

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2178347
Decision Date:	12/24/2021	Hearing Date:	12/09/2021
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se



Appearance for MassHealth:
Michael Burris, Chelsea



*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:	12/24/2021	Hearing Date:	12/09/2021
MassHealth's Rep.:	Michael Burris	Appellant's Rep.:	Pro se
Hearing Location:	Chelsea MassHealth Enrollment Center Room 1	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 August 2, 2021, MassHealth approved Appellant for MassHealth Standard coverage effective July 23, 2021 (130 CMR 505.002 and Exhibit 1). Appellant filed this appeal in a timely manner on October 28, 2021 (130 CMR 610.015(B))¹ and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard coverage effective July 23, 2021.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in approving Appellant for MassHealth Standard coverage effective July 23, 2021.

¹ See also Eligibility Operations Memo 21-17.

Summary of Evidence

The Board of Hearings provided an interpreter.

The MassHealth representative testified that Appellant was opened on MassHealth Standard by notice dated August 2, 2021 with coverage effective July 23, 2021. Appellant reported a household size of 3, and income equating to 137% of the federal poverty level (Exhibit 1).

Appellant testified that on January 12, 2021, she called MassHealth to report that she was pregnant, but was told over the phone that she was ineligible. She stated that she had ultrasounds on April 1, 2021 and on June 14, 2021 and is receiving bills totaling \$3,370.24. She added that she is a family group size of 3 people. Appellant testified that she stopped working late in her pregnancy and reported reduced income in August 2021 which resulted in MassHealth eligibility; however, she needs the coverage backdated to April 2021 to cover the ultrasounds. Appellant testified that her baby was born on [REDACTED]

The MassHealth representative reviewed Appellant's MassHealth history, which does not record a call to report pregnancy in January 2021. MassHealth records show that prior to August 2, 2021, Appellant reported a household size of 1, and income of \$800 gross per week from employment. He stated that Appellant completed an online application on November 21, 2020 reporting a household size of one person and was opened on a Connector plan effective January 1, 2021 with income equating to 325% of the federal poverty level (Exhibit 4, pp. 29, 30). On January 1, 2021, Appellant's income equated to 325% of the federal poverty level (Exhibit 4, p. 4). On April 22, 2021, Appellant submitted an online application reporting a household size of one person with income totaling \$3,466.40 per month, equating to 325% of the federal poverty level. Appellant was determined eligible for a Health Connector plan effective May 1, 2021 (Exhibit 4, p. 27). On April 30, 2021, Appellant reported a household size of one, and income of \$3,466.40 equating to 325% of the federal poverty level. Appellant reported that she was not pregnant and was determined eligible for a Health Connector plan effective June 1, 2021 (Exhibit 4, pp. 17, 21, 22). The MassHealth representative stated that there is no record of Appellant calling to report her pregnancy in January 2021, and her household income was over 200% of the federal poverty level to establish eligibility for MassHealth Standard as a pregnant woman.

Findings of Fact

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

1. Appellant was opened on MassHealth Standard by notice dated August 2, 2021 with coverage effective July 23, 2021. Appellant reported a household size of 3, and income equating to 137% of the federal poverty level.
2. Appellant had ultrasounds on April 1, 2021 and on June 14, 2021 and is receiving bills totaling \$3,370.24.

3. Appellant's baby was born on [REDACTED]
4. Appellant's MassHealth history does not record a call to report pregnancy in January 2021.
5. Appellant completed an online application on November 21, 2020 reporting a household size of one person and was opened on a Connector plan effective January 1, 2021 with income equating to 325% of the federal poverty level.
6. On January 1, 2021, Appellant's income equated to 325% of the federal poverty level.
7. On April 22, 2021, Appellant submitted an online application reporting a household size of one person with income totaling \$3,466.40 per month, equating to 325% of the federal poverty level. Appellant was determined eligible for a Health Connector plan effective May 1, 2021.
8. On April 30, 2021, Appellant reported a household size of one, and income of \$3,466.40 equating to 325% of the federal poverty level. Appellant reported that she was not pregnant and was determined eligible for a Health Connector plan effective June 1, 2021.
9. 200% of the federal poverty level for a household size of 2 is \$2,904 per month.

Analysis and Conclusions of Law

(D) Eligibility Requirements for Pregnant Women.

- (1) A pregnant woman is eligible if
 - (a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and
 - (b) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, nonqualified PRUCOL, or other noncitizen as described in 130 CMR 504.003: *Immigrants*.
- (2) In determining the MassHealth MAGI household size, the unborn child or children are counted as if born and living with the mother.
- (3) Eligibility, once established, continues for the duration of the pregnancy. Eligibility for postpartum care continues for 60 days following the termination of the pregnancy plus an additional period extending to the end of the month in which the 60-day period ends.

There is no issue regarding the August 2, 2021 notice which informed Appellant that she was eligible for MassHealth Standard coverage effective July 23, 2021. Appellant stopped working and reported reduced income in early August 2021, and MassHealth Standard coverage began 10 days prior (130 CMR 502.006(B)(1)). Although Appellant testified that she reported her pregnancy in January 2021, applications submitted in April 2021 show she reported a household size of one person, and no pregnancy (Exhibit 4, pp. 17-28). Therefore, there is no evidence to support

Appellant's testimony that she reported the pregnancy in January 2021; nor does the evidence support Appellant's testimony that her household size was three people prior to August 2021. Further, Appellant's reported income exceeded 200% of the federal poverty level for a household of 2 including herself and her unborn child until August 2021 when she stopped working and reported a household size of 3 with income equating to 137% of the federal poverty level. As such, she was ineligible for MassHealth Standard coverage until she reported income within program limits in August 2021.

The appeal is 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Shelly-Ann Lewis, Chelsea MassHealth Enrollment Center, 45-47 Spruce Street, Chelsea, MA 02150