

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-----------------------------------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2414480 |
| Decision Date: | 11/22/2024 | Hearing Date: | 10/24/2024 |
| Hearing Officer: | Sara E. McGrath, BOH Deputy Director | | |

Appearance for Appellant:

Via telephone

Pro se

Appearance for MassHealth:

Via telephone

Yesenia Henriquez – 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

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|---------------------------|---------------------------------|--------------------------|-------------------------------------------------------|
| Appeal Decision: | Denied | Issue: | Eligibility; Under 65; Termination; Over income |
| Decision Date: | 11/22/2024 | Hearing Date: | 10/24/2024 |
| MassHealth's Rep.: | Yesenia Henriquez | Appellant's Rep.: | Pro se |
| Hearing Location: | Quincy Harbor South (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 September 9, 2024, MassHealth notified the appellant that her MassHealth benefits were ending on September 23, 2024 because MassHealth determined that her income is too high (Exhibit 1). The appellant filed this appeal in a timely manner on September 20, 2024 (130 CMR 610.015(B); Exhibit 1). Reduction and/or termination of assistance are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth coverage was ending on September 23, 2024 because her income is over the allowable limits.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that her coverage was ending on September 23, 2024 because of excess income.

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 one and previously received MassHealth CarePlus benefits. On September 3, 2024, MassHealth received the appellant's job update form and income verification. The appellant's verified gross monthly income from employment is \$2,312.74, which equals 179.28% of the federal poverty level (FPL) for a household of one. On September 9, 2024, MassHealth notified the appellant that her CarePlus benefits were terminating on September 23, 2024 because her income is too high (Exhibit 1). The notice states that the appellant is eligible for Health Safety Net benefits starting on August 24, 2024. The MassHealth representative stated that 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 one.

The appellant confirmed her income amount. She explained that after paying her bills, she does not have much money left. She stated that she works on a part-time basis and is not eligible to enroll in a health insurance plan through her employer. After hearing this testimony, the MassHealth representative updated the appellant's case and informed her that she is also eligible to enroll in a health insurance plan through the Massachusetts Health Connector (Plan Type 2B).

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 income verification on September 3, 2024.
3. On September 9, 2024, MassHealth notified the appellant that her coverage was ending on September 23, 2024 due to excess income.
4. The appellant's verified monthly income from employment totals is \$2,312.74, which is equal to 179.28% of the FPL for a household of one.
5. The appellant is eligible for Health Safety Net coverage.
6. The appellant is eligible to enroll in a health plan through the Massachusetts Health Connector (Plan Type 2B).

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 505.000 *et. seq.* set forth the categorical requirements and financial standards to qualify for a particular MassHealth coverage type. 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 appellant must also demonstrate that she is financially eligible for this coverage type.

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” (130

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

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. 130 CMR 506.002(B)(1) provides the following directive:

- (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. Financial eligibility for coverage types 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 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 (130 CMR 506.007(A)). Pursuant to 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."

The appellant did not dispute MassHealth's calculation of her MAGI, verified at \$2,312.74 per month. 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, she has not demonstrated that MassHealth erred in its determination here. The appeal is denied.²

² The appellant may direct any questions regarding Health Connector plans to 877-623-6765, or questions about the Health Safety Net to 877-910-2100.

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

Sara E. McGrath
Deputy Director
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 1st Floor, Quincy, MA 02171