62, which equates to 228.36% of the federal poverty level (FPL). On March 28th, MassHealth notified the appellant that he does not qualify for MassHealth benefits (Exhibit 1). The appellant is eligible for Health Safety Net benefits, and he is also eligible for a ConnectorCare plan through the Health Connector. *Id.* To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$1,670.00 for a household of 1.

The appellant testified that his income from employment varies and currently, he does not earn as much as he reported in March of 2024. The MassHealth representative inquired whether the appellant has knowledge of his current gross income. The appellant explained that he is unable to give an exact amount of his gross monthly income, however, his net amount from his current bi-weekly paystub indicates that he earned \$748 in net income. The MassHealth representative explained that his gross amount is required and suggested to submit his current paystubs to MassHealth. As to Social Security income, the appellant explained that he was overpaid and as a result, owes \$6,000.00. The appellant stated that he was supposed to receive \$761.00 per month, however, due to the overpayment, he will only receive \$700.00 per month moving forward. The MassHealth representative stated that she would adjust his Social Security income.

With respect to coverage through the Health Connector, the appellant testified that he spoke to a representative who explained to him what the different types of health plans were and his options. However, one of the appellant's physicians, a lung specialist, would only accept one of the plans that was offered to him and the cost of such is \$265.00 per month. The appellant explained that he cannot afford to pay that much money. Thus, the appellant opted for a health care plan that is lower in cost through the Health Connector.

The MassHealth representative stated that because the appellant is seeing a lung specialist, he has the option of submitting a Disability Supplement to MassHealth Disability Evaluation Services (DES) for review. If DES deems the appellant disabled, he may qualify for MassHealth CommonHealth benefits. The MassHealth representative confirmed that the appellant can still be employed if he is deemed eligible, as a working-disabled adult. Additionally, she explained the process of applying through DES and stated that she would mail him a Disability Supplement. The appellant stated that in addition to his lung issues, he is a diabetic and on numerous prescribed medications (See, Exhibit 5).

Findings of Fact

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

1. The appellant is an adult between the ages of [REDACTED] lives in a household of one, and files taxes.
2. The appellant was previously eligible for MassHealth CarePlus benefits prior to submitting his renewal application and updating his gross monthly income.
3. On or about March 28, 2024, MassHealth notified the appellant that he is not eligible to receive MassHealth benefits due to excess income.
4. The appellant's verified monthly gross income from employment and Social Security totals \$2,928.62, which is equal to 228.36% of the FPL for a household of one.
5. The appellant is eligible for Health Safety Net coverage.
6. The appellant is eligible for, and is currently enrolled in, a health care plan through the Health Connector.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* describe 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*. The MassHealth coverage types are:

- (1) *Standard* - for pregnant women, 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) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) *CarePlus* - for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) *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) *Small Business Employee Premium Assistance* - for adults or young adults who

- (a) work for small employers;
- (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
- (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
- (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) *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
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of [REDACTED] the appellant meets the categorical requirements for MassHealth CarePlus.¹ The question then remains as to whether he meets the income requirements to qualify.

An applicant is financially 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.” (See, 130 CMR 505.002(C)(1)(a)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

- (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.

¹ The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type.

In the present case, the appellant files taxes and does not dispute that he resides in a household of one.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(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 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.

The appellant's verified MAGI is \$2,928.62.² This amount exceeds 133% of the FPL for a household of one, which is \$1,670.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. This appeal is denied.³

² In accordance with 130 CMR 506.003(A), countable income includes earned income, which is "the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses." In accordance with 130 CMR 506.003(B), countable income also includes unearned income, which is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return, and includes Social Security benefits.

³ This denial does not preclude the appellant from directing any questions about his Health Connector plan to 1-

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

877-MA-ENROLL ([1-877-623-6765](tel:1-877-623-6765)), or inquiries concerning Health Safety Net to 877-910-2100. Additionally, this denial does not preclude the appellant from updating his income with MassHealth and filing a Disability Supplement with Disability Evaluation Services (DES) to ascertain whether he qualifies for additional coverage.