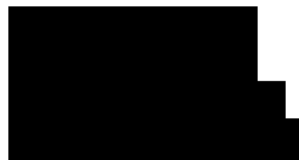


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2203692
<b>Decision Date:</b>	6/16/2022	<b>Hearing Date:</b>	06/15/2022
<b>Hearing Officer:</b>	Paul C. Moore		

**Appellant Representative:**



father (by telephone)

**MassHealth Representative:**

Jonathan Costa, Charlestown MassHealth  
Enrollment Center (by telephone)



*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>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	6/16/2022	<b>Hearing Date:</b>	06/15/2022
<b>MassHealth Rep.:</b>	Jonathan Costa	<b>Appellant Rep.:</b>	Father
<b>Hearing Location:</b>	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 April 26, 2022, MassHealth notified the appellant, a minor child, that he was approved for MassHealth Family Assistance effective April 16, 2022, with a monthly premium of \$20.00 starting in May, 2022 (Exh. 1). The appellant, through his parent, filed a timely appeal of this notice with the Board of Hearings (BOH) on May 11, 2022 (130 CMR 610.015; Exh. 2). Challenging the scope or amount 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 eligible for MassHealth Family Assistance with a monthly premium of \$20.00.

## Issue

The issue on appeal is whether MassHealth correctly determined that the appellant is eligible for MassHealth Family Assistance with a \$20.00 monthly premium.

## Summary of Evidence

A MassHealth representative from the Charlestown MassHealth Enrollment Center testified by telephone that the appellant is a minor child who is not disabled. On April 26, 2022, MassHealth

sent the appellant a notice indicating that he was approved for MassHealth Family Assistance, with a coverage start-date of April 16, 2022. The MassHealth notice reflects that the appellant lives in a household of two, that the family has a modified adjusted gross income (MAGI) equivalent to 235.84% of the 2022 federal poverty level (FPL) for a household of two, and that the family must pay a premium for the appellant's Family Assistance coverage of \$20.00 per month (Testimony, Exh. 1).

The MassHealth representative also testified that according to MassHealth records, the appellant is the only member of the household who applied for MassHealth, and he was previously enrolled in MassHealth Family Assistance. The MassHealth representative stated, by way of background, that records indicate that the appellant was previously disenrolled from Family Assistance coverage on or about June 25, 2019, because the family failed to pay the monthly premium owed. The appellant did not have coverage through MassHealth or through the Massachusetts Health Connector, and did not have Health Safety Net, from June, 2019 through April, 2022 (Testimony).

The appellant's father filed a request for a fair hearing with the BOH in which he wrote, "Because of Covid-19 I didn't take [the appellant] to the doctor because I was afraid to take him out" (Exh. 2).

The hearing officer reached the appellant's father on his cell phone, and the appellant's father apprised the hearing officer that he was "at work." The hearing officer explained the hearing procedures, and described the appellant's rights. When the hearing officer asked the appellant's father precisely what issue the appellant is appealing, and the appellant's father hung up the phone. The hearing officer attempted to reach the appellant's father again two additional times via his cell phone, but the calls went to voicemail.

### **Findings of Fact**

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

1. The appellant is a minor child, has not been deemed disabled, and lives in a household of two (Testimony, Exh. 1).
2. MassHealth notified the appellant that he is approved for MassHealth Family Assistance effective April 16, 2022, with a monthly premium due of \$20.00 (Exh. 1).
3. The family's MAGI is at 235.84% of the 2022 FPL for a household of two (*Id.*).
4. The appellant filed a timely appeal of this notice with the BOH (Exh. 2).
5. The appellant was previously enrolled in MassHealth Family Assistance, but was disenrolled effective June 25, 2019 because the family failed to pay the monthly premium owed to MassHealth (Testimony).
6. The appellant's father, who is his appeal representative, was reached by telephone on the

date of hearing, but did not respond when asked what issue the appellant is appealing.

## **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.

Because the appellant is not considered disabled by MassHealth, he does not qualify for MassHealth Standard or MassHealth CommonHealth.

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

(B) 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

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

...

Also, pursuant to 130 CMR 505.005(H), "MassHealth Family Assistance Premiums:"

Individuals who meet the requirements of 130 CMR 505.005 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(3) through (5).

MassHealth regulation 130 CMR 506.011(B)(3) states as follows:

The premium formula for MassHealth Family Assistance children whose eligibility is described in 130 CMR 505.005(B): 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 and (E): Eligibility Requirement for HIV-positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200 % of the Federal Poverty Level is as follows.

Family Assistance for Children Premium Formula

<u>% of Federal Poverty Level (FPL)</u>	<u>Monthly Premium Cost</u>
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	<b>\$20 per child (\$60 PBFG maximum)</b>

(Emphasis added)

Here, the notice under appeal is an approval for MassHealth Family Assistance, with a coverage start-date of April 16, 2022. A premium of \$20.00 per month is owed.

Testimony by MassHealth indicated that in the past, the appellant was enrolled in Family Assistance, but was disenrolled due to the appellant's failure to pay the required premium. However, that action was evidently not appealed by the appellant, and that is not the issue in the notice that is before this hearing officer.

The appellant's representative, when asked by the hearing officer, did not identify precisely what issue he is appealing, and hung up the telephone.

MassHealth correctly determined that the appellant is eligible for MassHealth Family Assistance, and based on the family's MAGI, that a monthly premium of \$20.00 is owed.

Based on the above, 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.

---

Paul C. Moore  
Hearing Officer  
Board of Hearings

cc: Jennifer Vitt, Appeals Coordinator, Charlestown MassHealth Enrollment Center