

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412937
Decision Date:	11/12/2024	Hearing Date:	09/23/2024
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Secorya Chin – Quincy 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; Under 65; Termination; Over income
Decision Date:	11/12/2024	Hearing Date:	09/23/2024
MassHealth's Rep.:	Secorya Chin	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 7 (Remote)	Aid Pending:	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 August 5, 2024, MassHealth notified the appellant that her MassHealth benefit were ending on September 30, 2024 because MassHealth determined that her income is too high (Exhibit 1). The appellant filed this appeal in a timely manner on August 15, 2024 (130 CMR 610.015(B); Exhibit 2). Reduction and/or termination of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her CarePlus coverage was ending on September 30, 2024 due to being over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that her coverage was ending on September 30, 2024 due to being over the allowable income limits.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing telephonically and testified as follows:

The appellant, a tax-filer, resides in a household of 1 and previously received MassHealth CarePlus benefits. On August 2, 2024, MassHealth received the appellant's job update form. The appellant's reported gross weekly income from employment is \$913.65, or \$ 32,000.00, which equates to 310.45% of the federal poverty level (FPL). On August 5th, MassHealth notified the appellant that her CarePlus benefits were terminating on September 30, 2024 because her income is too high (Exhibit 1). The appellant is eligible for Health Safety Net benefits, and she is also eligible for a ConnectorCare plan through the Health Connector. *Id.* To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$1,670.00 for a household of 1. To be eligible for MassHealth benefits, an applicant's gross income cannot exceed 133% of the FPL, which is \$1,670.00 per month, or \$20,040.00 per year for a household of 1.

The appellant stated confirmed her income amount. She explained that after paying her bills, mortgage and groceries every month, she does not have any money left. She explained that the methadone clinic that she attends requires health coverage. Without attending the clinic, she will lose her employment, and she recently received a job promotion. The appellant inquired if she could pay a partial amount to retain her MassHealth coverage. The MassHealth representative explained that the appellant's gross monthly income cannot exceed 133% of the FPL to qualify for MassHealth benefits. She suggested that if her employment offers health insurance, she may be eligible to apply for an Employer-Sponsored Health Insurance (ESI) plan and Premium Assistance may be able to assist with her premiums if she is deemed eligible. The appellant explained that she is not eligible to apply for health insurance with her employment until January of next year.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64, lives in a household of one, and files taxes.
2. The appellant was previously eligible for MassHealth CarePlus benefits prior to submitting her job update form and gross weekly income on August 2, 2024.
3. On or about August 5, 2024, MassHealth notified the appellant that her coverage was terminating on September 30, 2024 due to excess income.
4. The appellant's verified monthly yearly income from employment totals \$32,000.00, which

is equal to 310.45% of the FPL for a household of one.

5. The appellant is eligible for Health Safety Net coverage.
6. The appellant is eligible for a health care plan through the Health Connector.
7. The appellant timely appealed this MassHealth action on August 15, 2024.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* describe the categorical requirements and financial standards that must be met to qualify for a particular 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*. The MassHealth coverage types are:

- (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) *Small Business Employee Premium Assistance* - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, as an adult between the ages of 21 and 64, the appellant meets the categorical requirements for MassHealth CarePlus.¹ The question then remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth CarePlus if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (See, 130 CMR 505.002(C)(1)(a)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

(a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;

(b) the taxpayer’s spouse, if living with him or her regardless of filing status;

(c) all persons the taxpayer expects to claim as tax dependents; and

(d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant files taxes and does not dispute that she resides in a household of one.

130 CMR 506.007 describes how an applicant’s modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual’s household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency

¹ The record does not include any evidence to suggest that the appellant would be categorically eligible for any other MassHealth coverage type.

multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

(1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.

(2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.

(3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$3,958.84.² This amount exceeds 133% of the FPL for a household of one, which is \$1,670.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations. This appeal is denied.³

Order for MassHealth

None, except to 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

² In accordance with 130 CMR 506.003(A), countable income includes earned income, which 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." In accordance with 130 CMR 506.003(B), countable income also includes unearned income, which is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return and includes Social Security benefits.

³ This denial does not preclude the appellant from directing any questions regarding Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100. Additionally, this denial does not preclude the appellant from inquiring about ESI with her employer.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171