# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision:	Denied	Appeal Number:	2400798
Decision Date:	04/05/2024	Hearing Date:	02/13/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant: Via telephone:

### Appearance for MassHealth: Via telephone: Jacob Sommer



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	lssue:	Under 65; Eligibility; Other Insurance; Over Income
Decision Date:	04/05/2024	Hearing Date:	02/13/2024
MassHealth's Rep.:	Jacob Sommer	Appellant's Rep.:	
Hearing Location:	Charlestown MassHealth Enrollment Center -	Aid Pending:	Yes

### 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 January 16, 2024, MassHealth notified the appellant that her child did not qualify for MassHealth benefits because she has other health insurance (Exhibit 1). The appellant filed this appeal in a timely manner on January 16, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### **Action Taken by MassHealth**

MassHealth denied the appellant MassHealth benefits because she has access to other health insurance.

### lssue

The appeal issue is whether MassHealth was correct in denying the appellant's MassHealth benefits because she has access to other health insurance.

# **Summary of Evidence**

The MassHealth representative and the appellant's mother both appeared at hearing via telephone. The MassHealth representative testified as follows: the parent was not applying for MassHealth, only the child, who is under the age of 19. There is a disability listed for the child in the application, but there has never been a disability determination. MassHealth sent the Child Disability to the appellant twice, first in November 2021 and most recently on January 25, 2024, but Disability Evaluation Services (DES) has not received it yet. The appellant's mother is married, but files taxes separately. She claims the appellant. In MassHealth's most recent determination dated January 16, 2024, which is the notice under appeal, MassHealth denied MassHealth benefits for the appellant because she has access to other health insurance. If an employer sponsored plan is available, a member needs to enroll in that plan.

The appellant's mother testified that she has not filled out the Child Disability Supplement yet, but does not recall receiving it. She did not grow up in this country and did not fully understand all the health insurance rules and procedures. She confirmed that her husband has a family insurance plan through his work that covers her, her husband, and their child. But her child has had MassHealth in the past while also being on the employer sponsored plan. She is currently working with the Department of Developmental Services (DDS) to obtain additional services and help for the appellant who has autism. Due to her autism, she struggles at doctor's appointments and needs sedation for certain procedures such as x-rays and MRIs, which is why having MassHealth as a secondary insurance is helpful.

The MassHealth representative explained the availability of Premium Assistance which can help cover a portion of the appellant's premium for the employer sponsored plan. MassHealth would need additional information on the plan. Additionally, MassHealth needs proof of income for the appellant's father, which is due by April 16, 2024. The appellant's mother's gross annual income is \$55,000, which for a household of two has a Modified Adjusted Gross Income (MAGI) Federal Poverty Level (FPL) of 450.98%. The appellant's father's gross annual income, which still needs to be verified, is \$48,356, or a MAGI FPL of 326.66% for a household of one. For a household of three, the total gross annual income is \$103,356, or a MAGI FPL of over 400%. The appellant had Family Assistance in the past which was protected during the Public Health Emergency, but based on the household's income, she is over the income limit for Family Assistance; however, due the appeal, the appellant's Family Assistance is protected through aid pending.

The MassHealth representative also explained that MassHealth CommonHealth could be a secondary insurance for the appellant once she submits the Child Disability Supplement and DES makes a determination. He also stated that DDS is another avenue for the appellant to receive MassHealth, but DDS has its own criteria. While the decision is pending and the appellant has Family Assistance protected through aid pending, MassHealth encouraged the appellant's mother to contact Premium Assistance, file the Child Disability Supplement, and submit proof of income

for the appellant's father. The appellant's mother understood the reasons for MassHealth's January 16, 2024 action and the steps she needed to take to possibly qualify for other MassHealth benefits.

# **Findings of Fact**

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

- 1. On January 16, 2024, MassHealth informed the appellant, who is a child under the age of 19, that she did not qualify for MassHealth benefits because she has access to other health insurance (Testimony and Exhibit 1).
- 2. On January 16, 2024, the appellant's mother timely appealed the denial notice (Exhibit 2).
- 3. The appellant and her family receive employer sponsored health insurance through her father (Testimony).
- 4. The appellant has autism, but Disability Evaluation Services has not received a Child Disability Supplement and there is no disability determination in MassHealth's system (Testimony).
- 5. The appellant's mother and father are married and live together, but file taxes separately. The appellant's mother claims her on her taxes. (Testimony).
- 6. The appellant's mother's gross annual income is \$55,000, which for a household of two has a MAGI FPL of 450.98%. The appellant's father's gross annual income, which still needs to be verified, is \$48,356, or a MAGI FPL of 326.66% for a household of one. For a household of three, the total gross annual income is \$103,356, or a MAGI FPL of over 400% (Testimony).
- 7. The appellant's MassHealth Family Assistance, which was protected during the Public Health Emergency, is currently being protected during the hearing process by aid pending (Testimony).

# Analysis and Conclusions of Law

Pursuant to 130 CMR 505.002(M), applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007, which states that MassHealth is the payer of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law.

Here, there is no dispute that the appellant has access to other health insurance through her father's employer.<sup>1</sup> For these reasons, the MassHealth decision was correct and the appeal is denied.<sup>2</sup>

# **Order for MassHealth**

None, other than to remove aid pending if not already done so.

### 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.

Alexandra Shube Hearing Officer Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

<sup>&</sup>lt;sup>1</sup> Categorically, as a child under the age of 19, the appellant is eligible for MassHealth Standard and MassHealth Family Assistance; however, based on the household's income which is over 400% of the MAGI FPL, the appellant is over the income limit to qualify for MassHealth Standard and MassHealth Family Assistance. <u>See</u> 130 CMR 505.001(A), CMR 505.002(B)(2), and 505.005(A)(1).

<sup>&</sup>lt;sup>2</sup> As discussed at hearing, the appellant may be eligible for Premium Assistance and/or MassHealth CommonHealth benefits, pending review of additional information and a disability determination from DES.