

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2209024

**Decision Date:** 2/9/2023

**Hearing Date:** 01/05/2023

**Hearing Officer:** Rebecca Brochstein

**Appearances for Appellant:**



**Appearances for MassHealth:**

Yesenia Henriquez, Quincy MEC



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	2/9/2023	<b>Hearing Date:</b>	01/05/2023
<b>MassHealth Rep.:</b>	Yesenia Henriquez	<b>Appellant's Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Board of Hearings (Remote)	<b>Aid Pending:</b>	No

### Authority

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

### Jurisdiction

Through a notice dated October 16, 2022, MassHealth informed the appellant that her coverage type would change from MassHealth Family Assistance to the Health Safety Net due to a change in her circumstances (Exhibit 1). The appellant filed this appeal in a timely manner on December 5, 2022 (130 CMR 610.015(B); Exhibit 2). A change in coverage type is a valid basis for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant is no longer eligible for MassHealth Family Assistance and changed her coverage to the Health Safety Net.

### Issue

The appeal issue is whether MassHealth correctly determined the appellant's eligibility for benefits.

## **Summary of Evidence**

A representative from the Quincy MassHealth Enrollment Center appeared at the hearing telephonically and testified as follows: The appellant, who is part of a household of two, was previously eligible for MassHealth Family Assistance. She recently turned [REDACTED], prompting MassHealth to redetermine her eligibility as a young adult. MassHealth determined that her gross household income (from her mother's employment) is \$43,020 per year, which is 229.96% of the federal poverty level for a family of two. The MassHealth representative testified that the income limit for the appellant to qualify for MassHealth Standard is 150% of the federal poverty level. As the appellant is not eligible for a MassHealth coverage type, her coverage was downgraded to the Health Safety Net. The MassHealth representative also noted that the appellant has private health insurance through Blue Cross/Blue Shield.

The appellant appeared at hearing telephonically and testified on her own behalf. She stated that MassHealth previously approved her for orthodontics and that she is in the middle of treatment. She stated that her private health insurance will not cover the remainder of her treatment and she cannot afford to pay for it out of pocket.

## **Findings of Fact**

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

1. The appellant is [REDACTED] and has a household of two.
2. Prior to turning [REDACTED] the appellant had MassHealth Family Assistance benefits.
3. When the appellant turned [REDACTED] MassHealth redetermined her eligibility as a young adult.
4. On October 16, 2022, MassHealth notified the appellant that she was no longer eligible for MassHealth Family Assistance and would instead have the Health Safety Net.
5. The appellant's gross household income is \$43,020 per year, or 229.96% of the federal poverty level.
6. The appellant has private health insurance.

## Analysis and Conclusions of Law

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,<sup>1</sup> 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,<sup>2</sup> 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.

At issue in this case is MassHealth's determination that the appellant is no longer eligible for MassHealth benefits. Pursuant to 130 CMR 505.002(B)(3), a young adult may be eligible for MassHealth Standard if, among other things, the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL).

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

<sup>2</sup> Pursuant to 130 CMR 505.005(A)(2), the only young adults who can qualify for Family Assistance are "nonqualified PRUCOLs," defined at 130 CMR 504.003(C). There is no indication the appellant meets these criteria.

The appellant's household income was verified at 229.96% of the federal poverty level for a household of two. She is therefore not eligible for MassHealth Standard, nor is she eligible for any other MassHealth coverage type. While it is understandable that the appellant would prefer to remain on MassHealth until the completion of her orthodontic treatment, there are no means of extending coverage for this purpose where she does not meet the eligibility criteria. See 130 CMR 420.431(C)(3) (the MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth).<sup>3</sup>

As the appellant does not meet the eligibility criteria for coverage, 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.

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Rebecca Brochstein  
Hearing Officer  
Board of Hearings

cc: Quincy MEC

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<sup>3</sup> Pursuant to Eligibility Operations Memo (EOM) 22-10, MassHealth continues to maintain coverage for most individuals who had health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the Covid-19 Federal Public Health Emergency (FPHE), through the end of the month in which the FPHE ends. However, certain individuals are exempted from this protection, as follows: "MassHealth is not required to maintain coverage during the FPHE for individuals with time limited HSN, HSN Dental only, or CMSP only, and CHIP children who turn 19. These members will have benefits reduced or closed based on regular program determination rules." The appellant, whose coverage was not protected pursuant to this EOM, appears to fall under the last of the exempted categories.