

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]
[REDACTED]
[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2409700
Decision Date:	08/15/2024	Hearing Date:	07/31/2024
Hearing Officer:	Radha Tilva		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Langze Phunkhang, Charlestown MEC Rep.



*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:	08/15/2024	Hearing Date:	07/31/2024
MassHealth's Rep.:	Langze Phunkhang	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MEC-telephonic	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 9, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that appellant is over the income limit for MassHealth (Exhibit 1). The appellant filed this appeal in a timely manner on June 21, 2024 (see 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 eligibility for MassHealth benefits because he was over the income limit for MassHealth.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is over the income limit for MassHealth benefits.

Summary of Evidence

MassHealth was represented by a caseworker who appeared by telephone. The appellant also appeared by telephone. The MassHealth representative testified that appellant was denied MassHealth benefits on May 9, 2024 because the income for the household of 3 was too high. The representative explained that a missing data letter was sent twice to the appellant, on February 2, 2024 and February 22, 2024. No information was received by May 9, 2024. An electronic federal data match showed household income at 417.18% of the federal poverty level in MassHealth's computer system. The gross income that was previously in the system for appellant was \$2,677.79 a month. Only income for the husband (the appellant) was on file (MassHealth testimony). It was explained that the household limit for MassHealth benefits is 133% of the federal poverty level, or a gross monthly income of \$2,862.00. It was also explained that appellant needs to submit new paystubs to MassHealth to verify his income and update it in the system. The appellant is eligible for a plan through the Health Connector (MassHealth testimony).

The appellant testified that he makes approximately \$2,400.00 a month and stated that he already sent his paystubs to MassHealth. It was explained that he should re-send the paystubs because there was no record of them in MassHealth's system. The appellant reported that his wife is working part time for a health care company. The appellant stated that he cannot afford the Health Connector as it costs about \$500.00 a month. The appellant further testified that his daughter is a university student, who is over 20 years old, moved out and is no longer living at home. The appellant testified that he has critical health issues and that he needs health insurance. It was explained that it is the applicant's responsibility to submit paystubs to MassHealth and update the household income. A fax number was provided for him to submit the information.

Findings of Fact

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

1. The appellant is under the age of 65, not disabled, and had a household size of 3 when MassHealth made the determination.
2. On February 2, 2024 and February 22, 2024 MassHealth sent a missing data letter to appellant.
2. No information was received by May 9, 2024, so MassHealth used a federal electronic data match to verify household income.
3. The data match showed that the household income was 417.18% of the federal poverty level.

4. The income limit for MassHealth benefits is 133% of the federal poverty level.
5. The household size at the time of the determination was three.
6. MassHealth denied appellant MassHealth benefits on May 9, 2024 finding that he was over the income limit.
7. The appellant's daughter no longer lives in the household.
8. The appellant's wife works part-time.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a 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*.

- (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 21 through 64 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) 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.

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. The appellant meets categorical eligibility for MassHealth CarePlus. However, MassHealth CarePlus requires that appellant's modified adjusted gross income of the MassHealth Adult household is less than or equal to 133% of the federal poverty level (130 CMR 505.002(E)(1)(b) and 130 CMR 505.008(A)(2)(c)). As the MassHealth representative explained

133% of the federal poverty level is equal to \$2,862.00 per month.

As testified to by the MassHealth representative, MassHealth requested proof of appellant's income on two separate occasions. Typically, an applicant is given 90 days to verify requested corroborative information (130 CMR 502.002(B)). As of the hearing date, MassHealth still had not received proof. Pursuant to 130 CMR 502.002(D) and 130 CMR 502.003(D), if the information is not received within 90 days, the MassHealth agency will attempt to redetermine eligibility using electronic data sources. The electronic data match revealed that appellant's household income was 417.18% of the federal poverty level, well above the permitted 133%. Thus, MassHealth did not err in denying appellant MassHealth benefits. It is the applicant's responsibility to cooperate with MassHealth to establish and maintain MassHealth benefits (130 CMR 501.010(A)). The appellant may submit new paystubs of all working household members to MassHealth in order to update MassHealth's system.

For the foregoing reasons, this 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.

Radha Tilva
Hearing Officer
Board of Hearings

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