

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409459
Decision Date:	09/06/2024	Hearing Date:	07/17/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Karyn Ngalimbaya, 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
Decision Date:	09/06/2024	Hearing Date:	07/17/2024
MassHealth's Rep.:	Karyn Ngalimbaya	Appellant's Rep.:	Pro se
Hearing Location:	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 3, 2024, MassHealth notified Appellant that she was not MassHealth eligible (130 CMR 505.001 and Exhibit 1). Appellant filed this appeal in a timely manner on June 17, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that she was not eligible for MassHealth coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.007 in determining that Appellant is not MassHealth eligible.

Summary of Evidence

The MassHealth representative testified that Appellant is a U.S. citizen, under 65 years of age, reported a pregnancy, and lives in a non-disabled household size of 2. Appellant is employed and reported income that equated to 201.10% of the federal poverty level which exceeded 200% of

the federal poverty level, \$3,407 per month for a household size of 2. Prior to the hearing, MassHealth contacted Appellant who indicated she had stopped working one of her two jobs and reported income that equated to 198.55% of the federal poverty level. Appellant was opened on Standard coverage, with income verification pending. MassHealth received 2 paystubs for pay periods ending May 26, 2024 and June 9, 2024 showing gross bi-weekly income of \$2,069.28 and \$2,072.80 respectively, which MassHealth testified equates to 258.49% of the federal poverty level. Standard coverage again terminated, and Appellant was referred to Health Connector and Health Safety Net because income exceeded 200% of the federal poverty level for 2, \$3,407.

Appellant acknowledged that she self-attested her net income rather than her gross income and agreed with MassHealth's calculation of gross income.

Findings of Fact

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

1. Appellant is a U.S. citizen under 65 years of age, reported a pregnancy, and lives in a non-disabled household size of 2.
2. Appellant is employed and initially reported income that equated to 201.10% of the federal poverty level which exceeded 200% of the federal poverty level, \$3,407 per month for a household size of 2.
3. Appellant self-attested income that equated to 198.55% of the federal poverty level. Appellant was opened on Standard coverage, with income verification pending.
4. MassHealth received 2 paystubs for pay periods ending May 26, 2024 and June 9, 2024 showing gross bi-weekly income of \$2,069.28 and \$2,072.80 respectively.
5. Appellant's countable monthly income of \$4,486.99 places Appellant at 258.32% of the federal poverty level.
6. 100% of the federal poverty level for a household of 2 is \$1,704.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. (130 CMR 501.003(A)). MassHealth offers several coverage types. (130 CMR 501.003(B)). The coverage type for which an individual is eligible is based on their income and circumstances. (130 CMR 515.003(B)).

Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

Regulation 130 CMR 505.002 (D) states:

(D) Eligibility Requirements for People who are Pregnant.

- (1) A person who is pregnant is eligible if
 - (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and
 - (b) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, nonqualified PRUCOL, or other noncitizen as described in 130 CMR 504.003: *Immigrants*.
- (2) In determining the MassHealth MAGI household size, the unborn child or children are counted as if born and living with the mother.
- (3) Eligibility, once established, continues for the duration of the pregnancy.
- (4) Eligibility for postpartum care for pregnant individuals who meet the requirements of 130 505.002(B)(2) and (3), (C) through (H), and (L) continues for 12 months following the termination of the pregnancy plus an additional period extending to the end of the month in which the 12-month period ends.

In determining monthly income, MassHealth averages weekly income by 4.333 (130 CMR 506.007(A)). The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements. (130

CMR 505.001). Appellant reported a pregnancy and her household size is 2 (130 CMR 505.002(D)(2)).

Pursuant to 130 CMR 506.003, countable household 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) (130 CMR 506.003).

MassHealth allows the following deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees. (130 CMR 506.003(D)).

Appellant did not present evidence of any of these deductions for MassHealth to consider (130 CMR 506.003(D)).

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) (130 CMR 506.007). Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007). In this case, earned income from Appellant alone forms the basis for establishing eligibility for MassHealth. In determining monthly income, MassHealth averages weekly income by 4.333 (130 CMR 506.007(A)). 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)). MassHealth received 2 paystubs for pay periods ending May 26, 2024 and June 9, 2024 showing gross bi-weekly income of \$2,069.28 and \$2,072.80 respectively for average monthly income totaling \$4,486.99.¹ Appellant's countable monthly income of \$4,486.99 places Appellant at 258.32% of the federal poverty level [$\$4,486.99 - \$85.20 = \$4,401.79$] [$\$4,401.79 \div \$1,704 = 258.32\%$]. MassHealth correctly calculated Appellant's household income to equate to 258% of the federal poverty level in determining

¹ $\$2,069.28/2 = \$1,034.64$ weekly; $\$2,072.89/2 = \$1,036.44$ weekly, and averages $\$1,035.54$ per pay period.
 $\$1,035.54 \times 4.333 = \$4,486.99$.

eligibility (130 CMR 506.007(A)). Appellant's countable income exceeds 200% of the federal poverty level for a household size of 2 [\$3,407] making Appellant ineligible for MassHealth Standard (130 CMR 505.002(E)(1)(b)), and she is not eligible for any other coverage types. (130 CMR 505.001).

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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