

**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403516
Decision Date:	4/29/2024	Hearing Date:	April 11, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Jenna Cullivan, Quincy MEC



***Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171***

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 505.002 Income Standard
Decision Date:	4/29/2024	Hearing Date:	April 11, 2024
MassHealth Rep.:	J. Cullivan	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

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

Jurisdiction

The appellant received a notice dated January 22, 2024 stating: You do not qualify for MassHealth benefits because your income is too high. (Exhibit 1).

The appellant filed a timely appeal on March 07, 2024. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant is over income to be eligible for MassHealth.

Issue

Did MassHealth correctly determine the appellant's eligibility?

Summary of Evidence

The parties appeared telephonically. The appellant is between the ages of 19 and 65 and was previously open on MassHealth Standard as the parent of minor children. (Exhibit 4). A representative from MassHealth testified that on November 23, 2024, a redetermination of the appellant's eligibility verified her income at \$3,328.00 per month. The verified income is 149.67% of the monthly federal poverty level (FPL) and placed the appellant over the MassHealth limit of 133% FPL (\$2,862.00) for the appellant's household of three. The representative explained that although the appellant was previously over the income standard, she was protected on MassHealth during the COVID 19 emergency; however when the emergency protection was lifted it was determined the appellant was no longer eligible for MassHealth. The representative stated the appellant's children are approved for MassHealth Standard coverage and the appellant is eligible for Health Safety Net or ConnectorCare coverage.

The appellant responded that she understands she is over income and does not qualify at this time; however, she states that she was never notified that her benefits were terminated until she went to pick up a prescription at the pharmacy. The appellant stated when she had her first child in 2020, she received a year of MassHealth under the Postpartum Program even though she was over the income standard at that time. The appellant stated she has no back bills that need to be covered, however she would like her coverage backdated as she was eligible for postpartum coverage due to the birth of her second child in July. The appellant was concerned she would be fined for not having health insurance coverage since November.

MassHealth responded that to qualify for postpartum benefits an individual must inform MassHealth of their pregnancy prior to birth. The appellant gave birth to her child in July and did not notify MassHealth until November and as a result she is not eligible for the postpartum coverage.

The appellant argued that MassHealth should have known she was pregnant because they were covering her OBGYN and hospital bills. The appellant stated if she had known she needed to contact MassHealth to tell them she was pregnant she would have done so but no one told her.

MassHealth stated it is a requirement of MassHealth to report any changes in the household within 10 days.

Findings of Fact

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

1. The appellant's household consists of the appellant and two children. (Testimony).
2. 133% of the federal-poverty level for a family group size of three is \$2,862.00.

3. The household's gross monthly earnings are \$3,328.00 which is 149.67% of the FPL. (Testimony)

Analysis and Conclusions of Law

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away.¹ These continuous coverage requirements ended April 01, 2023.² On April 01, 2023, MassHealth began redetermining all members to ensure that they still qualify for their current benefits.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001.³ The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000 (130 CMR 505.001). The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage (130 CMR 506.007(A)).⁴ Generally, eligibility is based on 133%

¹ See Eligibility Operations Memo 20-09, April 2020.

² See Eligibility Operations Memo 23-18, July 2023.

³ (1) Standard - for families (with minor children), pregnant women, children and disabled individuals, including extended benefits; must have income under 133% of federal poverty limit; (2) Prenatal - for pregnant women; (3) CommonHealth - for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard; (4) Family Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth; (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens; and (6) Essential - for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and (7) Limited - coverage for non-qualified aliens and certain qualified aliens.

⁴ 130 CMR 506.007: Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households. (A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. (1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other. (2) Once the individual's household is established, financial eligibility is determined by 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(K). (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

of the federal-poverty level for adults and 200% of the federal-poverty level for children and pregnant women, as well as for adults working for qualified employers and persons who are HIV positive. Children under the age of 19 may establish eligibility for Standard coverage if the gross income of the group is less than or equal to 150% of the federal poverty level (130 CMR 505.002(C)(2)). Disabled persons with income in excess of these applicable standards may establish eligibility for MassHealth CommonHealth (130 CMR 506.007(B)).

As a family group of three with two children under 19 living in the home, the appellant meets the categorical requirements for MassHealth (130 CMR 505.001); however, to qualify for benefits you must also meet the financial standards (130 CMR 505.001). The rules governing financial eligibility for MassHealth can be found at 130 CMR 506.000. These rules are based on the size of the family group and countable income (130 CMR 506.001(A)). In determining eligibility for MassHealth, the gross income of all family group members is counted and compared to an income standard based on the family group size (130 CMR 506.002).

In November 2023, during a redetermination, MassHealth matched the appellant's income at \$3,328.00 per month. Since the household gross income of \$3,328.00 is greater than 133% of the federal poverty level (\$2,862.00) for a household of three the appellant is not eligible for MassHealth Standard, although her two children remain on MassHealth Standard as they are below the 200% FPL threshold. (130 CMR 505.002).

Regarding the postpartum program the American Rescue Plan Act (ARPA) of 2021 allowed states the option to extend Medicaid and Children's Health Insurance Program (CHIP) postpartum coverage from 60 days to 12-months post-pregnancy. MassHealth participated in this option, however MassHealth required that to be eligible for postpartum coverage, an individual must declare they are pregnant during their pregnancy.⁵ The appellant did not notify MassHealth until four months after her delivery and as a result she is ineligible for postpartum coverage beginning July. Although the appellant argued she was unaware of her responsibility to inform MassHealth of her pregnancy the regulations require all members to report within 10 days any changes that can affect their eligibility.⁶

MassHealth correctly determined the appellant's eligibility for MassHealth and this appeal is DENIED.

household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

⁵ See Eligibility Operations Memo 22-07, April 2022, Extension of Postpartum Coverage for Eligible Individuals.

⁶ 130 CMR 501.010: Responsibilities of Applicants and Members (A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. (B) Responsibility to Report Changes. **The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility.** Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability. (*Emphasis added*).

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: Quincy MEC