

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311029
Decision Date:	2/6/2024	Hearing Date:	12/07/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Jessica Ramirez; Charlestown MEC
Karishma Raja, Premium Billing



*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:	Eligibility; Under 65
Decision Date:	2/6/2024	Hearing Date:	12/07/2023
MassHealth's Reps.:	Jessica Ramirez; Karishma Raja	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (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 October 20, 2023, MassHealth notified the appellant that due to a change in circumstance, his minor children's benefits would change from MassHealth Standard to MassHealth Family Assistance effective November 3, 2023. (Exhibit 1). The appellant filed this appeal in a timely manner on November 2, 2023. (130 CMR 610.015(B); Exhibit 2). A coverage downgrade is valid grounds for appeal. (130 CMR 610.032). After the hearing, the hearing officer re-opened the record for a short period to obtain additional information (Exhibit 6).

Action Taken by MassHealth

MassHealth notified the appellant that due to a change in circumstance, his minor children's benefits would change from MassHealth Standard to MassHealth Family Assistance effective November 3, 2023.

Issue

The appeal issue is whether MassHealth was correct in downgrading the appellant's minor children's MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared at the hearing *via* telephone and testified as follows: The appellant's household is comprised of four people; the appellant, his spouse, and two minor children. MassHealth recently reviewed the appellant's case. As part of the review, the appellant verified his gross household income at \$1,120 per week, or 189% of the federal poverty level for a family of four. The appellant and his spouse's MassHealth Standard benefits were protected by the Safe Harbor Rule.¹ The minor's children's MassHealth Standard benefits were downgraded to MassHealth Family Assistance with a total monthly premium of \$24.00 (Exhibit 1).

The MassHealth Premium Billing representative appeared at the hearing telephonically and clarified that the \$24.00 monthly premium covers both children. The balance on the appellant's account amounts to \$48.00 for the months of November and December.

The appellant appeared at the hearing telephonically and inquired about the reason that his children were not protected under the Safe Harbor Rule. In response, the MassHealth representative testified that because the minor children still have MassHealth coverage, the Safe Harbor Rule does not apply to them.

Findings of Fact

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

1. The appellant is an adult MassHealth member; his household includes himself, his spouse, and his two minor children.
2. MassHealth recently reviewed the appellant's case.
3. The appellant verified his gross household income at \$1,120 per week, or 189% of the federal poverty level for a family of four.

¹ The MassHealth representative explained that the Safe Harbor Rule applies to individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rule is below 100% of the federal poverty level.

4. The appellant and his spouse's MassHealth Standard benefits were protected by the Safe Harbor Rule.
5. On October 20, 2023, MassHealth notified the appellant that due to a change in circumstance, his minor children's benefits would change from MassHealth Standard to MassHealth Family Assistance effective November 3, 2023, with a \$24.00 monthly premium.
6. The appellant filed a timely appeal on November 2, 2023.

Analysis and Conclusions of Law

The issue in this appeal is MassHealth's downgrade of the appellant's minor children's coverage from Standard to Family Assistance, with a \$24.00 monthly premium. The appellant disputes this determination and argued that the children's MassHealth Standard benefits should be protected via the Safe Harbor Rule as well.

130 CMR 506.007(D) describes the Safe Harbor Rule, and provides in part as follows:

The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described in 26 CFR [1.36B](#) -l(e) is below 100% of the FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

Here, MassHealth protected the appellant's and his wife's MassHealth Standard benefits pursuant to the Safe Harbor Rule. The appellant has not demonstrated, however, that the two minor children are entitled to this same protection. For the two minors, the household income determination through MassHealth MAGI rules did not result in financial ineligibility for MassHealth; rather, it resulted in a determination that they are eligible MassHealth Family Assistance.

Per 130 CMR 505.005(A)(1), children who are citizens or lawfully present immigrants whose 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 are eligible for MassHealth Family Assistance. Further, per 130 CMR 506.011(B), the premium formula for children with MassHealth MAGI household income between 150 and 200% of the federal poverty level is \$12.00 per child (\$36.00 family maximum). Here, based on the household income, MassHealth determined that the minor children are eligible for MassHealth Family Assistance, with a premium of \$24.00 (\$12.00 per child). I find no error in this determination.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

Maximus Premium Billing Representative: Karishma Raja, 1 Enterprise Drive, Suite 310, Quincy, MA 02169