

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2309908
<b>Decision Date:</b>	1/3/2024	<b>Hearing Date:</b>	11/21/2023
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sherri Paiva, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – Under 65 years of age
<b>Decision Date:</b>	1/3/2024	<b>Hearing Date:</b>	11/21/2023
<b>MassHealth's Rep.:</b>	Sherri Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<b>Aid Pending:</b>	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 10/02/2023, MassHealth denied the appellant's application for MassHealth benefits (Exhibit 1). The appellant filed a timely appeal on 12/18/2023 (130 CMR 610.015(B) and Exhibit 2). Denial of benefits is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits.

### Issue

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

## Summary of Evidence

Both the MassHealth representative and the appellant appeared at the fair hearing and both testified telephonically.

The MassHealth representative testified that the appellant was protected on MassHealth CarePlus benefits due to Covid until the federal health emergency expired in spring 2023. This instant determination is based on information MassHealth received on 10/02/2023 when the appellant reported changes to her eligibility information. The appellant is under 65 years of age and pregnant. Because the appellant is pregnant, she is counted as a household of 2 for the purpose of MassHealth eligibility. The appellant works and has gross monthly income of \$4,344.84 per month. A pregnant woman is eligible for MassHealth Standard benefits if the household's gross monthly income is less than 200% of the federal poverty limit, or \$3,287.00 for a household of 2. Because her income is 259% of the federal poverty level, she is not eligible for MassHealth Standard benefits as a pregnant woman. She is eligible for partial Health Safety Net for 90 days until she can enroll in a Health Connector plan. She can call the Health Connector to enroll.

The appellant testified that her health insurance costs \$400.00 dollars per month. Her rent is \$2,900.00 per month, she pays for gas, electricity, automobile expenses, and food. She asserted that her expenses should be taken into consideration. She also stated that she can access health insurance through her employer.

## Findings of Fact

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

1. The appellant is a woman between the ages of 19 and 64. She is pregnant (Testimony).
2. For the purposes of MassHealth eligibility, the appellant is counted as a household of 2 (Testimony).
3. The appellant has gross monthly income of \$4,344.00 per month from employment (Testimony).
4. 200% of the federal poverty limit for a household of 2 is \$3,287.00 (03/2023).
5. On 10/02/2023, MassHealth denied the appellant's application for MassHealth benefits (Exhibit 1).
6. The appellant filed a timely appeal on 12/18/2023 (Exhibit 2).
7. A fair hearing was held on 11/21/2023. The appellant appeared, as did the MassHealth

representative (Exhibit 3).

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (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 old 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.

Regulations at 130 CMR 505.001(D) address financial eligibility for MassHealth Standard benefits for pregnant individuals as follows:

- (1) A person who is pregnant 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.
- (4) Eligibility for postpartum care for pregnant individuals who meet the requirements of 130 CMR 505.002(B)(2) and (3), (C) through (H), and (L) continues for 12 months

following the termination of the pregnancy plus an additional period extending to the end of the month in which the 12-month period ends.

***(Emphasis added.)***

The appellant, a pregnant woman who is under age 65, was denied MassHealth benefits due to not meeting the financial requirements. In order to be eligible for MassHealth Standard benefits as a pregnant woman, an applicant must have gross monthly income less than 200% of the federal poverty level, or \$3,287.00 as of 03/2023. The appellant did not dispute that her gross monthly income is \$4,344.00 or that her family size is counted as a household of 2.

The appellant argued that although her income exceeds 200% of the federal poverty level, her expenses should be considered and she should be determined to be eligible for MassHealth benefits.

The above regulation clearly states that the “adjusted gross” income must be considered in an eligibility determination. The appellant has cited to no regulation stating otherwise or providing for an exception to the above regulation. Nor has she provided documentation that her “adjusted gross” income is different than \$4,344.00. Thus, MassHealth’s determination that the appellant’s income exceeds the guidelines for her to be eligible for MassHealth Standard benefits is supported by the uncontested facts and the relevant regulations. This appeal is therefore denied.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780