

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500557
Decision Date:	3/24/2025	Hearing Date:	02/10/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	02/17/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Carmen Rivera, Quincy 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:	3/24/2025	Hearing Date:	02/10/2025
MassHealth's Rep.:	Carmen Rivera	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 3 (Telephone)	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 27, 2024, MassHealth downgraded the appellant's MassHealth benefits from MassHealth CarePlus to Health Safety Net for a limited time and approved her for a ConnectorCare Plan Type 2A with Advance Premium Tax Credit (APTC) through the Massachusetts Health Connector, because MassHealth determined that the appellant's income was too high for MassHealth CarePlus. (see 130 CMR 505.008; 130 CMR 506.002; 130 CMR 506.003; 130 CMR 506.007; and Exhibit 1). The appellant filed this appeal in a timely manner on December 27, 2024. (see 130 CMR 610.015(B) and Exhibit 2). Reduction of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth CarePlus to the Health Safety Net for a limited time and informed the appellant that she was eligible for a ConnectorCare Plan through the Massachusetts Health Connector.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's income is too high for the appellant to receive MassHealth CarePlus benefits.

Summary of Evidence

All parties appeared telephonically. MassHealth was represented by a caseworker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence presented at the hearing:

The MassHealth representative testified that the October 27, 2024, notice was sent to the appellant because MassHealth determined that her income is over the applicable eligibility limit. According to MassHealth, the appellant is an adult under the age of 65 who resides in a household of one and has a verified income of approximately \$2,382.00 per month. This places the household at 184.83% of the 2024 Federal Poverty Level (FPL) for a household of one, which exceeds the eligibility limit of 133% FPL by 51.83%. The MassHealth representative further stated that the appellant is eligible for the ConnectorCare Plan Type 2A with APTC. The MassHealth representative concluded her testimony by stating another notice on February 1, 2025 was issued by MassHealth, confirming that the health safety net approval was only for dental services. Testimony.

The appellant disputed her income as verified by MassHealth. She testified that her income had changed, and that she had reported this change to MassHealth the previous weekend. She testified to submitting a paystub by email the previous weekend, which shows she was paid \$834.00 biweekly. She further testified her income has continuously varied. The MassHealth representative testified that she had not received the email with the new paystub. A discussion among the parties ensued to determine whether the appellant had sent the information to the correct email address at MassHealth. The MassHealth representative shared her email address with the appellant, who testified she now had the correct email. The MassHealth representative testified that one week would be enough for her to process the new paystub and make a new determination.

After discussion, at the conclusion of the hearing it was decided that the record would be held open for one week so that the appellant could submit a new paystub to MassHealth. Testimony and Exhibit 5.

The appellant submitted an updated pay stub to the record on February 10, 2025, for the period of January 20, 2025, through February 2, 2025, showing a bi-weekly gross income of \$1,010.60. Exhibit 6. The MassHealth representative confirmed the appellant's new income information and determined that the appellant did not qualify for MassHealth despite the income adjustment. The MassHealth representative concluded that the appellant qualifies for ConnectorCare Plan Type 2A

with APTC. Exhibit 7.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of one. Testimony and Exhibit 4.
2. On October 27, 2024, MassHealth informed the appellant that she was eligible for the Health Safety Net for a limited time, because the appellant's household exceeds the limit to qualify for MassHealth benefits, and that she was financially eligible for a Health ConnectorCare Plan. Exhibit 1.
3. The appellant filed a timely appeal on December 27, 2024. Exhibit 2.
4. The appellant earns income that amounts to a monthly income of \$2,189.46, which equates to 167.77% of the 2025 FPL. Testimony and Exhibit 6.
5. In 2025, a monthly income at 133% of the federal poverty level equates to \$1,735.00 for a household of one. Testimony, 2025 MassHealth Income Standards, and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. MassHealth regulations at 130 CMR 505.000 explain the categorical **and** financial standards what must be met to qualify for a particular MassHealth coverage type. To qualify for MassHealth, an individual must fit into a category of eligibility **and** fall below a certain financial threshold.

These coverage types are set forth at 130 CMR 505.001(A) 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 21 through 64 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, CommonHealth, or CarePlus;

(5) MassHealth 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

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

To establish eligibility for MassHealth benefits, applicants must meet both the categorical **and** financial requirements. In this case, the appellant meets the categorical requirements for MassHealth CarePlus. The question then remains as to whether she meets the income requirements to qualify.

Here, there is no evidence that the appellant is disabled, so she is not categorically eligible for MassHealth Standard or MassHealth CommonHealth.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is 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.” 130 CMR 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

(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;
- (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.

See, 506.002(B)

The appellant does not dispute that she resides in a household of one. Thus, for the purposes of this appeal, the appellant meets the MAGI rules for a household of one.

Once the individual’s household size is established, MassHealth determines an applicant’s

modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as 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).

Specifically, 130 CMR 506.003 provides how countable income is calculated:

Countable household 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).

(A) Earned Income.

(1) 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. . .

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) 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.

See 130 CMR 506.003.

Here, the appellant's total amount of taxable compensation in her bi-weekly pay stub was \$1,010.60. The appellant testified that her income was \$834.00 bi-weekly; however, net income is not used to calculate the MAGI. Instead, earned income is the total amount of taxable compensation, which is the gross pay of \$1,010.60. In addition, the appellant did not qualify for any of the deductions when calculating the MAGI countable income. Day-to-day living expenses do

not fall within the allowable deductions enumerated at 130 CMR 506.003(D).

Once the individual's countable income is established, MassHealth determines an applicant's modified adjusted gross income (MAGI). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

(2)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(M).

(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.

See 130 CMR 506.007(A).

Here, based on the appellant's reported income change, the appellant's monthly household income is equal to \$2,189.46.¹ To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A). For a household of one, 5 percentage points of the current FPL equals \$65.25 a month. After deducting five percentage points of the FPL from the appellant's total income of \$2,189.46, the appellant's countable income equals \$2,124.21.²

The monthly federal-poverty-level is determined in the following manner:

(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) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.

¹ $(\$1,010.60/2) \times 4.333 = \$2,189.46$. See 130 CMR 506.007.

² $(\$2,189.46 - \$65.25) = \$2,124.21$. See 130 CMR 506.007(A)(3).

- (2) Round these annual figures up to the nearest hundredth.
- (3) Divide by 12 to arrive at the monthly income standards

See 130 CMR 506.007(C).

Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$1,735.00.³ See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.⁴

Here, the appellant's monthly income of \$2,189.46 equates to 167.77% of the 2025 FPL for a household of one, and even with the 5% FPL reduction to 162.77%, is still above the 133% FPL limit for MassHealth coverage. Consequently, MassHealth correctly determined that the appellant's income exceeds the allowable threshold limit for MassHealth benefits, and the appellant did not present any evidence to prove MassHealth's decision was incorrect. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983) ("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

None.

³ $(\$15,560 \times 133\%) / 12 = \$1,734.54 \sim \$1,735$

⁴ Since the relevant MassHealth eligibility determination was made in 2024, 133% of the 2024 FPL for a household of one was \$1,669.15; the evidence in the record shows that the appellant's countable MAGI in 2024 exceeded this amount.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

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