

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177933
Decision Date:	12/03/2021	Hearing Date:	11/22/2021
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:



Appearances for MassHealth:

Carrie McKinnon, Tewksbury MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	12/03/2021	Hearing Date:	11/22/2021
MassHealth Rep.:	Carrie McKinnon, Tewksbury MEC	Appellant's Rep.:	Pro Se
Hearing Location:	Board of Hearings (Remote)		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated September 27, 2021, MassHealth informed the appellant that she is not eligible for MassHealth benefits because her income is too high (Exhibit 1). The appellant filed this appeal in a timely manner on October 15, 2021 (130 CMR 610.015(B); Exhibit 2). Denial of benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's MassHealth application because it determined that she does not meet MassHealth eligibility requirements.

Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for benefits.

Summary of Evidence

The MassHealth representative testified as follows: The appellant, who is single and pregnant, is considered to have a household of two. On September 27, 2021, she reported changes to her case on the MassHealth online portal. She verified income of \$2,000 every two weeks, which is 293.55% of the federal poverty level for her household size. The income limit for MassHealth Standard for a pregnant woman is 200% of the federal poverty level. MassHealth therefore determined that the appellant is not eligible for MassHealth coverage. In addition, she does not qualify for a Health Connector benefit because she has access to employer-sponsored health insurance. The MassHealth representative recommended that the appellant call MassHealth within 10 days of the birth to add the baby to her case.

The appellant appeared at the hearing telephonically and testified as follows: She is single and attends college in addition to working. She lives by herself and has a lot of expenses. The appellant stated that she was diagnosed with gestational diabetes and has to visit the doctor once a week, and also must spend more money than usual on food. She added that she will not have paid leave from work once she gives birth.

Findings of Fact

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

1. The appellant is single and pregnant. She is considered to have a household of two.
2. On September 27, 2021, she reported changes to her case on the MassHealth online portal. She verified income of \$2,000 every two weeks, which is 293.55% of the federal poverty level for her household size.
3. The income limit for a pregnant woman to qualify for MassHealth Standard is 200% of the federal poverty level.
4. On September 27, 2021, MassHealth notified the appellant that she is not eligible for MassHealth benefits. She also does not qualify for a Health Connector benefit because she has access to employer-sponsored health insurance.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults¹, disabled individuals, certain persons who are HIV positive, individuals with breast or

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

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.

Under 130 CMR 505.002(D)(1), the income limit for a pregnant woman to qualify for MassHealth Standard is 200% of the federal poverty level. The appellant most recently verified her gross monthly income at \$2,000 every two weeks, which is 293.55% of the federal poverty level. Based on these figures, she is well over the income limit for MassHealth Standard. The MassHealth determination was therefore correct.

This appeal is therefore denied.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Tewksbury MEC