

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417331
Decision Date:	01/28/2025	Hearing Date:	01/02/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson, Taunton MassHealth
Enrollment Center



*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:	01/28/2025	Hearing Date:	01/02/2025
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, 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 11/4/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded program limits. *See* Exhibit 1. Appellant filed a timely appeal on 11/8/24. *See* Exh. 2. Denial and/or termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for benefits based on its determination that her income exceeded the program limit.

Issue

The appeal issue is whether MassHealth correctly determined Appellant was not eligible for benefits because her income exceeded the program limit.

Summary of Evidence

A MassHealth eligibility representative appeared at hearing and testified as follows: Appellant is between the ages of 21 and 64. She is a tax filer and claims her minor niece and an elderly parent (over the age of 65) as her two tax dependents. Although Appellant has two children, they are both 19 years of age or older and file their own taxes. Because the adult children cannot be included in her household composition, Appellant is in a tax filing group of three (3). Earlier this year, Appellant had been enrolled in MassHealth CarePlus based on a reported gross income of \$1,264 every two weeks, placing her at 122.30% of the federal poverty level (FPL). Under the regulations, the income limit to qualify for MassHealth benefits is 133% of the FPL. For a household size of three, this amounts to a total gross monthly income limit of \$2,862. Because Appellant's household income at the time was below the program limit, she qualified for MassHealth benefits. During her enrollment, a periodic data match was conducted, which showed Appellant's income was different from the income reflected in her account, prompting MassHealth to issue a request for Appellant to complete a job update form. On 8/5/24, after having not received the job update form by the designated deadline, MassHealth notified Appellant that her CarePlus coverage would end on 8/19/24 based on the missing information. On 8/23/24, after her CarePlus benefit ended, Appellant submitted the completed job update form. Once received and processed, MassHealth issued a request for proof of income. On 11/4/24, Appellant provided proof of income which showed that she receives bi-weekly income of \$1,591.45, which amounts to \$3,338.67 per-month. For a household size of three, this places Appellant at 155.28% of the FPL. Because Appellant's income exceeds 133% of the FPL, MassHealth notified Appellant, through a 11/4/24 notice, that she did not qualify for MassHealth benefits. See Exh. 1. The MassHealth representative explained that Appellant is eligible for subsidized ConnectorCare plan through the Health Connector. *Id.* The MassHealth representative also noted that MassHealth CommonHealth is a coverage type offered to individuals who have a verified disability with income that exceeds the regulatory limit. However, as of the hearing date, Appellant did not have a verified disability on file. Therefore there were no other coverage types that Appellant was eligible for at this time.

Appellant appeared at the hearing and testified that she did not understand why she no longer qualified for benefits. Appellant confirmed that the income amounts on file were correct and verified that she currently receives a gross bi-weekly income of approximately \$1,591.45. She asserted, however, that there have been no significant changes to her income since her last approval. When she submitted the job update form, she was told that her benefit could resume once she submitted proof of income. Therefore, she was surprised when she received the 11/4/24 notice indicating that she no longer qualified. Appellant testified that she did not want to obtain insurance through the Health Connector, but rather, wished to resume her previous MassHealth benefit.

Findings of Fact

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

1. Appellant is an adult under the age of 65; she is a tax filer and is in a household size of three (3), claiming an elderly parent and her minor niece as tax dependents.
2. As of the hearing date, Appellant did not have a verified disability on file.
3. Appellant receives approximately \$1,591.45 in biweekly income, amounting to a monthly income of \$3,448.67 and placing her at 155% of the FPL.
4. Through a letter dated 11/4/24, MassHealth notified Appellant that she did not qualify for MassHealth benefits because her income exceeded the program limit.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant did not qualify for MassHealth benefits because her income exceeded the program limit. As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. *See* 130 CMR 501.003(A). The MassHealth coverage types are listed 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

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

(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.

See 130 CMR 505.001(A)

To qualify for one of the enumerated coverage types listed above, an individual must meet both categorical *and* financial requirements. As of the hearing date, there was no evidence that Appellant had a verified disability or other special circumstance to be categorically eligible for Standard or CommonHealth coverage types. As Appellant is ineligible for Standard and is between the ages of 21-64, she is categorically eligible for CarePlus.² To be *financially* eligible for CarePlus, Appellant must have a modified adjusted gross income that is less than or equal to 133% of the FPL. See 130 CMR 505.008(A)(2)(c). For a household size of three (3), that income limit amounts to \$2,862 per month. See *2024 MassHealth Income Standards & Federal Poverty Guidelines*. Countable household income includes both earned and unearned income, as described in 130 CMR 506.003(A)-(B), less deductions described in 130 CMR 506.003(D). See 130 CMR 506.003. Countable earned income “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.” See 130 CMR 506.003(A).

Here, it is undisputed that Appellant currently receives an average gross earned income of \$1,591.45 every two weeks, which equates to an average monthly gross income of \$3,448.67. There is no evidence that Appellant qualifies for any of the allowable deductions identified in 130 CMR 506.003(D).³ Appellant’s modified adjusted gross income places her at 155.28% of the FPL.⁴ Because Appellant’s monthly income exceeds 133% of the FPL, MassHealth appropriately determined that she did not qualify for MassHealth benefits. Appellant did not meet her burden in proving that MassHealth erred in rendering its 11/4/24 eligibility determination.

For these reasons, this appeal is DENIED.

Order for MassHealth

² There is no evidence that Appellant is categorically eligible for any of the other coverage types listed in 130 CMR 505.001(A), above.

³ Examples of the listed deductions include educator expenses, health savings account, alimony, student loan interest, individual retirement account, scholarships and awards, among other sources. See 130 CMR 506.003(D).

⁴ This figure accounts for the “five percentage points of the current FPL [that MassHealth subtracts] from the applicable household total income.” See 130 CMR 506.007(A)(3).

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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780