

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409224
Decision Date:	7/29/2024	Hearing Date:	07/26/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:
Pro se

Appearance for MassHealth:
Via telephone:
Marcus Levine, Charlestown MEC



*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:	Eligibility; Under 65; Income
Decision Date:	7/29/2024	Hearing Date:	07/26/2024
MassHealth's Rep.:	Marcus Levine	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center – 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 June 6, 2024, MassHealth approved the appellant for MassHealth CommonHealth benefits effective May 25, 2024 with no monthly premium (Exhibit 1). The appellant filed this appeal in a timely manner on June 11, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Determinations regarding scope or amount of assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth benefits effective May 25, 2024 with no monthly premium.

Issue

The appeal issue is whether MassHealth was correct in approving the appellant for MassHealth CommonHealth with no monthly premium.

Summary of Evidence

The appellant and MassHealth representative appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is an adult between the ages of [REDACTED] who has a household size of one and a verified disability. She is a tax filer with no dependents and has Medicare. On June 4, 2024, MassHealth received the appellant's Social Security benefits letter showing gross monthly income of \$1,810, which is 144.22% of the Federal Poverty Level (FPL) for a household of one. The income limit to qualify for MassHealth Standard as a disabled adult under the age of [REDACTED] is 133% of the FPL, or \$1,670 for a household of one. The appellant is over the allowable income limit to qualify for MassHealth Standard. MassHealth issued a notice on June 6, 2024 informing the appellant that she was approved for MassHealth CommonHealth effective May 25, 2024 with no monthly premium. The income limit for an individual on MassHealth CommonHealth to qualify for the Medicare Savings Program (or Buy-In) is 135% of the FPL. The appellant is also above that limit.

The appellant understood the income limits, but stated that she did some research and prior to COVID, the limit for a disabled person was 150% of the FPL, not 133%. She disagreed with the regulations and the FPL guidelines. She felt that the income limits were too low and she was not given enough time or notice to adjust to the change.

The MassHealth representative referred the appellant to the Executive Office of Health and Human Services as well as the MassHealth Disability Ombudsman.

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] with a verified disability and household size of one (Testimony and Exhibit 4).
2. On June 6, 2024, MassHealth notified the appellant that she was approved for MassHealth CommonHealth effective May 25, 2024 with no monthly premium (Testimony and Exhibit 1).
3. On June 11, 2024, the appellant filed a timely appeal (Exhibit 2).
4. The appellant's most recently verified gross monthly income is \$1,810, which is 144.22% of the FPL (Testimony and Exhibit 1).
5. To qualify for MassHealth Standard benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,670 gross per month (Testimony).

6. To qualify for the Medicare Savings Program (or Buy-In) as an individual on MassHealth CommonHealth, an applicant must be at or below 135% of the FPL (Testimony).
7. The appellant did not dispute her income, but disagreed with the regulations and FPL guidelines (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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.

¹ "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 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.

(2) 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 MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based 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 as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(130 CMR 506.007(A)).

Categorically, as a disabled adult the appellant is eligible for MassHealth Standard and MassHealth CommonHealth. Under 130 CMR 505.002(E)(1)(b), the income limit for MassHealth Standard for a disabled adult between the ages of [REDACTED] is 133% of the FPL. For a household of one, that limit is \$1,670 gross per month. The appellant's most recently verified gross monthly income is \$1,810, which is 144.22% of the FPL for a household of one. After deducting five percentage points of the current FPL, the appellant's countable income is 139.22% of the FPL. Because the appellant's income exceeds 133% of the FPL, she is over the income limit and not financially eligible for MassHealth Standard. Additionally, pursuant to 130 CMR 505.004(L), the income limit to qualify for the Medicare Premium Payment (or the Medicare Savings Program or Buy-In) for someone who meets the requirements for CommonHealth is less than or equal to 135% of the FPL. The appellant is also over that limit and not financially eligible for the Buy-In.

For these reasons, the MassHealth decision approving the appellant for MassHealth CommonHealth was correct and 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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129