

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415175
Decision Date:	11/6/2024	Hearing Date:	10/29/2024
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:



Appearance for MassHealth:

Via Teams Videoconference:
Amarylis Garcia, Springfield 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Income
Decision Date:	11/6/2024	Hearing Date:	10/29/2024
MassHealth's Rep.:	Amarily Garcia	Appellant's Reps.:	Pro se; Mother
Hearing Location:	Springfield MassHealth Enrollment Center, Remote	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 a notice dated September 13, 2024, MassHealth informed the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit (Exhibit 1). The appellant filed this appeal in a timely manner on October 2, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that she did not qualify for MassHealth benefits because her income was too high.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because her income was too high.

Summary of Evidence

The MassHealth representative, the appellant, and the appellant's mother all appeared at hearing via Teams videoconference. The MassHealth representative testified as follows: on September 13, 2024, the appellant, who is an adult between the ages of [REDACTED] completed an application over the phone. At the time of the application, she was pregnant with a household size of three, which included herself, spouse, and the pregnancy. The appellant's household's most recently verified gross monthly income is \$9,570.48 (from the appellant's spouse's employment and the appellant's unemployment benefits), which is 439.79% of the Federal Poverty Level (FPL) for a household size of three. The income limit to qualify for MassHealth as a pregnant person is 200% of the FPL, or \$4,304 gross monthly for a household of three. On September 13, 2024, MassHealth issued the notice currently under appeal informing the appellant that she did not qualify for MassHealth benefits because she was over the allowable income limit.

The appellant did not dispute her household income; however, she testified that when she completed the phone application with MassHealth Customer Service, the representative informed her that her husband's income would not apply and she was approved for MassHealth benefits. The appellant stated that she double and triple checked on the phone at that time and was assured that she would be covered by MassHealth. Because of that assurance, she did not obtain other health insurance. The appellant stated she never received the September 13, 2024 notice. Previously, she had health insurance through her work, but when she was let go, she went on [REDACTED] When she did not make a [REDACTED] payment, she lost that coverage. The last few weeks of her pregnancy were very difficult. She experienced preeclampsia, pre-partum depression, PTSD, and could not get out of bed. The appellant had an emergency cesarian section on [REDACTED] which was when the hospital informed her that she did not have health insurance. As a result, she has thousands of dollars in medical debt. She did receive an October 3, 2024 MassHealth notice which resulted when she contacted MassHealth from the hospital. This notice also informed her that she was over income.

The MassHealth representative explained that MassHealth considers the entire household's income and the Customer Service representative did not give the appellant correct information. The appellant was never approved for MassHealth benefits after the September 13, 2024 phone application. Prior to hearing, the MassHealth representative spoke to her manager about the case. The manager advised that the appellant could file a formal complaint regarding the MassHealth Customer Service representative she spoke with and she could also look into obtaining coverage through the Health Connector. MassHealth records show that notices were sent via mail on September 13, 2024 and October 3, 2024.

Findings of Fact

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

1. The appellant, who is between the ages of [REDACTED] has a household size of three and was pregnant at the time she completed the phone application on September 13, 2024 (Testimony).
2. On September 13, 2024, MassHealth notified the appellant that she was not eligible for MassHealth benefits because she was over the allowable income limit (Testimony and Exhibit 1).
3. On October 2, 2024, the appellant timely appealed the September 13, 2024 denial notice (Exhibit 2).
4. The household's most recently verified gross monthly income is about \$9,570, or 439.79% of the FPL for a household size of three (Testimony).
5. The appellant did not dispute her income (Testimony).
6. To qualify for MassHealth benefits, a pregnant applicant must be at or below 200% of the FPL, which for a household of three is \$4,304 gross monthly (Testimony).
7. The appellant testified that during her phone application on September 13, 2024, the MassHealth Customer Service representative told her she was qualified for MassHealth benefits (Testimony).
8. The appellant did not obtain other health insurance because she believed she was insured by MassHealth and did not see the September 13, 2024 notice (Testimony).
9. The appellant had an emergency cesarian section on [REDACTED] 4 which was when the hospital informed her that she did not have health insurance. As a result, she has thousands of dollars in medical debt. (Testimony).

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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

The calculation of financial eligibility is set forth in 130 CMR 506.007 as follows:

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

¹ "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED].

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

(130 CMR 506.007(A)).

Categorically, as a pregnant person at the time of her application, the appellant is eligible for MassHealth Standard; however, under 130 CMR 505.002(D)(1), the income limit for that coverage type is 200% of the FPL. For a household of three, that limit is \$4,304 gross monthly. The most recently verified gross monthly income for the appellant's household is about \$9,570, or 444.79% of the FPL. After deducting five percentage points of the current FPL, the appellant's countable income is 439.79% of the FPL. Because the appellant's income exceeds 200% of the FPL, she is over the income limit and not financially eligible for MassHealth benefits. While the appellant's testimony was credible and she was given incorrect information regarding her eligibility by a MassHealth Customer Service representative over the phone, at no time since her application was she ever financially eligible for MassHealth benefits. MassHealth never issued a notice approving the appellant for MassHealth. The September 13, 2024 determination was correct. While the appellant testified that she did not get the September 13, 2024 notice, MassHealth records indicate that it was mailed on September 13, 2024. Pursuant to 130 CMR 610.015(C)(2), it is presumed that the notice was received on the fifth day after the date of the notice.

The Board of Hearings has limited jurisdiction to redress complaints. Particularly, the Board of Hearings may only redress disputes arising from MassHealth determinations.² See 130 CMR 610.032. Here, based on the notice under appeal dated September 13, 2024, the only MassHealth related dispute is whether MassHealth correctly denied the appellant’s application for MassHealth benefits because she was over the allowable income limit. If the appellant has issue with obtaining Health Connector coverage, she needs to contact the Health Connector.³

For these reasons, the MassHealth determination is correct and 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: [REDACTED]
MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

² Certain other limited areas of jurisdiction exist within the Board of Hearings that are not based upon MassHealth decisions or decisions by MassHealth contractors, such as decisions by a nursing facility to discharge or transfer a resident. See 130 CMR 610.032(C). Any authority regarding Health Connector decisions is specifically limited to those matters the Health Connector has delegated to the Board of Hearings. At the moment, no such delegation exists. See 130 CMR 610.032(A).

³ The Health Connector Customer Service can be reached via telephone at [REDACTED]. Alternatively, the Health Connector Ombuds Office can be contacted via mail at [REDACTED]. The letter should include the full name of the primary person on the Health Connector account; preferred phone number(s); email address; and a summary of the issue(s) experienced. The Health Connector Ombuds can also be contacted via an online contact form at <https://betterhealthconnector.com/ombuds-contact-form>.