

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409607
Decision Date:	9/10/2024	Hearing Date:	07/17/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Langze Phunkhang, 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:	9/10/2024	Hearing Date:	07/17/2024
MassHealth's Rep.:	Langze Phunkhang	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 May 22, 2024, MassHealth denied Appellant's application for MassHealth benefits because MassHealth determined that Appellant is not MassHealth eligible (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on June 20, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth benefits because MassHealth determined that Appellant is not MassHealth eligible.

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 an initial application was submitted to MassHealth and denied by notice dated May 22, 2024, because MassHealth determined that Appellant is not MassHealth eligible. Appellant is under 65 years of age, is not disabled, and did not report a pregnancy. MassHealth testified that Appellant is employed with monthly gross income totaling \$2,450.47 for a household size of one person, which equates to 190.26% of the federal poverty level. MassHealth maintained that Appellant is not eligible for MassHealth coverage because income exceeds 133% of the federal poverty level, \$1,607, but is eligible for Health Safety Net, and a Connector Care Plan, Type 3A with advanced premium tax credits.

Appellant verified household size and gross bi-weekly income of \$1,408 (Exhibit 2, p. 6). Appellant testified that she contacted the Health Connector and was told that she would incur a \$400 monthly premium which she cannot afford. She added that her employer does not offer health insurance, and the Connector Plans would only cover some of her medications, and only 3 of her 5 doctors. Appellant submitted a list of household expenses which includes student loan interest, but did not submit to MassHealth a tax return which reflect student loan interest paid (Exhibit 2).

Findings of Fact

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

1. Appellant is under 65 years of age, is not disabled, and did not report a pregnancy.
2. Appellant is employed with \$1,408 gross bi-weekly pay.
3. 100% of the federal poverty level for a household size of 1 is \$1,255.
4. 133% of the federal poverty level for a household size of one person is \$1,670.
5. Appellant is eligible for Health Safety Net, and a Connector Care Plan, Type 3A with advanced premium tax credits.

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

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.

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 interest¹; and

¹ Appellant listed \$270 monthly student loans in addition to living expenses but has not submitted to MassHealth a tax return showing student loan interest paid to allow MassHealth to factor the deduction in determining financial eligibility.

(11) higher education tuition and fees. (130 CMR 506.003(D)).

Appellant submitted evidence of dental, medical, and prescription expenses, and listed household expenses which do not correspond to the allowable deductions enumerated at 130 CMR 506.003(D). Countable income includes the total amount of taxable earned income described in 130 CMR 506.003(A) in addition to unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D)). Income of all the household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). Here, 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)).² 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)). Appellant's average countable monthly income of \$3,050.43 places Appellant at 238% of the federal poverty level [$\$3,050.43 - \$62.75^3 = \$2,987.68$] [$\$2,987.68 \div \$1,255 = 238\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of 1 [$\$1,670$] making Appellant ineligible for MassHealth CarePlus which requires income below 133% of the federal poverty level, \$1,670 (130 CMR 505.008). Appellant is not categorically eligible for any other MassHealth coverage types (130 CMR 505.001).

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED. Appellant can direct any question about the Health Connector to 1-877-623-6765 and can direct any question about the Health Safety Net to 877-910-2100.

Order for MassHealth

None.

² Appellant is paid \$1,408 biweekly which equates to \$704 weekly x 4.333 = \$3,050.43.

³ 5% of \$1,255.

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