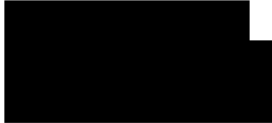


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	APPROVED	<b>Appeal Number:</b>	2506448
<b>Decision Date:</b>	6/12/2025	<b>Hearing Date:</b>	06/06/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Carmen Rivera, Quincy 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

<b>Appeal Decision:</b>	APPROVED	<b>Issue:</b>	Community Eligibility – under 65; Income
<b>Decision Date:</b>	6/12/2025	<b>Hearing Date:</b>	06/06/2025
<b>MassHealth’s Rep.:</b>	Carmen Rivera	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 March 25, 2025, MassHealth downgraded the appellant's benefits from MassHealth Standard to Health Safety Net effective April 8, 2025, because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth benefits.<sup>1</sup> See 130 CMR 505.002 and Exhibit 1. The appellant’s appeal was timely filed on April 23, 2025. See 130 CMR 610.015(B) and Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member’s assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

### Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth Standard to Health Safety Net effective April 8, 2025, because MassHealth determined that the appellant’s income exceeded the allowed threshold for MassHealth benefits.

### Issue

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<sup>1</sup> Health Safety Net coverage was back dated and started effective March 4, 2025.

Whether MassHealth erred by downgrading the appellant's benefits from MassHealth Standard to Health Safety Net. See 130 CMR 505.002(D).

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is an adult under the age of [REDACTED] who resides in a household of two, including her child. The appellant was on MassHealth Standard from December 28, 2024 until April 8, 2025. The MassHealth representative testified that on January 7, 2025, the appellant submitted a new application to MassHealth by telephone. She reported her pregnancy and her income from unemployment and Family and Medical Leave Act (FMLA). MassHealth determined that based on her household size of two, including her unborn child, the appellant's MAGI income equaled 300.01% of the federal poverty level (FPL). On the same day, the appellant's income was adjusted to reflect only her unemployment income of \$483.00 per week and the system removed her pregnancy for some unknown reason. As result, MassHealth determined that the appellant's MAGI income equaled 161.76% of the FPL. Again, on the same day, the system added the appellant's pregnancy and increased her household size to two. As result, her MAGI income equaled 117.87% of the FPL, she was approved for MassHealth Standard coverage effective December 28, 2024, and proof of unemployment income was requested to be provided prior to April 7, 2025.

On January 7, 2025, the appellant submitted a screenshot of her unemployment dashboard showing her unemployment income of \$535.00 per week starting on December 8, 2024. However, the screenshot did not contain the appellant's name. As such, MassHealth determined that the submission was insufficient proof, did not process the submission, and did not generate a notice regarding its refusal to accept the proof submitted.

On January 22, 2025, MassHealth received a notice of birth from the hospital, approved the child for MassHealth Standard, and requested proof of income from the appellant. On January 23, 2025, MassHealth received proof of income from the appellant showing income from FMLA in the amount of \$716.00 per week. MassHealth determined that the appellant's MAGI income equaled 177.14% of the FPL for a household of two. The MassHealth representative stated that because the appellant had not provided MassHealth with an acceptable proof of income prior to the birth, she did not qualify for postpartum coverage. As such, once she submitted proof of income on January 23, 2025 which equaled 177.14% of the FPL, MassHealth issued a notice downgrading the appellant's coverage from MassHealth Standard to Health Safety Net.

On February 11, 2025, MassHealth approved the appellant for MassHealth Standard because it

increased her household size to three for some unknown reason. On February 26, 2025, the system adjusted the appellant's household size to two, determined that the appellant's MAGI income equaled 177.14% of the FPL, and downgraded the appellant's coverage from MassHealth Standard to Health Safety Net, yet again.<sup>2</sup>

Through a notice on March 25, 2025, MassHealth notified the appellant that her coverage would be downgraded from MassHealth Standard to Health Safety Net effective April 8, 2025, because her income equaled 171.02% of the FPL for a household size of two.<sup>3</sup> This appeal followed.

The appellant confirmed the birth of her child and her household size and income. She testified that she did not receive unemployment and FMLA simultaneously. She verified her income of \$716.00 per week from FMLA. She expressed confusion regarding MassHealth's repeated pattern of stopping and restarting coverage. She also stated that she did not receive a notice from MassHealth regarding the insufficiency of the proof of income. She said that had she known her submission was insufficient, she would have rectified the matter immediately as she has been responsive to all MassHealth's requests.

## Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who resides in a household of two, including her child. (Testimony).
2. The appellant was on MassHealth Standard from December 28, 2024 until April 8, 2025. (Testimony and Exhibit 4).
3. On January 7, 2025, the appellant submitted a new application to MassHealth by telephone declaring her pregnancy. (Testimony).
4. The appellant was approved for MassHealth Standard coverage effective December 28, 2024, and MassHealth requested proof of income to be submitted by April 17, 2025. (Testimony).
5. On January 7, 2025, the appellant submitted a screenshot of her unemployment dashboard showing unemployment income of \$535.00 per week starting on December 8, 2024, but the screenshot did not indicate her name. (Testimony).

