

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417763
Decision Date:	1/16/2025	Hearing Date:	12/18/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Secorya Chin, 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

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	1/16/2025	Hearing Date:	12/18/2024
MassHealth's Rep.:	Secorya Chin, Quincy MEC	Appellant's Rep.:	Pro se
Hearing Location:	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 23, 2024, MassHealth notified Appellant that due to income that exceeds program limits, coverage was terminating on November 6, 2024 (130 CMR 505.001, 506.007 and Exhibit 1). Appellant filed this appeal in a timely manner on November 18, 2024 (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that due to income that exceeds program limits, coverage was terminating on November 6, 2024.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.008, 506.007, in determining that Appellant's income exceeds program limits.

Summary of Evidence

The MassHealth representative testified that Appellant was receiving CarePlus coverage which terminated on September 27, 2024, by notice dated September 13, 2024 (Exhibit 4, p. 3). By notice dated October 23, 2024, MassHealth notified Appellant that partial Health Safety Net would end on November 6, 2024, and that income is too high for MassHealth coverage (Exhibit 1). MassHealth testified that MassHealth records show Appellant is a household size of 1 with income that equates to 242% of the federal poverty level. A job update form was sent to Appellant on July 31, 2024, and was due back to MassHealth by August 30, 2024. The job update form was not returned to MassHealth. On October 16, 2024, Appellant sent a paystub to MassHealth which showed gross income of \$2,422.68 bi-weekly, which averaged to \$4,845.70 per month. Appellant is [REDACTED] years old, has not been determined disabled by MassHealth or Social Security, does not have children under [REDACTED] years of age, and did not report a pregnancy, a diagnosis of breast or cervical cancer or HIV. Because income exceeds 133% of the federal poverty level for a household size of one, \$1,670 a month, CarePlus coverage terminated on September 27, 2024 due to income in excess of program limits. A second notice issued on October 23, 2024 which also informed Appellant that income exceeds program limits, and coverage would terminate on November 6, 2024. Appellant is eligible to enroll in a Connector Plan.

Appellant clarified that she is not claimed as a tax dependent by another household member. Appellant lives with her mother and 3 siblings. Appellant's mother is not a tax-filer, and Appellant stated that she is incorrectly claimed as a tax dependent by her father who does not live in the household. Appellant did not file taxes in the previous year and is trying to remedy being claimed as a tax-dependent by her father. The parties agreed that Appellant is correctly considered a household size of one person for MassHealth purposes. Appellant confirmed that her income had increased to \$2,422.68 bi-weekly due to extra hours worked during the holiday season. Appellant added that she would update household tax-filing status to MassHealth.

Findings of Fact

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

1. Appellant is [REDACTED] years old, has not been determined disabled by MassHealth or Social Security, does not have children under [REDACTED] years of age, and did not report a pregnancy, a diagnosis of breast or cervical cancer or HIV.
2. Appellant was receiving CarePlus coverage which terminated on September 27, 2024 by notice dated September 13, 2024.
3. A notice dated October 23, 2024 notified Appellant that partial Health Safety Net would end on November 6, 2024 and that income is too high for MassHealth coverage.

4. Appellant lives with her mother and siblings and is not claimed as a tax dependent by another household member.
5. A job update form was sent to Appellant on July 31, 2024, and was due back to MassHealth by August 30, 2024. The job update form was not returned to MassHealth.
6. On October 16, 2024, Appellant sent a paystub to MassHealth which showed gross income of \$2,422.68 bi-weekly, which averaged to \$4,845.70 per month.
7. Appellant is a household size of 1 for MassHealth eligibility purposes with income that equates to 382% of the federal poverty level.
8. 133% of the federal poverty level for a household size of one is \$1,670 a month.
9. Appellant is eligible to enroll in a Connector Plan.

Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits (130 CMR 501.003(A)). There are several MassHealth coverage types: Standard, CommonHealth, CarePlus, Family Assistance, and Limited. The coverage type for which a person is eligible is determined based on the individual's income and circumstances, as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements* through 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*, and immigration status, as described in 130 CMR 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*. (130 CMR 501.003(B)).

Regulation 130 CMR 505.000 et seq. explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) MassHealth Standard – for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth

- CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
 - (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries

Appellant is ■ years old, has not been determined disabled by MassHealth or Social Security, does not have children under ■ years of age, and did not report a pregnancy, a diagnosis of breast or cervical cancer or HIV. Countable income includes the total amount of taxable earned income described in 130 CMR 506.003(A) in addition to unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D)). Income of all household members forms the basis for establishing an individual's eligibility (130 CMR 506.007). Appellant's tax-filing status is unclear based on testimony that she is claimed as a dependent by her father who does not live in the same household; the Appellant and her mother do not file taxes: and Appellant's sister does not claim Appellant as a tax-dependent. For MassHealth eligibility purposes, Appellant is a household size of one until Appellant updates any changes in her tax-filing status to MassHealth.¹ Appellant's earned income forms the basis for establishing eligibility for MassHealth. In determining monthly income, MassHealth multiplies average weekly income by 4.333 (130 CMR 506.007(A)).² 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)). Appellant's average countable monthly income of \$4,859 places Appellant at 382% of the federal poverty level [$\$4,859 - \$62.75^3 = \$4,796.25$] [$\$4,796.25 \div \$1,255 = 382\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of 1 [$\$1,670$ per month] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008). Appellant is not categorically eligible for any other MassHealth coverage type (130 CMR 505.001).

For the foregoing reasons, MassHealth's action is upheld, and the appeal is DENIED. Appellant can direct any question about the Health Connector to 1-877-623-6765 and can direct any question about the Health Safety Net to 877-910-2100.

¹ Appellant bears the burden of proof in showing that the MassHealth determination is incorrect. Regarding her eligibility determination as a household size of one, Appellant agreed, and has not otherwise carried the burden of proof in showing a different household composition based on tax-filing status. See Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

² Appellant verified \$2,422.68 gross biweekly income which equates to \$1,121 weekly x 4.333 = \$4,859.

³ 5% of \$1,255.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street,
6th Floor, Quincy, MA 02171