

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412458
Decision Date:	10/8/2024	Hearing Date:	09/10/2024
Hearing Officer:	Radha Tilva		

Appearance for Appellant:



Appearance for MassHealth:

Kristine Angelari, Tewksbury MEC Rep.
(telephonic)



*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 - income
Decision Date:	10/8/2024	Hearing Date:	09/10/2024
MassHealth's Rep.:	Kristine Angelari	Appellant's Rep.:	██████
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 July 15, 2024, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that appellant is over income for MassHealth benefits (Exhibit 1). The appellant filed this appeal in a timely manner on August 13, 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's application for MassHealth benefits because MassHealth determined that appellant is over income for MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for MassHealth benefits.

Summary of Evidence

The appellant and MassHealth representative appeared by telephone. The MassHealth representative testified to the following: appellant applied for MassHealth benefits on June 24, 2024. Her application was processed on July 15, 2024. The application was incomplete, and a missing critical data letter was sent that same day, and again on August 5, 2024. The appellant completed a phone application on July 15, 2024, and MassHealth informed appellant that she was eligible for a Connector Care Type IIB plan. A notice was mailed that same day.

The appellant is under the age of 64, has a household size of 3, and is a tax filer. The income on file was \$2,000.00 biweekly, or \$4,333.00 monthly (Exhibit 5). The income limit for MassHealth benefits is 133% of the federal poverty level, which equals \$2,862.00 a month for a household size of 3.

The appellant stated that she submitted three applications prior to this one, and that she went in person and felt like she never got the information she received at hearing. The appellant testified that she has been trying to work on this since February, and has gotten different information every time she has spoken with MassHealth. The appellant stated that her income fluctuates and that she made less than the \$2,000.00 biweekly the last two months.¹

Findings of Fact

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

1. Appellant applied for MassHealth benefits on June 24, 2024.
2. The application was incomplete, and a missing critical data letter was sent that same day and again on August 5, 2024.
3. On July 15, 2024, the appellant completed a phone application, which was processed.
4. It was determined that she was ineligible for MassHealth benefits, but was eligible for a plan through the Health Connector.
5. Appellant is a tax filer, has a household size of 3, with biweekly income of \$2,000.00, and monthly modified adjusted gross income of \$4,333.00.
6. The income limit for a household size of 3 is 133% of the federal poverty level or \$2,862.00

¹ The MassHealth representative explained that she must submit paystubs and explained the ways she can do so. A fax number was provided for MassHealth, (857) 323-8300.

monthly.

7. The appellant's income has changed since when she completed the income in July 2024.

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*.

(A) The MassHealth coverage types are the following:

- (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.

130 CMR 505.001(A). In order to establish eligibility for MassHealth benefits, applicants must meet both categorical and financial requirements. The appellant meets categorical eligibility for MassHealth Standard and CarePlus benefits because she is under the age of 65, a parent, and a citizen. However, MassHealth Standard and MassHealth CarePlus benefits require that the 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 explained at hearing, 133% of the federal poverty level for a household size of 3 is equal to \$2,862.00 per month. Appellant's gross income in the system at the time of the hearing was \$2,000.00 bi-weekly, which amounts to more than 133% of the federal poverty level. Therefore, she

does not qualify for MassHealth Standard or CarePlus coverage. The appellant is instead eligible for a plan through the Health Connector.

It was explained to appellant that she can submit new paystubs reflecting the change in her income, per 130 CMR 501.010(B), which requires that the applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

For the above 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957