

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405861
Decision Date:	7/3/2024	Hearing Date:	05/24/2024
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva – Taunton HCR



*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:	Community; Under-65; Income
Decision Date:	7/3/2024	Hearing Date:	05/24/2024
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 March 8, 2024, MassHealth terminated the appellant's MassHealth Standard coverage as of April 30, 2024, because her income was too high. (Exhibit 1; 130 CMR 506.007(B); 502.003.) The appellant filed this appeal in a timely manner on April 12, 2024, and her benefits are being protected pending this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's Standard coverage because her income is too high.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002 and 506.003, in determining that the appellant's income was too high to qualify for MassHealth Standard.

Summary of Evidence

The appellant has a household of two, and she is actively undergoing treatment for cancer. She had been covered by MassHealth Standard through the expanded income guidelines for those with breast or cervical cancer. She filed her renewal application on or around March 8, 2024, and

attested gross employment income of \$1,923, bi-weekly. Her husband's income was verified as \$750 per week. MassHealth's representative testified that this income was equivalent to 430.43% of the federal poverty level for a household of two. The income cut-off for individuals with breast and cervical cancer is 250% of the federal poverty level, or \$4,259 per month.

The appellant understood that she was over-income for MassHealth. The appellant noted, however, that the only plan offered through the Health Connector that covered the doctor treating her cancer had a premium of over \$700 per month. She did not want to change doctors, given the state of her treatment, but could not afford such a high monthly premium. MassHealth's representative suggested that she complete a disability supplement. The appellant already had, but she had just received it back with additional instructions as to how to complete the form. She was going to call the disability evaluation services unit to ask that they expedite the review of her application, but she was also concerned that she did not feel disabled.

MassHealth's representative testified that MassHealth's definition of disability includes chronic conditions or diseases expected to last longer than a year. If the appellant were found to qualify as disabled by MassHealth's definition, the appellant would be eligible for the CommonHealth benefit. This benefit provides the same coverage as Standard but comes with a monthly premium based upon the appellant's income.

Findings of Fact

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

- 1) The appellant was covered by MassHealth Standard for Individuals with Breast or Cervical Cancer. (Testimony by MassHealth's representative.)
- 2) The appellant completed a renewal application on or around March 8, 2024. She reported a household of two with gross employment income for her of \$1,923, bi-weekly, and spousal income of \$750 per week. (Testimony by MassHealth's representative.)
- 3) Her coverage was terminated through a notice dated March 8, 2024, because her income was above the limits for that benefit. Her benefits are protected pending the outcome of this appeal. (Exhibit 1; testimony by MassHealth's representative.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below the relevant financial thresholds. Financially, members under the age of ■ who seek MassHealth CarePlus benefits must usually have countable income under 133% of the federal poverty level. (130 CMR 505.008(A).) However, the rules governing individuals with breast or cervical cancer are slightly different:

(F) Individuals with Breast or Cervical Cancer.

(1) Eligibility Requirements. 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 ■ 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);**
- (d) for individuals with breast or cervical cancer whose MassHealth MAGI household modified adjusted gross income is greater than 133% of the FPL, but does not exceed 250% of the FPL, the individual must

1. be uninsured; or

2. have insurance that does not provide creditable coverage. An individual is not considered to have creditable coverage when the individual is in a period of exclusion for treatment of breast or cervical cancer, has exhausted the lifetime limit on all benefits under the plan, including treatment of breast or cervical cancer, or has limited scope coverage or coverage only for specified illness; or

...

...

(f) the individual does not otherwise meet the requirements for MassHealth Standard described at 130 CMR 505.002(B) through (E).

(2) Premiums. Individuals who meet the requirements of 130 CMR 505.002(F) are assessed a monthly premium in accordance with 130 CMR 506.011: MassHealth and the Children's Medical Security Plan (CMSP) Premiums.

(3) Duration of Eligibility. Individuals meeting the requirements of 130 CMR 505.002(F) are eligible for MassHealth Standard for the duration of their cancer treatment.

(130 CMR 505.002(F).) Further, disabled adults between the ages of [REDACTED] can qualify for the CommonHealth program, regardless of their income by paying a monthly premium.¹ (See 130 CMR 505.004(B)-(C), 506.009.)

For individuals under the age of [REDACTED] countable unearned income includes “the total amount of taxable income” a member receives “after allowable deductions on the U.S Individual Tax Return,” and specifically includes “social security benefits.” (130 CMR 506.003(B).) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.” (130 CMR 506.007(A).)

The federal poverty level for a household of two in 2024 is \$1,704 per month. Five percent of the federal poverty level is \$85.20. The appellant’s weekly income is effectively \$961.5, and her monthly income is \$4,166.18; her husband’s income is \$3,249.75 per month. Reduced by \$85.20, the appellant’s household’s countable income is \$7,415.93. This equates to 435.2% of the federal poverty level for a household of two. Because the appellant’s income is over 250% of the federal poverty level, MassHealth is correct that she is ineligible for MassHealth Standard for Individuals with Breast and Cervical Cancer. (130 CMR 505.002(F).) This appeal is DENIED.

The appellant was actively pursuing a disability determination. If she is deemed disabled, she will be eligible to purchase CommonHealth coverage for a monthly premium. For household incomes above 400% of the federal poverty level, the monthly premiums for CommonHealth “start at \$202” and \$10 is added “for each additional 10% FPL until 600% FPL \$202 - \$392.” (130 CMR 506.011(B)(2)(b).) As the appellant is in the third decile over 400% of the federal poverty level, her premium would be around \$232 per month.

Order for MassHealth

Remove Aid Pending.

¹ MassHealth no longer requires disabled members under the age of [REDACTED] to meet a one-time deductible or work 40 hours per month. (EOM 23-28 (Dec. 2023).)

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.

Christopher Jones
Hearing Officer
Board of Hearings

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