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<sup>2</sup> Per MMIS, the appellant's coverage was not downgraded on January 23, 2025 or February 26 2025, despite the MassHealth representative's testimony.

<sup>3</sup> The MassHealth representative could not explain why the percentage of the FPL changed despite the appellant's income remaining the same.

6. MassHealth deemed the submission to be insufficient proof of income, did not process the submission, and did not generate a notice regarding its refusal to accept the proof submitted. (Testimony).
7. On January 22, 2025, MassHealth received a notice of birth from the hospital, approved the child for MassHealth Standard, and requested proof of income from the appellant. (Testimony).
8. On January 23, 2025, MassHealth received proof of income from the appellant showing income from FMLA in the amount of \$716.00 per week which equates to 177.14% of the FPL. (Testimony and Federal Poverty Guidelines).
9. Through a notice on March 25, 2025, MassHealth notified the appellant that her coverage would be downgraded from MassHealth Standard to Health Safety Net effective April 8, 2025, because her income equaled 171.02% of the FPL for a household size of two which exceeded the allowed threshold for MassHealth. (Testimony and Federal Poverty Guidelines).
10. MassHealth did not extend a postpartum protection to the appellant. (Testimony).
11. The appellant filed this appeal in a timely manner on April 23, 2025. (Exhibit 2).
12. Effective April 1, 2022, MassHealth extended its postpartum coverage period to provide 12 months of coverage to individuals with income up to 200% of the FPL if the individual declared they are pregnant. (Eligibility Operation Memo 22-07 (April 2022)).

## Analysis and Conclusions of Law

MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits. See 130 CMR 501.003(A). MassHealth offers several coverage types. See 130 CMR 501.003(B). The coverage type for which an individual is eligible is based on their income and circumstances. Id.

Generally, MassHealth regulations at 130 CMR 505.000 explain the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

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

- (1) MassHealth Standard - for people who are pregnant, 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) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) MassHealth CarePlus - for adults [REDACTED] years of age who are not eligible for MassHealth Standard;

(4) MassHealth 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) MassHealth 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

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

The eligibility requirements for postpartum care for pregnant individuals are set forth in 130 CMR 505.002(D) and are as follows:

(1) A person who is pregnant is eligible if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and

(b) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, nonqualified PRUCOL, or other noncitizen as described in 130 CMR 504.003: Immigrants.

(2) In determining the MassHealth MAGI household size, the unborn child or children are counted as if born and living with the mother.

(3) Eligibility, once established, continues for the duration of the pregnancy.

(4) Eligibility for postpartum care for pregnant individuals who meet the requirements of 130 CMR 505.002(B)(2) and (3), (C) through (H), and (L) continues for 12 months following the termination of the pregnancy plus an additional period extending to the end of the month in which the 12-month period ends.

Based on the testimony in this case, the parties agree that the appellant is in the 12-month period following the termination of her pregnancy. The parties also agree that the appellant's income is \$716.00 per week which equals 171.02% of the FPL. See Exhibit 1. The threshold to qualify for MassHealth Standard, postpartum is 200% of the FPL. See *id.* As such, the appellant qualifies for MassHealth Standard "for 12 months following the termination of the pregnancy plus an additional period extending to the end of the month in which the 12-month period ends." See 130 CMR 505.002(D)(4).

The MassHealth representative argued that because the appellant submitted an insufficient proof

of unemployment income when it was requested in January 2025 prior to the birth, the postpartum protection was not placed on her account. As such, she does not qualify for MassHealth Standard after she gave birth. This argument fails for number of reasons.

One, the appellant properly and in a timely fashion notified MassHealth of her pregnancy. According to EOM 22-07 (April 2022), the sole categorical requirement for postpartum coverage is for the individual to declare they are pregnant. There is no requirement that a protection must be put in place by MassHealth prior to the termination of the pregnancy as the MassHealth representative contends.

Two, regardless of the aforementioned, the MassHealth representative testified that the proof of income requested in January 2025, with the initial application, was to be produced by April 7, 2025. Even if the proof of income submitted by the appellant on January 7, 2025, was deemed unacceptable by MassHealth, she ultimately submitted an acceptable proof of income on January 23, 2025, well before the deadline set by MassHealth.

Three, a hearing officer may not exclude evidence at the hearing for the reason that it had not been previously submitted to the acting entity, provided that the hearing officer may permit the acting entity representative reasonable time to respond to newly submitted evidence. The effective date of any adjustments to the appellant's eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted. See 130 CMR 610.071(A)(2). At the time of the hearing, the appellant's income was verified by MassHealth. MassHealth determined that the appellant's income equaled 171.02% of the FPL. The threshold to qualify for MassHealth Standard for postpartum care equals 200% of the FPL. See 130 CMR 505.002(D)(1)(a).

For the foregoing reasons, I find that MassHealth erred by downgrading the appellant's benefits from MassHealth Standard to Health Safety Net prior to the end of the 12-month postpartum period. As such, this appeal is APPROVED.

## **Order for MassHealth**

Reinstate the appellant's coverage for a period of 12 months starting from the child's date of birth and through the end of the month in which the 12-month period ends. Make a new eligibility determination at the end of that period.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the

address on the first page of this decision.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171