

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413143
Decision Date:	2/12/2025	Hearing Date:	11/12/2024
Hearing Officer:	Scott Bernard	Record Open to:	01/02/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva (Taunton 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:	Community Eligibility – Under 65 – Income
Decision Date:	2/12/2025	Hearing Date:	11/12/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton 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 June 27, 2024, MassHealth informed the appellant that he was eligible for the Health Safety Net (HSN) starting on June 17, 2024, but would no longer be eligible for MassHealth CarePlus after July 31, 2024 because he was over the income limit for his household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed an appeal in a timely manner on August 23, 2024 requesting an in-person fair hearing. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

On August 27, 2024, the Board of Hearings (BOH) notified the appellant in writing that it had scheduled an in-person fair hearing for September 23, 2024 at 10:00 AM at the Taunton MassHealth Enrollment Center (MEC). (Ex. 5). On September 23, 2024, the appellant did not appear at the Taunton MEC at 10:00 AM and after waiting 10 minutes the assigned BOH hearing officer marked the appellant's appeal as Did Not Attend (DNA). (Ex. 6). On September 25, 2024, BOH sent the appellant a notice informing him that his appeal would be dismissed unless, within 10 days, he requested in writing that the dismissal be vacated and explain his failure to appear. (Ex. 7). On October 15, 2024, the appellant submitted a letter requesting that BOH vacate the dismissal and explained his failure to appear at the Taunton MEC for his September 23, 2024 hearing. (Ex. 8). Based upon this letter, BOH vacated the dismissal and reinstated the appellant's appeal. (Ex. 9). On October 22, 2024, BOH notified the appellant that it had scheduled an in-person fair hearing for November 12, 2024 at 10:30 A.M. at the Taunton MEC. (Ex. 10).

Before the conclusion of the hearing on November 12, 2024, the appellant requested that the hearing record remain open until December 12, 2024 to allow him an opportunity to submit his renewal application, which would include updated income information. The record open was extended until January 2, 2025 at which time the record closed.

Action Taken by MassHealth

MassHealth determined the appellant was not eligible for MassHealth because his income exceeded the income limit for MassHealth coverage.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.008 and 506.007, in determining that the appellant's income exceeded the income limit to receive MassHealth benefits.

Summary of Evidence

A benefits eligibility representative from the Taunton MassHealth Enrollment Center attended the hearing telephonically and spoke on behalf of MassHealth. The appellant spoke on his own behalf and appeared in person.

The MassHealth representative testified to the following. The appellant, who is under the age of 65, is a tax filer living in a household of one. (Testimony; Ex. 3). The appellant self-reports gross monthly income (GMI) of \$1,302.50, which includes \$19.16 from interest and dividends and \$1,283.33 from retirement or pension benefits. (Testimony). This would place his income at 98.78% of the federal poverty level (FPL). (Testimony). In June 2024, MassHealth received an electronic data match from the Federal Hub indicating that the appellant's income was equal to 288.11% of the FPL after the 5% adjustment. (Testimony). For that reason, MassHealth issued the notice under appeal on June 27, 2024, which terminated the appellant's CarePlus effective July 31, 2024. (Testimony; Ex. 1). The appellant's CarePlus did, in fact, end on July 31, 2024. (Testimony; Ex. 3).

MassHealth sent the appellant a renewal notice in September 2024, with a due date of October 2, 2024. (Testimony). A second data match with the Federal Hub in October 2024 indicated the appellant's income level was equal to 551.49% of the FPL. (Testimony). The appellant remains eligible for the Health Safety Net and an unsubsidized plan through the Health Connector. (Testimony; Ex. 1; Ex. 3). The appellant still had an expired renewal, and the MassHealth representative offered to print out a new renewal form, which he could submit that day. (Testimony).

The appellant explained that a recent IRA conversion had made his reported income appear higher

than it actually was. (Testimony). The appellant submitted a spreadsheet he created to demonstrate the breakdown of his IRA income. (Testimony; Ex. 11). The MassHealth representative stated that this was not sufficient proof of the appellant's income and recommended that the appellant complete the renewal and provide verification of his income, such as tax forms or retirement statements, to help clarify his income level. (Testimony). At the appellant's request, the record was kept open for 30 days until December 12, 2024 to allow the appellant time to submit the renewal with the necessary documentation. (Testimony). The MassHealth representative informed the hearing officer that subsequent to the close of the hearing record, the appellant submitted his renewal on December 16, 2024; however, it was missing critical information. (Testimony). On January 2, 2025, the renewal was completed, and the case was pending a MassHealth decision, awaiting the required proof of income. (Testimony).

