

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416085
Decision Date:	12/5/2024	Hearing Date:	11/18/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:

Aline Teixeira, Tewksbury 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; Income
Decision Date:	12/5/2024	Hearing Date:	11/18/2024
MassHealth's Rep.:	Aline Teixeira	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Remote	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 October 5, 2024, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on October 21, 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 informed the appellant that she did not qualify for MassHealth benefits because her income was too high.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because her income was too high.

Summary of Evidence

Both parties appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is an adult between the ages of 21 and 65 with a household size of one. On October 5, 2024, MassHealth's system completed an auto-renewal of the appellant's case. Based on the auto-renewal, MassHealth determined that the appellant's gross monthly income was at 150.26% of the Federal Poverty Level (FPL), which was based off information from two different jobs. The income limit to qualify for MassHealth benefits as a non-disabled adult under the age of 65 is 133% of the FPL, or \$1,670 gross monthly for a household of one. As such, on October 5, 2024, MassHealth notified the appellant that she did not qualify for MassHealth benefits because she was over the allowable income. The appellant was found eligible for a Connector Care plan through the Health Connector and Health Safety Net for dental services.

The appellant testified that she only has one of those jobs now. In her request for a fair hearing, she provided recent pay stubs for that job.

The MassHealth representative testified that MassHealth did not receive any information from the appellant prior to hearing that she no longer had one of the jobs on file. She explained that it is a member's responsibility to notify MassHealth of any changes within ten days of the change. Based on the updated job information and pay stubs provided, the MassHealth representative recalculated the appellant's income. The appellant's gross monthly income is now \$2,585.33, which is a Modified Adjusted Gross Income (MAGI) of 201.00% of the FPL. The appellant is still over the income limit for MassHealth benefits and eligible for Connector Care plan through the Health Connector. The MassHealth representative provided the appellant with the phone number for the Health Connector.

Findings of Fact

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

1. The appellant, who is between the ages of 21 and 65, has a household size of one (Testimony and Exhibit 4).
2. On October 5, 2024, MassHealth notified the appellant that she was not eligible for MassHealth benefits because she was over the allowable income limit (Testimony and Exhibit 1).
3. At the time of the notice, the appellant's income was 150.26% of the FPL which was based off the auto-renewal completed by MassHealth (Testimony and Exhibit 1).
4. On October 21, 2024, the appellant filed a timely appeal (Exhibit 2).

5. The appellant submitted recent pay stubs with her request for a fair hearing. Based on this and updated job information, her most recently verified gross monthly income is \$2,585.33, which is a MAGI of 201.00% of the FPL (Testimony and Exhibit 2).
6. To qualify for MassHealth Standard benefits, an applicant must be at or below 133% of the FPL, which for a household of one is \$1,670 gross per month (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits 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.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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

¹ "Young adults" is defined at 130 CMR 501.001 as those aged 19 and 20.

(7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

The calculation of financial eligibility is set forth in 130 CMR 506.007 as follows:

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(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.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 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.

(2) 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 MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based 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 as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five 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)).

Categorically, the appellant is eligible for CarePlus; however, under 130 CMR 505.008(A)(2)(c), the income limit for CarePlus coverage is 133% of the FPL. For a household of one, that limit is \$1,670 gross monthly. At the time of the MassHealth notice on October 5, 2024 (after MassHealth had

auto-renewed the appellant's case based on available information), the appellant's gross monthly income was at 150.26% of the FPL, which was over the income limit and prompted the notice under appeal. At hearing, the appellant updated her job and income, providing recent pay stubs. Based on the newly updated income, the appellant's gross monthly income is \$2,585.33, or 206.00% of the FPL. After five percentage points are deducted pursuant to 130 CMR 506.007(A)(3), the appellant's most recently verified countable income is 201.00% of the FPL. Based on these figures, the appellant is over the income limit for MassHealth CarePlus benefits.

As the appellant is over the income limit for MassHealth benefits, the MassHealth determination was correct and the appeal is denied.²

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

² The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765) or about the Health Safety Net to 877-910-2100.