

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2203895

Decision Date: 8/31/2022

Hearing Date: 07/21/2022

Hearing Officer: Alexis Demirjian

Appearance for Appellant:



Appearance for MassHealth:

Ralph Hyacinthe



*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:	Coverage/Medical Bills
Decision Date:	8/31/2022	Hearing Date:	07/21/2022
MassHealth's Rep.:	Ralph Hyacinthe	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South 2 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 April 15, 2022, MassHealth approved appellant the Health Safety Net (Ex. 1). The Appellant's representative filed an appeal on May 23, 2022. (Ex. 2). On May 24, 2022, the Board of Hearings dismissed the appeal because the May 23, 2022 request for fair hearing was not signed by the Appellant nor was there any proof that the Appellant's representative had authorization to act on the appellant's behalf. (Ex. 2). On July 3, 2022, the Appellant filed a new fair hearing request.¹ (Ex. 2) An applicant can request a fair hearing to contest MassHealth's scope and amount of assistance.² (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for the Healthy Safety Net.

¹ The Fair Hearing Request dated July 3, 2022 did not name an Appeal Representative. At hearing, MassHealth confirmed that the Appellant had signed an Authorized Designation Representative form for the Appellant's mother which allowed for her to represent her son in this appeal.

² Through her testimony, the Appellant's representative confirmed she did not request a fair hearing to contest the scope and amount of assistance.

Issue

The appeal issue is whether MassHealth's actions, as stated in the April 15, 2022 notice, were correct?

Summary of Evidence

On February 7, 2022, the Appellant turned 19 years of age. Based on the Appellant reaching the age of 19, MassHealth considers the Appellant a young adult. Since the Appellant was now considered a young adult, the financial eligibility standards changed for calculating his MassHealth eligibility. The Appellant is claimed as a dependent on his mother's taxes. The Appellant did not appear at the hearing was represented by his mother who served as his representative. The Appellant's representative affirmed that she claims the Appellant as a dependent on her taxes and intends to do so in the future since he lives at home and is a student.

When MassHealth reviewed the Appellant's eligibility, they determined that it was a household of 2 and that the monthly household income was 199.84% of the federal poverty level (FPL). Based on that determination, MassHealth determined that the Appellant was not eligible for MassHealth Standard. However, the Appellant was eligible for coverage under ConnectorCare and Health Safety Net. The Appellant is enrolled in the ConnectorCare and Health Safety Net. The Appellant's representative confirmed that the Appellant has this coverage.

The Appellant's representative believed that the Appellant had coverage from February 2022 through May of 2022, although she acknowledged that she did not have written confirmation of coverage. Between February and May of 2022, the Appellant received two bills for treatment that were not covered by MassHealth.

The Appellant's representative expressed frustration that MassHealth did not explain to her that the Appellant's eligibility would be calculated differently based on his turning age 19. Despite, this frustration, the Appellant's representative did not contest the Appellant's current eligibility determination based on the reported income.

Findings of Fact

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

1. The Appellant is nineteen (19) years old and lives in a household of two. (Testimony)
2. Appellant was sent an approval letter from MassHealth for Health Safety Net and ConnectorCare on April 15, 2022, which Appellant appealed. (Ex. 1 and 2).
2. Appellant has been covered by the Health Safety Net and ConnectorCare since May 2022. (Testimony).

5. Appellant's reason for requesting a fair hearing was because his insurance would not pay two medical bills. (Testimony and Ex. 2).

Analysis and Conclusion

MassHealth regulation 130 CMR 502.003 regarding verification of eligibility factors states as follows:

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility

(1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and

(2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

Next, MassHealth regulation 130 CMR 505.002(B)(3) explains the categorical requirements and financial standards that must be met to qualify as a young adult for MassHealth Standard coverage.

130 CMR 505.002 (B)(3) notes in relevant part:

(a) A young adult 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 young adult 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).

(Emphasis added)

The evidence in the record shows that the appellant does not qualify for MassHealth Standard.

MassHealth's decision in this matter was correct. The appellant may instead enroll in a health plan through the Massachusetts Health Connector.

For the foregoing reasons, the appeal must be 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.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:

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

Appellant Representative: [REDACTED]