

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied; Dismissed	Appeal Number:	2400819
Decision Date:	03/01/2024	Hearing Date:	02/08/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Nickoson *via* telephone



*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; Dismissed	Issue:	Under 65/Financial Eligibility
Decision Date:	03/01/2024	Hearing Date:	02/08/2024
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center	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 two notices dated January 8, 2024, MassHealth separately informed the appellant and her spouse that they were not eligible for MassHealth benefits because their income was too high. (See 130 CMR 506.007(B); 502.003; and Exhibit (Ex.) 1). The appellant and her spouse filed appeals in a timely manner on January 17, 2024. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined appellant and her spouse were not eligible for MassHealth because their income was too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 502.003, in determining that the appellant and her spouse's income was too high to qualify for MassHealth.

Summary of Evidence

The appellant wife appeared telephonically at the hearing, but appellant husband did not. Appellant husband did not authorize his spouse to represent him at the hearing and thus his appeal is dismissed pursuant to 130 CMR 610.035(A)(7). The hearing went forward on appellant wife's (hereinafter "the appellant") appeal.

According to the MassHealth Medicaid Management Information System (MMIS), the appellant is between the ages of 21 and 64 and is a US citizen. (Ex. 3).

The MassHealth representative testified that the appellant lives in a household of two and files taxes jointly with her spouse. (Testimony). The appellant earns \$1,425.54 every two weeks and her husband earns \$380 per week. (Testimony). The gross monthly income for the household is \$4,735.69. (Testimony). The appellant is eligible for and enrolled in a ConnectorCare plan. (Testimony). On January 8, 2024, a person in the household contacted MassHealth by telephone in order to report a change, though there were no notes indicating what was reported or who reported it. (Testimony). The reported change caused MassHealth to issue the notice the appellant appealed. (Testimony; Ex. 1). The notice states that the appellant is not eligible for MassHealth because her income was too high. (Ex. 1; Testimony).

The appellant stated that it was difficult to pay Connector premiums with her level of income. The appellant stated that it was unfair that MassHealth did not take into account household expenses such as rent. The appellant that her husband also has to pay child support out of his income. The appellant stated that both she and her husband have diabetes and she cannot afford her treatment, which is \$900 per month. The MassHealth representative inquired as to whether the appellant has explored other, less expensive, plans through the Connector. The appellant stated that the reason she chose the plan she was on was because her doctors did not take the other plans, and she did not want to change doctors.

MMIS shows that prior to her enrollment with the Health Connector, the appellant received aid categorized or coded as AD, which is MassHealth Standard for a person with breast or cervical cancer¹, from December 7, 2021 through October 20, 2023. (Ex. 3). The income limit for MassHealth Standard for persons with breast or cervical cancer is 250% of the federal poverty level, or \$4,109.00 per month for a household of two. (Testimony). The appellant is categorically eligible for MassHealth CarePlus and the income limit for that program is 133% of the federal poverty level, or \$2,186.00 per month for a family of 2. The household's gross monthly income is \$4,735.69 or 283.18% of the FPL, which is over the income limit for both of these MassHealth coverage types. (Testimony).

¹ The hearing officer identified the code using a document entitled "MassHealth Standard Companion Guide" available online at <https://www.mass.gov/lists/masshealth-standard-hipaa-companion-guides>. This document states that AD is "BCC Standard." "BCC Standard" means MassHealth Standard for those with Breast or Cervical Cancer.

Findings of Facts

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

1. The appellant is between the ages of 21 and 64 and is a US citizen. (Ex. 3).
2. The appellant lives in a household of two with her spouse. (Testimony of the MassHealth representative).
3. The appellant files taxes jointly with her spouse. (Testimony of the MassHealth representative).
4. The appellant earns \$1,425.54 every two weeks and her husband earns \$380 per week for a total gross monthly income of \$4,735.00. (Testimony of the MassHealth representative).
5. The appellant is enrolled in a ConnectorCare plan with the Health Connector. (Testimony of the MassHealth representative).
6. On January 8, 2024, a person in the household contacted MassHealth by telephone in order to report a change, though there were no notes indicating what was reported or who reported it. (Testimony of the MassHealth representative).
7. The reported change caused MassHealth to issue the notice the appellant appealed. (Testimony of the MassHealth representative; Ex. 1).
8. The notice stated that the appellant was not eligible for MassHealth because the household income was too high. (Ex. 1; Testimony of the MassHealth representative).
9. 133% of the federal poverty level for a family of 2 is \$2,186.00.
10. 250% of the federal poverty level for a family of 2 is \$4,109.00.

Analysis and Conclusions of Law

An individual with breast or cervical cancer is eligible for MassHealth Standard coverage if they meet all of the following requirements: (a) the individual is younger than 65 years old; (b) the individual has been certified by a physician to be in need of treatment for breast or cervical cancer, including precancerous conditions; (c) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 250% of the federal poverty level (FPL). (130 CMR 505.002(F)(1)(a), (b), (c)).

The record shows that until October 20, 2023, the appellant was eligible for MassHealth Standard as an individual with breast or cervical cancer. The income limit to receive MassHealth

Standard as an individual with breast or cervical cancer is 250% of the FPL, or \$4,109.00 for a family of two. The appellants' household modified adjusted gross income of \$4,735.69 exceeds this amount. There was no evidence submitted to support that the appellant still meets categorical requirements for MassHealth Standard for persons with breast or cervical cancer, however the household income exceeds the limit for this program.

The appellant is categorically eligible for MassHealth CarePlus, which has an income limit of 133% of the federal poverty level, or \$2,186.00 a month for a family of two. (See 130 CMR 505.008(A)(2)(c)). The appellant is not financially eligible for MassHealth CarePlus.

For the above reasons, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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