

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311382
Decision Date:	1/17/2024	Hearing Date:	12/15/2023
Hearing Officer:	Thomas J. Goode	Record Open to:	12/22/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickoson, Taunton 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
Decision Date:	1/17/2024	Hearing Date:	12/15/2023
MassHealth's Rep.:	Liz Nickoson; Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	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 19, 2023, MassHealth downgraded Appellant's MassHealth coverage from Standard to Family Assistance with a \$56 premium for her two children, and informed her of eligibility for a Connector Plan (130 CMR 505.001, 505.002, 505.005 and Exhibit 1). Appellant filed this appeal in a timely manner on November 10, 2023 (130 CMR 610.015(B) and Exhibit 2). Notice of a downgrade of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded MassHealth coverage from Standard to Family Assistance with a \$56 premium for her two children, and informed Appellant of eligibility for a Connector Plan.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.002, 505.005, in downgrading MassHealth coverage from Standard to Family Assistance with a \$56 premium and informing Appellant of eligibility for a Connector Plan.

Summary of Evidence

On October 19, 2023, a system-generated renewal was completed by MassHealth and a notice issued informing Appellant that MassHealth Standard coverage was changing to eligibility for a Health Connector Plan for Appellant, and Family Assistance for her two minor children with a \$56 premium. Federal data matches showed Appellant's income equating to 278% of the federal poverty level for a non-disabled household size of 3 that includes Appellant and her two minor children. The MassHealth representative stated that proof of income expired, and a non-custodial parent form remained outstanding. Appellant's expired income verification shows employment at [REDACTED] with earnings of \$1,261 biweekly which equated to 68.22% of the federal poverty level for a household of 3. MassHealth testified that current income exceeds program limits for MassHealth Standard, which for Appellant's eligibility is 133% of the federal poverty level or \$2,756 per month, and for Appellant's minor children 150% of the federal poverty level or \$3,108 per month. Premium Billing testified that Appellant's children were approved for Family Assistance on October 19, 2023 with a \$56 monthly premium beginning in November 2023. Appellant did not receive premium bills for November 2023 and December 2023 because a system-error incorrectly showed that Appellant was enrolled in a Connector plan with premium tax credits applied which waived the premiums for Family Assistance. Because Appellant is not enrolled in a Connector plan, a \$56 premium for December 2023 and thereafter will be due. MassHealth reviewed Family Assistance premium calculations based on income equating to 278% of the federal poverty level. The MassHealth representative testified that if Appellant submitted current paystubs, eligibility would be recalculated.

Appellant testified that she is employed at [REDACTED] and is paid \$20 per hour. She testified that she has been working more hours as reflected in her increased pay.

The hearing record remained open until December 22, 2023 to allow Appellant to update her income and provide outstanding verifications. Appellant did not submit additional documentation to MassHealth and the hearing record closed (Exhibit 5).

Findings of Fact

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

1. On October 19, 2023, a system-generated renewal was completed by MassHealth and a notice issued informing Appellant that MassHealth Standard coverage was changing to eligibility for a Health Connector Plan for Appellant, and Family Assistance for her two minor children with a \$56 premium.
2. Federal data matches show Appellant's income equating to 278% of the federal poverty level for a non-disabled household size of 3 that includes Appellant and her two minor

children.

3. Proof of Appellant's income is expired, and a non-custodial parent form remains outstanding.
4. 133% of the federal poverty level for a household of 3 is \$2,756 per month.
5. 150% of the federal poverty level for a household of 3 is \$3,108 per month.
6. 300% of the federal poverty level for a household of 3 is \$6,215 per month.
7. Appellant is not enrolled in a Connector plan.
8. MassHealth calculated a \$56 premium for Family Assistance for December 2023 and thereafter.
9. The hearing record remained open until December 22, 2023 to allow Appellant to update her income. Appellant did not submit additional documentation to MassHealth.

Analysis and Conclusions of Law

Effective April 1, 2023, MassHealth no longer maintains continuous coverage related to the COVID-19 pandemic for members if they have been successfully renewed in the last 12 months.¹ On October 19, 2023, a system-generated renewal was completed by MassHealth and a notice issued informing Appellant that MassHealth Standard coverage was changing to eligibility for a Health Connector plan for Appellant, and Family Assistance for her two minor children with a \$56 premium. Appellant's eligibility is determined based on MassHealth coverage criteria.² Regulation 130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard – for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

¹ See Eligibility Operations Memo 23-11 April 2023.