Findings of Fact

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

1. The appellant is under the age of 65 years old. (Testimony; Ex. 3).
2. The appellant is a tax filer living in a household of one. (Testimony).
3. The appellant self-reports GMI of \$1,302.50, which includes \$19.16 from interest and dividends and \$1,283.33 from retirement or pension benefits. (Testimony).
4. This would place his income at 98.78% of the FPL. (Testimony).
5. In June 2024, MassHealth received an electronic data match from the Federal Hub indicating that the appellant's income was equal to 288.11% of the FPL after the 5% adjustment. (Testimony).
6. For that reason, MassHealth issued the notice under appeal on June 27, 2024, which terminated the appellant's CarePlus effective July 31, 2024. (Testimony; Ex. 1).
7. The appellant's CarePlus did, in fact, end on July 31, 2024. (Testimony; Ex. 3).
8. MassHealth sent the appellant a renewal notice in September 2024, with a due date of October 2, 2024. (Testimony).
9. A second data match with the Federal Hub in October 2024 indicated the appellant's income level was equal to 551.49% of the FPL. (Testimony).
10. The appellant remains eligible for the Health Safety Net and an unsubsidized plan through the Health Connector. (Testimony; Ex. 1; Ex. 3).
11. The hearing record was left open until December 12, 2024 in order to allow the appellant

to submit his renewal and income verifications. (Testimony; Ex. 12).

12. The appellant submitted the renewal by January 2, 2025 but the case was still pending proof of income on that date. (Ex. 12).

Analysis and Conclusions of Law

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules is determined by comparing the sum of all countable income, less deductions for the individual's household, with the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth will construct a household for each individual who is applying for or renewing coverage; different households may exist within a single family, depending on the family members' familial and tax relationships to each other. (130 CMR 506.007(A)(1)).

Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's household. Income of all the household members forms the basis for establishing an individual's eligibility. (130 CMR 506.007(A)(2)).

A household's countable income is the sum of the gross income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income and unearned income less deductions¹. (130 CMR 506.007(A)(2)(b)). Earned income is the total amount of taxable compensation received for work or services performed, less pretax deductions. (130 CMR 506.003(A)(1)). Earned income may include wages, salaries, tips, commissions, and bonuses. (Id.).

In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. ((130 CMR 506.007(A)(2)(c)). Once MassHealth determines a household's countable income, it then determines what percentage of the federal poverty level that income is and subtracts five percentage points from that number. (130 CMR 506.007(A)(3)). This adjusted income is then compared to the federal poverty level to determine the individual's eligibility.

¹ Neither the MassHealth representative nor the appellant stated that any deductions were applicable here but they are described in 130 CMR 506.003(D) and are as follows: student loan interest; educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses, for the amount and populations allowed under federal law; one-half self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018 (those finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible); individual retirement account (IRA); scholarships, awards, or fellowships used solely for educational purposes; student loan interest; and other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

(Id.).

MassHealth CarePlus provides coverage for adults aged 21 to 64, with specific eligibility criteria detailed in 130 CMR 505.008. To qualify for MassHealth CarePlus Direct Coverage, individuals must: be aged 21-64, be a U.S. citizen or qualified noncitizen, have a household income not exceeding 133% of the federal poverty level, be ineligible for MassHealth Standard, utilize available health insurance benefits or enroll if no cost or purchased by MassHealth, and not be enrolled in Medicare Parts A or B. (130 CMR 505.008(A),(C)).

The appellant meets the categorical criteria for MassHealth CarePlus. The income limit for CarePlus for a household of one is \$1,670 per month, which is equal to 133% of the FPL for that household size. It is unclear what the appellant's GMI is but according to data matches with the Federal Hub in June and October 2024, the appellant was receiving income that was equal to 288.11% and 551.49% of the FPL at those times. The appellant did dispute these figures and was given a significant amount of time following the hearing to submit updated income information to MassHealth, but even after submitting his renewal on January 2, 2025, the appellant had not submitted income information showing that he was eligible for CarePlus. Unfortunately, since the figures that MassHealth has exceed 133% of the FPL, the appellant is not presently eligible for CarePlus.

For that reason, the appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Justine Ferreira, Taunton MassHealth Enrollment Center