

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2408935
<b>Decision Date:</b>	8/30/2024	<b>Hearing Date:</b>	06/25/2024
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se*

**Appearances for MassHealth:**  
Patricia Donovan (Quincy MEC)  
Karishma Raja (Premium Billing) *via*  
Videoconference



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under 65/Income/Common Health/Premium
<b>Decision Date:</b>	8/30/2024	<b>Hearing Date:</b>	06/25/2024
<b>MassHealth's Reps.:</b>	Patricia Donovan; Karishma Raja	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 April 26, 2024, MassHealth informed the appellant that starting on March 31, 2024, she was eligible for MassHealth CommonHealth with a monthly premium \$9.00 starting in May 2024. (See 130 CMR 505.004; 506.011; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on June 5, 2024. (See 130 CMR 610.015(B) and Ex. 2). Through a notice dated June 10, 2024, MassHealth informed the appellant that starting on March 31, 2024, she was eligible for MassHealth CommonHealth with a monthly premium \$12.00 starting in July 2024. (See 130 CMR 505.004; 506.011; and Ex. 6, pp. 6-8). Determinations regarding the scope or amount of MassHealth assistance are valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant was eligible for MassHealth CommonHealth with a monthly premium.

### Issue

Whether the appellant is eligible for more comprehensive MassHealth coverage.

## Summary of Evidence

A worker from Quincy MassHealth Enrollment Center (MEC) (the MassHealth representative), and the appellant attended the hearing in person.<sup>1</sup> A MassHealth Premium Billing Research Specialist attended the hearing by video conference but was quickly dismissed when the appellant stated that she was contesting her eligibility but not the billing of her premium. (Testimony).

The MassHealth representative stated the following. The appellant is over the age of 21 years old but under 64 years old and lives in a household of one. (Testimony; Ex. 3). The appellant is disabled. (Testimony; Ex. 3). From November 18, 2013 through February 19, 2024 the appellant received MassHealth Standard with Buy-In. (Testimony; Ex. 3). In April 2024, MassHealth sent a renewal packet to the appellant. (Testimony). The appellant promptly submitted the completed renewal form as requested. (Testimony). However, the submitted information was incomplete for MassHealth to make an eligibility determination at that time. (Testimony). Specifically, MassHealth needed additional details regarding the appellant's income and requested this information. (Testimony).

On April 26, 2024, the appellant provided the income details via telephone and reported weekly employment income of \$231 and monthly Social Security benefits of \$1,003. (Testimony). Based on this, MassHealth calculated that the appellant's gross monthly income (GMI) was \$2,003.92, which equated to 154.68% of the federal poverty level (FPL) for a single-person household. (Testimony). MassHealth approved the appellant for MassHealth CommonHealth, sending the approval notice on April 26, 2024. (Testimony; Ex. 1). The notice stated that the appellant would be required to pay a monthly premium of \$9.00 starting in May 2024. (Testimony; Ex. 1).

On June 10, 2024, the appellant reported that her Social Security had increased to \$1,353.00 per month but her employment income decreased to \$170.00 per week. (Testimony). Based on this, MassHealth calculated that the appellant's GMI was now \$2,089.58, which equated to 161.50% of the FPL. (Testimony; Ex. 6, pp. 6-8). For that reason, also on June 10, MassHealth notified the appellant that she was still eligible for CommonHealth but with an increased monthly premium of \$12.00 starting in July 2024. (Testimony; Ex. 6, pp. 6-8).

The appellant did not dispute MassHealth's calculation of her income or the premium. (Testimony). She expressed consternation concerning the loss of the Buy-In benefit, because it meant that she was receiving less Social Security. (Testimony). The MassHealth representative informed the appellant that she did still have CommonHealth, which is a MassHealth coverage, without the Buy-In. (Testimony). The MassHealth representative informed the appellant that if she had access to health insurance through Medicare, she may wish to consider opting for the Buy-In separately and withdrawing from CommonHealth. (Testimony). The MassHealth representative took care to explain that the Buy-In was not medical coverage, unlike CommonHealth.

