

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417053
Decision Date:	1/27/2025	Hearing Date:	12/20/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Lorena Garcia (Tewksbury MEC) *via telephone*



*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 – Under 65/Income
Decision Date:	1/27/2025	Hearing Date:	12/20/2024
MassHealth's Rep.:	Lorena Garcia	Appellant's Rep.:	<i>Pro se</i>
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 November 6, 2024, MassHealth informed the appellant that he was eligible for the Health Safety Net (HSN) starting on October 27, 2024, but was not eligible for MassHealth coverage because he was over the income limit for his household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on November 6, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

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

Summary of Evidence

A benefits eligibility representative from the Tewksbury MassHealth Enrollment Center (MEC) spoke on behalf of MassHealth. The appellant spoke on his own behalf. All individuals attended the hearing telephonically.

The MassHealth representative testified first and stated the following. The appellant is an individual under the age of 65 years old living in a household of two consisting of himself and his nephew who is under the age of [REDACTED] years old. (Testimony; Ex. 3). The appellant has received MassHealth Standard coverage as an [REDACTED] [REDACTED] since March 19, 2024. (Testimony; Ex. 3). From October 26, 2019 through March 27, 2024, the appellant received MassHealth Standard as a caretaker relative of a child younger than [REDACTED] years old. (Testimony; Ex. 3). The appellant's nephew is not receiving MassHealth. (Testimony). On November 6, 2024, the appellant contacted MassHealth in order to update his income information. (Testimony). The appellant reported weekly employment income of \$1,059.80 per week. (Testimony). MassHealth calculated that the appellant's gross monthly income (GMI) was \$4,592.11, which placed him at 264.49% of the federal poverty level (FPL) for his household of two. (Testimony). In order to be eligible for MassHealth Standard, an individual living in a household of two cannot receive GMI exceeding \$2,266.00, which is 133% of the FPL for a household of two. (Testimony).

The appellant testified to the following. MassHealth terminated the appellant's coverage last year. (Testimony). The appellant contacted MassHealth, and after a customer service representative confirmed that the appellant [REDACTED] told the appellant that the termination was a mistake and the issue was corrected. (Testimony). The customer service representative informed the appellant that, due to [REDACTED] he was exempt from income requirements and would automatically receive MassHealth coverage, and should not be concerned about losing it. (Testimony). The appellant stated that if that policy has changed, MassHealth should notify recipients of those changes. (Testimony). The appellant stated that if he had been informed of the policy change, he would have avoided his current predicament. (Testimony). He was never notified that anything had changed. (Testimony).

The appellant was annoyed because he had missed the deadline to enroll in his employer's insurance plan, something he never anticipated needing to do. (Testimony). He also noted that the Connector is costly and, generally, he does not qualify for a subsidy. (Testimony). Additionally, the appellant mentioned that as of October 2024, he has been caring for a second child under the age of [REDACTED] but he has not reported this to MassHealth because the child receives MassHealth through the Department of Children and Families. (Testimony). It was the appellant's understanding that reporting the child as part of his household would endanger the child's coverage. (Testimony).

Findings of Fact

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

1. The appellant is an individual under the age of 65 years old living in a reported household of two consisting of himself and his nephew who is under the age of [REDACTED] years old. (Testimony; Ex. 3).
2. The appellant testified that another person under the age of [REDACTED] is living with him, but he has not reported this to MassHealth. (Testimony).
3. The appellant has received MassHealth Standard coverage as an [REDACTED] since March 19, 2024.
4. From October 26, 2019 through March 27, 2024, the appellant received MassHealth Standard as a caretaker relative of a child younger than [REDACTED] years old. (Testimony; Ex. 3).
5. The appellant's nephew is not receiving MassHealth. (Testimony).
6. On November 6, 2024, the appellant contacted MassHealth in order to update his income information. (Testimony).
7. The appellant reported weekly employment income of \$1,059.80 per week. (Testimony).
8. MassHealth calculated that the appellant's GMI was \$4,592.11, which placed him at 264.49% of the FPL for his household of two. (Testimony).
9. In order to be eligible for MassHealth Standard, a household of two must not receive GMI exceeding \$2,266.00, which is 133% of the FPL for a household of two. (Testimony).

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 (described below) and unearned income (not applicable in this appeal)

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. (Id.).

An individual who is [REDACTED] is eligible for MassHealth Standard coverage if he is younger than 65 years old; has verified their [REDACTED] by providing a letter from doctor, qualifying health clinic, laboratory, or [REDACTED] or organization indicating the [REDACTED] and their [REDACTED] receives household income that is less than or equal to 133% of the federal poverty level (FPL); be a citizen or a qualified noncitizen; and not meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E). (130 CMR 505.002(G)).

The appellant meets the categorical criteria for MassHealth Standard as an individual who is [REDACTED]. The income limit for Standard for a household of two is \$2,266 per month, which is equal to 133% of the FPL for that household size. The appellant's income is \$4,592.11 per month, which is 269.49% of the FPL for a household of two. After deducting five percentage points from this raw figure, the appellant's countable income is equal to 264.49% of the FPL. Unfortunately, since this countable income exceeds 133% of the FPL, the appellant does not qualify financially for MassHealth at this time.²

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.

² The appellant testified that since October 2024, he has had a household of three, which included another individual under the age of [REDACTED] years old. The appellant testified that he has not reported this change to MassHealth, but assuming it is true the appellant would still not be eligible for MassHealth coverage. The income limit for a household of three is \$2,862 per month, equal to 133% of the FPL for that household size. The appellant's GMI of \$4,592.11 per month is 213.39% of the FPL for a household of three. After deducting five percentage points from this raw figure, the appellant's countable income would equal to 208.39% of the FPL, which still exceeds 133% of the FPL.

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