

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312192
Decision Date:	01/19/2024	Hearing Date:	12/20/2023
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:



Appearances for MassHealth:

Langze Phunkhang, Charlestown MEC
Karishma Raja, Premium Billing Unit



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility
Decision Date:	01/19/2024	Hearing Date:	12/20/2023
MassHealth Reps.:	Langze Phunkhang Karishma Raja	Appellant's Rep.:	Pro Se
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephonic)	Aid Pending:	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 4, 2023, MassHealth informed the appellant that he does not qualify for MassHealth benefits because his income is too high. In separate notices of the same date, MassHealth notified the appellant that his children's coverage type would change to the Children's Medical Security Plan effective September 24, 2023, also due to the family's income (Exhibit 1). The appellant filed this appeal in a timely manner on November 27, 2023 (130 CMR 610.015(B); Exhibit 2). Denial or termination of benefits or a change in benefit type are valid bases for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant does not qualify for MassHealth benefits due to income. MassHealth also determined that the appellant's children were no longer eligible for their existing coverage type and instead approved them for Children's Medical Security Plan.

Issue

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

Summary of Evidence

MassHealth was represented at the hearing by an eligibility caseworker from the Charlestown MassHealth Enrollment Center as well as a representative from the Premium Billing Unit, both of whom appeared telephonically. The eligibility caseworker testified as follows: The appellant has a household of four, consisting of himself, his spouse, and their two minor children. The children were previously eligible for MassHealth, and that eligibility continued through the federal public health emergency related to the Covid-19 pandemic. After the public health emergency ended, MassHealth redetermined the family's eligibility for coverage. The appellant verified gross monthly income that is at 415.53% of the federal poverty level (FPL) for a household of four; this figure puts all members of the appellant's household over the income limit for MassHealth coverage. The caseworker testified that the appellant and his spouse are eligible for a Health Connector plan. She stated that the children were previously eligible for MassHealth Family Assistance, which has an income limit at 300% of the FPL; with the current household income at 415.53% of the FPL, MassHealth changed both children's coverage to the Children's Medical Security Plan, for which the monthly premium is \$64.

The appellant appeared at the hearing telephonically and testified on his own behalf.¹ He stated that he is not making more money this year than he did previously. He noted that approximately one-third of the household income is going to pay for the family's health care costs, including insurance premiums and out-of-pocket expenses. The appellant argued that it is inadequate for MassHealth to only look at the household FPL, emphasizing their substantial expenses. He stated that having his children on MassHealth allowed them to "stay above water." He added that he chose a mid-level plan with the Health Connector to save money, but that he does not want to downgrade that coverage for fear that providers will not accept their insurance.

The MassHealth Premium Billing representative testified that the appellant can file a hardship application and include documentation of their health care costs. The appellant indicated that he had not previously known he could file for a hardship waiver and expressed interest in doing so.

Findings of Fact

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

1. The appellant has a household of four, including himself, his spouse, and their two minor children.
2. The appellant's children were previously approved for MassHealth Family Assistance.
3. The existing MassHealth coverage was protected during the federal public health emergency related to the Covid-19 pandemic.

¹ The appellant also submitted a letter with his hearing request that outlines his position. See Exhibit 2.

4. In October 2023, MassHealth redetermined the appellant's family's eligibility.
5. The income verified by the appellant is at 415.53% of the federal poverty level.
6. On October 4, 2023, MassHealth determined the appellant and his spouse are not eligible for MassHealth but are eligible for a Health Connector plan. MassHealth also determined that the appellant's minor children are not eligible for MassHealth and instead approved them each for the Children's Medical Security Plan with a \$64 monthly premium.
7. On November 27, 2023, the appellant filed a timely appeal.

Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults², 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);
- (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 – for certain Medicare beneficiaries.

At issue in this case is MassHealth's determination that the members of the appellant's family are not eligible for MassHealth benefits. Under 130 CMR 505.002(C), the income limit for parents and caretaker relatives to qualify for MassHealth Standard is 133% of the federal poverty level. Based on the income on file, which is more than 400% of the FPL, MassHealth correctly determined that the appellant and his wife are not financially eligible for a MassHealth coverage type and are

² "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

instead qualified for a Health Connector plan.

MassHealth's determination of the children's eligibility was also correct. The household income limit for children ages one through 18 is 150% for MassHealth Standard and 300% for MassHealth Family Assistance (for which they were previously found eligible). See 130 CMR 505.002(B) and 130 CMR 505.005(A). The appellant most recently verified the household income at 415.53% of the FPL, which is well over these limits. As they are not financially eligible for a MassHealth coverage type, MassHealth approved them for the Children's Medical Security Plan. Under 130 CMR 522.004(C), children are eligible for CMSP if they are:

(1) a resident of Massachusetts, as defined in 130 CMR 503.002: *Residence Requirements*;

(2) younger than 19 years old;

(3) not otherwise eligible for any other MassHealth coverage type, other than MassHealth Limited. Children who are otherwise eligible and who are not receiving MassHealth coverage as a result of not complying with administrative requirements of MassHealth are not eligible for CMSP. Children who lose eligibility for MassHealth Family Assistance as a result of nonpayment of premiums or as a result of not enrolling in employer-sponsored health insurance through Premium Assistance are not eligible for CMSP; and

(4) uninsured. An applicant or member is uninsured if he or she (a) does not have insurance that provides physician and hospital health-care coverage; (b) has insurance that is in an exclusion period; or (c) had insurance that has expired or has been terminated.

As the children meet the CMSP criteria, MassHealth correctly approved them for this coverage. The assessment of the \$64 premium is also correct pursuant to 130 CMR 506.011(B)(6).³ As there was no error in the MassHealth determination, this appeal is denied.

Order for MassHealth

None.

³ The appellant expressed interest in filing for a hardship waiver for the premium but had not yet done so as of the hearing.

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.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Charlestown MEC

Maximus Premium Billing