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<sup>1</sup> With the appellant's permission, two Board of Hearings interns also attended the hearing as observers but did not otherwise participate.

(Testimony). The MassHealth representative gave the appellant some resources she could consult if she wished to consider changing her MassHealth benefit. (Testimony).

## Findings of Fact

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

1. The appellant is over the age of 21 years old but under 64 years old and lives in a household of one. (Testimony; Ex. 3).
2. The appellant is disabled. (Testimony; Ex. 3).
3. From November 18, 2013 through February 19, 2024 the appellant received MassHealth Standard with Buy-In. (Testimony; Ex. 3).
4. In April 2024, MassHealth sent a renewal packet to the appellant. (Testimony).
5. On April 26, 2024, the appellant reported to MassHealth her weekly employment income of \$231 and monthly Social Security benefits of \$1,003. (Testimony).
6. Based on this, MassHealth calculated that the appellant's GMI was \$2,003.92, which equated to 154.68% of the FPL for a single-person household. (Testimony).
7. On April 26, 2024, MassHealth sent the appellant a letter notifying her that as of March 31, 2024 she was eligible for MassHealth CommonHealth with a monthly premium of \$9.00 starting in May 2024. (Testimony; Ex. 1).
8. On June 10, 2024, the appellant reported that her Social Security had increased to \$1,353.00 per month but her employment income decreased to \$170.00 per week. (Testimony).
9. Based on this, MassHealth calculated that the appellant's GMI was now \$2,089.58, which equated to 161.50% of the FPL. (Testimony; Ex. 6, pp. 6-8).
10. For that reason, also on June 10, MassHealth notified the appellant that she was still eligible for CommonHealth but with an increased monthly premium of \$12.00 starting in July 2024. (Testimony; Ex. 6, pp. 6-8).

## Analysis and Conclusions of Law

Disabled adults who are 21 through 64 years old are eligible for MassHealth Standard coverage if they meet specific requirements. (130 CMR 505.002(E)(1)). First the household income must not exceed 133% of the federal poverty level. (130 CMR 505.002(E)(1)(b)). Furthermore, the individual

must be permanently and totally disabled as defined by MassHealth. (130 CMR 505.002(E)(1)(a)). Additionally, they must be either a U.S. citizen or a qualified noncitizen. (130 CMR 505.002(E)(1)(c)). 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(E)(1)(d)).

Financial eligibility for coverage types that are determined using the MassHealth Disabled Adult 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 and unearned income less deductions<sup>2</sup>. (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 and may include wages, salaries, tips, commissions, and bonuses. (130 CMR 506.003(A)). Unearned income 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 may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income. (130 CMR 506.003(B)).

In determining monthly income, the MassHealth agency multiplies average weekly income by

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<sup>2</sup> 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 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.

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 disabled adults who are 21 through 64 years old. The income limit for MassHealth Standard is \$1,670 per month, which is equal to 133% of the federal poverty level for a household of one. At the time MassHealth sent the appellant the April 26, 2024 notice, the appellant's gross monthly household income is \$2,003.92, which is 159.68% of the federal poverty level for a household of one. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 154.68% of the FPL. This meant that the appellant was not eligible for MassHealth Standard. The appellant subsequently reported that her GMI had increased to \$2,089.58, which meant, after subtraction of 5%, that her countable FPL was 161.50%. The appellant's income still exceeded the financial threshold to be eligible for MassHealth Standard.

Medicare Premium Payment.

(1) The MassHealth agency, in accordance with the Medicare Savings Program as described in 130 CMR 519: Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB) and 519.011: Medicare Saving Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals also pays the cost of the monthly Medicare Part B premium on behalf of members who meet the requirements of 130 CMR 505.004 and who have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 135% of the FPL.

(2) The coverage described in 130 CMR 505.004(L)(1) begins on the first day of the month following the date of the MassHealth eligibility determination and may be retroactive up to three months prior to the date the application was received by MassHealth.

(130 CMR 505.004(L)).

Because the appellant's income also exceeds 135% of the federal poverty level, she is not financially eligible for the Medicare premium payment benefit under CommonHealth.

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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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