² See Eligibility Operations Memo 23-18 July 2023.

- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

The financial standards referred to in 130 CMR 505.000 et. seq. use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition* (130 CMR 505.001(B)). In Appellant's case 130 CMR 506.002(B)(1) applies, and Appellant is correctly included in the household composition.³

³ (B) MassHealth MAGI Household Composition.

(1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with him or her regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

- 1. the individual;
- 2. the individual's spouse, if living with him or her;
- 3. the taxpayer claiming the individual as a tax dependent;
- 4. any of the taxpayer's tax dependents; and
- 5. if any woman described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

(b) Medicaid Exceptions. Household size must be determined in accordance with non-tax filer rules for any of the following individuals

- 1. individuals other than the spouse or natural, adopted, or stepchild who expect to be claimed as a tax dependent by the taxpayer;
- 2. individuals younger than 19 years old who expect to be claimed by one parent as a tax dependent and are living with both natural, adopted or stepparents, but whose natural, adopted, or stepparents do not expect to file a joint tax return;
- 3. individuals younger than 19 years old who expect to be claimed as a tax dependent by

Countable household income includes earned, unearned, and rental income,⁴ less deductions described in 130 CMR 506.003(D), none of which were asserted as applicable by Appellant at hearing.⁵ Appellant is under 65 years of age, is not disabled, and has not reported that she is pregnant. Federal data matches showed Appellant's income equating to 278% of the federal poverty level for a household size of 3 which includes herself and her two minor children. Appellant is not eligible for MassHealth Standard because her income exceeds 133% of the federal poverty level or \$2,756 per month. Appellant's minor children are not eligible for MassHealth Standard coverage because Appellant's income exceeds 150% of the federal poverty level or \$3,108 per month. Appellant is not eligible for CarePlus because she is employed with gross household income that exceeds 133% of the federal poverty level (130 CMR 505.008). Appellant is not categorically eligible for MassHealth Family Assistance which potentially applies to children and some adults who are PRUCOLs, HIV-positive individuals, some disabled individuals, and some EAEDC recipients (130 CMR 505.005), or MassHealth Limited which for individuals between 21 and 64 years of age applies to certain non-citizens with MassHealth MAGI household income less than 133% of the FPL (130 CMR 505.006(B)(1)(a)(4)). Because Appellant's income is greater than 150% of the federal poverty level but less than 300% of the federal poverty level, \$3,108 and \$6,215 respectively, MassHealth correctly determined that Appellant's minor children are eligible for Family Assistance (130 CMR 505.005(B)). Pursuant to 130 CMR 505.005(H), individuals who meet the requirements of 130 CMR 505.005 may be assessed a premium in accordance with the premium schedule provided at 130 CMR 506.011(B)(3) through (5). MassHealth correctly determined a \$56 premium (\$28 per child) for Family Assistance for Appellant's two minor children based on income equating to 278% of the federal poverty level.⁶ Because the PBFG (Premium Billing Family Group) does not include a parent or caretaker relative who is paying a premium for and is receiving Qualified Health Plan

a noncustodial parent. For the purpose of determining custody, MassHealth uses a court order or binding separation, divorce, or custody agreement establishing physical custody controls or, if there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

⁴ See 130 CMR 506.003 (A)-(C).

⁵ The following are allowable deductions from countable income when determining MAGI: (1) educator expenses; (2) reservist/performance artist/fee-based government official expenses; (3) health savings account; (4) moving expenses; (5) self-employment tax; (6) self-employment retirement account; (7) penalty on early withdrawal of savings; (8) alimony paid to a former spouse; (9) individual retirement account (IRA); (10) student loan interest; and (11) higher education tuition and fees.

⁶ See 130 CMR 506.011(B)(3). The premium formula for MassHealth Family Assistance children whose eligibility is described at 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* is as follows.

Family Assistance for Children Premium Formula	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

(QHP) with Premium Tax Credits, the premiums for the children in the PBFG are not waived (130 CMR 506.011(A)(6)(b)).

The MassHealth determination is correct; and the appeal is DENIED.

Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center