

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413031
Decision Date:	10/2/2024	Hearing Date:	09/24/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:




Appearance for MassHealth:

Milagro Behnk, Springfield MassHealth
Enrollment Center



*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, under 65, Retroactive start date
Decision Date:	10/2/2024	Hearing Date:	09/24/2024
MassHealth's Rep.:	Milagro Benck	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center Room 1 (Telephone)	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

By notice dated August 7, 2024, MassHealth approved Appellant for MassHealth Standard effective July 28, 2024. Exhibit 1. Appellant filed this appeal in a timely manner on August 22, 2024. Exhibit 2. 130 CMR 610.015(B). Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard effective July 28, 2024.

Issue

The appeal issue is whether Appellant is eligible for an earlier coverage start date.

Summary of Evidence

MassHealth was represented at hearing by phone by an eligibility representative. The Appellant was represented at hearing by her representative, an individual from the Financial Coordination Office at [REDACTED]. A summary of testimony and documentary evidence follows.

MassHealth sent a renewal application to the Appellant on February 6, 2024; this renewal was for the Appellant's household and needed to be received by MassHealth by March 22, 2024. The renewal was not returned and a termination notice was sent to the Appellant on March 27, 2024 informing the Appellant that her benefits would end April 10, 2024. On August 7, 2024, the Appellant called MassHealth and renewed her MassHealth benefits over the phone. Her MassHealth Standard benefits were reinstated as of July 28, 2024¹.

The Appellant's representative stated that in early August, the Appellant was undergoing cancer treatment at [REDACTED] and it was there that she learned that her MassHealth benefits had been terminated. The Appellant's representative stated that the Appellant's medical records indicated that the Appellant had been undergoing treatment for breast cancer at [REDACTED] and that the Appellant is currently receiving treatment for breast cancer at [REDACTED]. Testimony. The Appellant is appealing the start date of her MassHealth coverage; she needs retroactive coverage beginning on June 25, 2024 to cover her ongoing breast cancer treatment.

Findings of Fact

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

1. The appellant is under the age of 65, has a household size of five and reports an income of 0.00% of the FPL. Testimony by MassHealth's representative and Exhibit 1.
2. The Appellant failed to return her renewal application for MassHealth benefits by March 22, 2024, and MassHealth terminated the Appellant's MassHealth benefits on April 10, 2024. Testimony by MassHealth's representative.
3. The Appellant completed her renewal telephonically and her MassHealth benefits were reinstated on July 28, 2024.
4. The appellant was diagnosed with breast cancer in [REDACTED] and is currently undergoing cancer treatment at [REDACTED]. Testimony by the Appellant's representative.

Analysis and Conclusions of Law

¹ The MassHealth approval noticed dated August 8, 2024, states that the Appellant's Household size is 5 and that the monthly household income is 0.00% of the Federal Poverty Level (FPL). The financial eligibility of the Appellant's household for MassHealth benefits was not in dispute during the hearing. Exhibit1.

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) Standard - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus - for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-In and Buy-In - for certain Medicare beneficiaries.

130 CMR 505.001(A).

Pursuant to 130 CMR 505.002(F), MassHealth Standard coverage is available to individuals with breast or cervical cancer **if they meet all of the following requirements:**

(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 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);

(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
3. be an American Indian or Alaska Native who is provided care through a medical care program of the Indian Health Service or of a tribal organization;

(e) the individual is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(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) (emphasis added)

In this case, MassHealth correctly determined that the Appellant is financially eligible for MassHealth Standard, and correctly reinstated the Appellant's MassHealth benefits on July 28, 2024 after she telephonically completed her renewal in August 2024. The only issue on appeal is whether or not MassHealth erred in not reinstating the Appellant's MassHealth benefits retroactively to the date of the termination of benefits because the Appellant is currently

undergoing treatment for breast cancer. While the Appellant's representative credibly testified that the Appellant is currently undergoing breast cancer treatment at [REDACTED] the Appellant did not appear at the hearing to offer testimony regarding her cancer treatment. Furthermore, the regulation at 130 CMR 505.002(F)(1)(b) is clear, a *physician* must certify that the Appellant is in need of treatment for breast cancer. While I credit the testimony of the Appellant's representative at the hearing, she was not able to provide the critical piece of information necessary to reverse MassHealth's decision in this case: the certification of a physician that the Appellant is currently in need of breast cancer treatment.

For these reasons, this 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104