

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411405
Decision Date:	9/6/2024	Hearing Date:	08/30/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:  
Pro se

Appearance for MassHealth:  
Kristine Angelari, Tewksbury MassHealth  
Enrollment Center

Portuguese Interpreter:



*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>	Adult Eligibility; Countable Income
<b>Decision Date:</b>	9/6/2024	<b>Hearing Date:</b>	08/30/2024
<b>MassHealth's Rep.:</b>	Kristine Angelari	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 2 (Telephone)	<b>Aid Pending:</b>	Yes

### 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 July 17, 2024, MassHealth terminated the appellant's MassHealth benefit because MassHealth determined that the appellant no longer met the income requirement for MassHealth (*See* 130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on July 23, 2024 (*See* 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (*See* 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefit due to the appellant's income being too high.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007(B), in determining that the appellant's income was too high for MassHealth Standard.

## Summary of Evidence

The appellant is an adult under the age of 65 residing in a household of 2 with her spouse. The appellant appeared telephonically, verified her identity, and testified through an interpreter. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center, who also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that a notice requesting information to verify the appellant's income was sent on June 25, 2024. On July 15, 2024, MassHealth received pay stubs for the appellant and her spouse. These pay stubs were processed on July 17, 2024, which triggered the notice to the appellant that her income was too high to receive MassHealth<sup>1</sup>. Testimony, Exhibit 1. The household income is 193.46% of the federal poverty level (FPL); this means that the members of the household are financially eligible for a Health Connector plan type 3C<sup>2</sup>. The MassHealth representative concluded her testimony by stating that the appellant should reach out to the Health Connector, and she will find that there are several options for her to enroll in with different monthly premiums. Testimony.

The appellant, through an interpreter, responded that she does not understand how she can have MassHealth coverage and now when MassHealth has asked for documents, which she sent, her coverage is terminated. Testimony. She stated she does not make \$1,000.00 per week; that is just the amount earned in the weeks that she works. Testimony. The MassHealth representative stated that the appellant should send 4 consecutive weeks of her most recent pay stubs if she disputes MassHealth's calculations, because MassHealth received 4 weeks of pay stubs from [REDACTED], which is the employer of the appellant and her spouse. The appellant sent those paystubs to MassHealth herself, and those pay stubs show their household earns \$1,000.00 per week at their jobs. Testimony.

## Findings of Fact

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

- 1) The appellant is an adult under the age of 65 residing in a household of 2 with her spouse. (Testimony, Exhibit 4.)

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<sup>1</sup> Exhibit 4, a printout of the appellant's Medicaid Management Information System (MMIS) shows that the appellant previously received MassHealth Limited from 11/19/2021-04/02/2024 and that she is coded as a non-citizen.

<sup>2</sup> The weekly gross income for the household was calculated to be \$1,000.00 per week based upon pay stubs the appellant submitted to MassHealth.

- 2) The appellant verified her income using 4 paystubs from her employer, which reported a household modified adjusted gross income of \$1,000.00 per week, which is 193.46% of the 2024 federal poverty level (FPL). (Testimony by MassHealth's representative.)
- 3) The appellant previously received MassHealth Limited benefits from November 19, 2021-April 2, 2024.

## Analysis and Conclusions of Law

MassHealth offers a variety of coverage types 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.

MassHealth Limited is available for "adults 21 through 64 years old who are ... adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL ... ." (130 CMR 505.006(B)(1)(a)4.) There is a category of MassHealth Standard for "Individuals with Breast or Cervical Cancer," but this coverage is only available if the applicant is "a citizen ... a qualified noncitizen ... ." (130 CMR 505.002(F)(1)(e).)

MAGI household income includes

(1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(130 CMR 506.003(A)(1)-(2))

Monthly income is derived by multiplying average weekly income by 4.333, and "[f]ive 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).)

Here, the appellant disputed MassHealth's determination of her income; however, MassHealth based its determination of the appellant's eligibility on the pay stubs that *the appellant submitted herself*. The appellant's assertion that household does not earn \$1,000.00 per week when that is what is reflected in the documentation that she submitted to MassHealth to verify her income and employment is not credible. The appellant is urged to resubmit pay stubs to MassHealth that accurately reflect her employment situation and income, and MassHealth will then be able to

redetermine her financial eligibility for MassHealth. Until that time, the appellant is eligible for a Health Connector plan type 3C and she may contact the Health Connector directly to enroll in one of several plans available.

Because the appellant's household income is over 133% of the federal poverty level, MassHealth's decision that she is ineligible for any coverage was correct.

This appeal is DENIED.

## **Order for MassHealth**

Remove Aid Pending.

## **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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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957