Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2419473
Decision Date:	1/27/2025	**Hearing Date:**	01/21/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera – 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; Under 65; Over Income
Decision Date:	1/27/2025	**Hearing Date:**	01/21/2025
MassHealth's Rep.:	Carmen Rivera	**Appellant's Rep.:**	Pro se
Hearing Location:	Quincy Harbor South 3 (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 December 20, 2024, MassHealth notified the appellant that she is not eligible to receive MassHealth benefits because her income is too high (Exhibit 1). The notice further stated that the appellant is eligible for a ConnectorCare plan through the Health Connector. *Id*. The appellant filed this appeal in a timely manner on or about December 20, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible to receive MassHealth benefits because her income is too high.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible to receive MassHealth benefits.

Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing by telephone and testified as follows:

The appellant is between the ages of 21 and 64 and lives in a household of 1. On July 23, 2024, MassHealth sent the appellant a notice requesting a job update form to be completed and returned by September 13, 2024. MassHealth did not receive the requested form by September 13th and notified the appellant that her CarePlus benefits were terminating on September 27, 2024. On November 8, 2024, the appellant completed a job update form online. MassHealth received the appellant's completed job update form and sent her a notice requesting proof of income. On December 16, 2024, MassHealth received the appellant's recent paystubs, which were reviewed and processed. The appellant's gross monthly income from employment is $3,920.48 per month, which equates to 307.39% of the federal poverty level (FPL). On December 20th, MassHealth notified the appellant that she does not qualify for MassHealth benefits (Exhibit 1). The appellant is eligible for a ConnectorCare plan through the Health Connector. *Id*. 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 1.

The appellant did not dispute her income. She explained that she is a full-time student and is employed per diem. Because she is employed per diem, she is not eligible for health coverage through employment, nor is she able to work full-time due to her school schedule. She further explained that she cannot afford the health coverage offered through her school because her income fluctuates. The appellant stated that she wears eyeglasses, however her vision is getting worse. Further, she was diagnosed with an auto-immune disorder in 2022, and she struggles with depression. The appellant was recently made aware of an Adult Disability Supplement, which she completed a few days ago and submitted it to Disability Evaluation Services (DES) for a determination.

The MassHealth representative stated that DES may take up to approximately 60-90 days to make a determination. She suggested that the appellant contact DES periodically in the upcoming weeks to check on the status. Additionally, the MassHealth representative testified that the appellant could submit updated paystubs to MassHealth if her income were to change.

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, and lives in a household of one.

2. The appellant was previously eligible for MassHealth benefits.

3. On July 23, 2024, MassHealth notified the appellant that she must complete a job update form by September 13, 2024.

4. MassHealth did not receive the appellant's job update form by September 13th and notified her that her CarePlus benefits were terminating on September 27, 2024.

5. On November 8, 2024, the appellant completed her job update form online.

6. On or about November 8, 2024, MassHealth requested proof of the appellant's income.

7. On December 16, 2024, MassHealth received the appellant's recent paystubs.

8. On December 20, 2024, MassHealth notified the appellant that she does not qualify for benefits because her income was over the allowable limit.

9. The appellant's verified monthly gross income from employment amounts to $3,920.48, which is equal to 307.39% of the FPL for a household of one.

10. To qualify for MassHealth benefits, the appellant's gross monthly income would have to be at or below 133% of the FPL, or $1,670.00 for a household of 1.

11. The appellant is eligible for a health care plan through the Health Connector.

12. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq*. describes the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. 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 question then remains as to whether she meets the income requirements to qualify.

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." (See, 130 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. That regulation provides in relevant part as follows:

> (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;

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

(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 does not dispute that she resides in a household of 1.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

> (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. 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.
> (B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.
> (C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.
>
> (1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
> (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
> (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is $3,920.48.[2] This amount exceeds 133% of the FPL for a household

[2] In accordance with 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." In accordance with 130 CMR 506.003(B), countable income also includes unearned income, which is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return and includes Social Security benefits.

of one, which is $1,670.00. Because the appellant's verified income is over the allowable limit to qualify for MassHealth CarePlus, I find that the action taken by MassHealth was within the regulations. This appeal is denied.[3]

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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

[3] This denial does not preclude the appellant from directing any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765). Additionally, this denial does not preclude the appellant from contacting Disability Evaluation Services (DES) to ascertain whether a determination has been made, as discussed at the hearing.