

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2176924
Decision Date:	10/19/2021	Hearing Date:	10/12/2021
Hearing Officer:	Paul C. Moore		

Appearance for Appellant:



Appearance for MassHealth:

Gwayambadee Kato, Chelsea MassHealth
Enrollment Center (by telephone)



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility; MAGI
Decision Date:	10/19/2021	Hearing Date:	10/12/2021
MassHealth Rep.:	Gwayambadee Kato	Appellant Rep.:	██████
Hearing Location:	Board of Hearings (remote)		

Authority

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

Jurisdiction

By a notice dated August 19, 2021, MassHealth notified the appellant that she is not eligible for MassHealth, Health Safety Net, or the Children's Medical Security Plan because she has other health insurance (Ex. 1). The appellant filed a timely appeal with the Board of Hearings (BOH) on September 9, 2021 (130 CMR 610.015; Ex. 2). Denial of MassHealth assistance is valid grounds for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is not eligible for MassHealth, Health Safety Net, or the Children's Medical Security Plan because she has other health insurance.

Issue

The issue on appeal is whether MassHealth correctly determined that the appellant does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan because she has other health insurance.

Summary of Evidence

A MassHealth representative from the Chelsea MassHealth Enrollment Center testified by telephone that the appellant, who is a minor child, lives with her mother in a household of two. The appellant's mother, who is her appeal representative, completed a telephone MassHealth application for the appellant on or about August 19, 2021. The MassHealth representative noted that the household's modified adjusted gross income (MAGI) is \$59,899.39 per year. The appellant is enrolled in Blue Cross/Blue Shield for dental coverage through her mother, and has Harvard Pilgrim for medical insurance, also through her mother. The MassHealth representative added that the appellant was enrolled in MassHealth Standard in the past, but that coverage ended on October 5, 2019 (Testimony).

The appellant's mother testified by telephone that she works full-time as nurse at MassGeneral Brigham. She did not dispute the MAGI figure used by MassHealth. She does not recall if she received a notice of termination of the appellant's MassHealth benefits in 2019. She noted that the appellant's father does not provide any child support to the appellant. She inquired if MassHealth takes any of the household expenses into account when making an eligibility decision, as she would like the appellant to have MassHealth as secondary coverage. The appellant's mother testified that the appellant needs comprehensive orthodontic treatment, and her other dental insurance does not cover such treatment. She stated that the appellant is not disabled. The appellant's mother testified that she expects that her annual MAGI will remain about the same going forward (Testimony).

Findings of Fact

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

1. The appellant is a minor child who lives with her mother in a household of two (Testimony).
2. The appellant is not disabled (Testimony).
3. The appellant was enrolled in MassHealth Standard until October 5, 2019 (Testimony).
4. On or about August 19, 2021, the appellant's mother completed a MassHealth application for the appellant (Testimony).
5. On the same date, MassHealth notified the appellant in writing that she is not eligible for MassHealth, Health Safety Net, or the Children's Medical Security Plan (CMSP) because she has other health insurance (Ex. 1).
6. The appellant, through her mother, filed a timely appeal with the BOH (Ex. 2).

7. The appellant's household MAGI is \$59,899.39 per year, or \$4,991.61 per month (Testimony).
8. Through her mother, the appellant is enrolled in Harvard Pilgrim medical insurance, and Blue Cross/Blue Shield dental insurance (Testimony).
9. For a household of two, in 2021, 300% of the federal poverty level (FPL) is \$4,355.00 per month (86 *Federal Register* 7732, pp. 7732-7734 (February 1, 2021)).

Analysis and Conclusions of Law

MassHealth regulation 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(A) notes in relevant part:

(A) The MassHealth coverage types are the following:

(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 21 through 64 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.

MassHealth regulation 130 CMR 505.002(B)(2), “MassHealth Standard,” states as follows:

- (2) Children One through 18 Years of Age.
 - (a) A child one through 18 years of age is eligible if
 - 1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and
 - 2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A).

The appellant’s household MAGI exceeds 150% of the FPL. Therefore, she is not eligible for MassHealth Standard.

The appellant is also not eligible for MassHealth CommonHealth, as she is not disabled, nor is she eligible for MassHealth CarePlus, as she is under age 21.¹

The appellant is not eligible for MassHealth Limited, as she is not a lawfully present immigrant, nor is she eligible for Buy-In, as there is no evidence she is enrolled in Medicare.²

Pursuant to 130 CMR 505.005(B), “MassHealth Family Assistance:”

Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level. Children younger than 19 years old are eligible for Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

- (1) Eligibility Requirements. A child is eligible if
 - (a) the child is younger than 19 years old;
 - (b) the child’s modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL);**
 - (c) the child is ineligible for MassHealth Standard or CommonHealth;**
 - (d) the child is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs);
 - (e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:
 - 1. the child is uninsured; or

¹ See, 130 CMR 505.008(A)(1).

² See, 130 CMR 505.006 and 130 CMR 505.007, respectively.

2. the child has health insurance that meets the criteria at 130 CMR 506.012: Premium Assistance Payments.

(Emphasis added)

The evidence shows that the appellant's monthly household MAGI of \$4,991.61 is well above 300% of the FPL, or \$4,355.00 monthly. Therefore, she does not qualify for MassHealth Family Assistance.

Regarding CMSP, regulation 130 CMR 522.004 states as follows:

(A) Regulatory Authority. The Children's Medical Security Plan (CMSP) is administered pursuant to M.G.L. c. 118E, § 10F.

(B) Overview. CMSP provides coverage to uninsured children younger than 19 years old who do not qualify for any other MassHealth coverage type, other than MassHealth Limited, and who do not have physician and hospital health-care coverage. To apply for these benefits, an applicant must submit an application as described in 130 CMR 502.001: Application for Benefits and 502.002: Reactivating the Application.

...

(Emphasis added)

The appellant is not uninsured. Therefore, she does not qualify for CMSP.

The BOH does not make determinations regarding eligibility for Health Safety Net. Any such inquiries should be directed to (877) 910-2100.

For these reasons, there was no error in MassHealth's decision.

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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Shelly-Ann Lewis, Appeals Coordinator, Chelsea MEC