# Office of Medicaid BOARD OF HEARINGS

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



Appeal Decision: Denied Appeal Number: 2406882

**Decision Date:** 07/12/2024 **Hearing Date:** 06/04/2024

Hearing Officer: Alexandra Shube

Appearance for Appellant:

Appearance for MassHealth:

Via telephone:

Laymaris Ortiz, Springfield MEC



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: Under 65;

Community; Eligibility

Decision Date: 07/12/2024 Hearing Date: 06/04/2024

MassHealth's Rep.: Laymaris Ortiz Appellant's Rep.:

Hearing Location: Springfield Aid Pending: No

MassHealth

**Enrollment Center** 

Remote

## **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 March 4, 2024, MassHealth notified the appellant that he did not qualify for MassHealth benefits because his income was too high, but he would have access to the Health Safety Net for eligible dental services (Exhibit 1). The appellant filed this appeal in a timely manner on April 30, 2024 (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal (130 CMR 610.032.)

# Action Taken by MassHealth

MassHealth informed the appellant that he did not qualify for MassHealth benefits because his income was too high.

#### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant did not qualify for MassHealth benefits because his income was too high.

## **Summary of Evidence**

The MassHealth representative and the appellant's representative (his spouse) both appeared at hearing via telephone. MassHealth testified as follows: the appellant, who is between the ages of 21 and 65, has a household size of four (him, his spouse, and two children under the age of 19). On March 4, 2024, the appellant updated his income with MassHealth by providing his W-2 and most recent tax return. The appellant reported \$64,978.32 gross annual income for him and \$3,798.84 gross annual for his spouse. Based on the income reported (\$68,777.16 gross annually total), the appellant's household modified adjusted gross income (MAGI) was 215.44% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth benefits for a non-disabled person under the age of 65 is 133% of the FPL, which is \$41,496 gross annually for a household of four. This prompted the March 4, 2024 notice under appeal which informed the appellant that he did not qualify for MassHealth because his income was too high. The notice also informed him that he was eligible for a Connector Care plan through the Health Connector and had been given 90 days of Health Safety Net eligibility to give him time to enroll in a Connector Care plan; however, those 90 days had passed and the Health Safety Net will only pay for eligible dental services.

As background, the MassHealth representative explained that on May 19, 2023, MassHealth notified the appellant that his MassHealth Standard was ending on June 30, 2023 and he was eligible for a Connector Care plan and had 90 days to enroll in a plan. The notice informed him that he was given 90 days of Health Safety Net eligibility with a start date of May 9, 2023. The appellant's Health Safety Net ended on September 17, 2023. As a MassHealth representative, she did not have access to Health Connector information, but she could see that the appellant did enroll in a Connector Care plan, but it was terminated due to non-payment of premiums. There was a September 3, 2023 MassHealth notice informing the appellant that he was over income for MassHealth benefits and eligible for a Connector Care plan. On October 26, 2023, an update was made to the appellant's case prompting MassHealth to issue another notice informing the appellant that he was eligible for a Connector Care plan, he had been given 90 days of Health Safety Net eligibility to give him time to enroll in a Connector Care plan; however, those 90 days had passed and the Health Safety Net will only pay for eligible dental services. After the update was made in October 2023, there was nothing verified by the appellant until he submitted proof of income on March 4, 2024, which prompted the notice under appeal.

The appellant's spouse testified that around the middle of April 2024, she called to confirm that her husband had Health Safety Net and was told he did and it would cover acute care. She did not learn until after the appellant's emergency room visit and hospital admission for an infection that

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he only had Health Safety Net for eligible dental services. They moved at the end of June 2023 and beginning of July 2023. She updated her address with MassHealth, but she did not recall getting any of these notices. They were on a Connector Care plan and is not sure what happened when they moved, but she would have set up autopay had she known these issues would arise. She contacted the Health Connector who told her to file the appeal through MassHealth. The appellant's spouse did not dispute their income or the MassHealth eligibility determination, but was looking for Health Safety Net coverage for medical bills the appellant accrued when under the impression that he had full Health Safety Net.

## **Findings of Fact**

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

- 1. The appellant, who is between the ages of 21 and 65, has a household size of four which includes him, his spouse, and two children under the age of 19 (Testimony and Exhibit 4).
- 2. On March 4, 2024, the appellant updated his income by providing his W-2 and most recent tax return (Testimony).
- 3. MassHealth verified the appellant's income and based on the income of \$68,777.16, the appellant's household MAGI is 215.44% of the FPL (Testimony and Exhibit 1).
- 4. To qualify for MassHealth benefits, the appellant's income would have to be at or below 133% of the FPL, or \$41,496 gross annually (or \$3,438 gross monthly) for a household of four (Testimony).
- 5. On March 4, 2024, MassHealth notified the appellant that he did not qualify for MassHealth benefits because his income was too high (Testimony and Exhibit 1).
- 6. The March 4, 2024 notice also informed him that he was eligible for a Connector Care plan through the Health Connector and had been given 90 days of Health Safety Net eligibility to give him time to enroll in a Connector Care plan; however, those 90 days had passed and the Health Safety Net will only pay for eligible dental services (Testimony and Exhibit 1).
- 7. The appellant's representative did not dispute the household's income or MassHealth determination, but was looking for Health Safety Net coverage for medical bills the appellant accrued when they thought he had Health Safety Net coverage for more than eligible dental services (Testimony).
- 8. On May 19, 2023, MassHealth notified the appellant that his MassHealth Standard was ending on June 30, 2023 and he was eligible for a Connector Care plan and had 90 days to

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- enroll in a plan. The notice informed him that he was given 90 days of Health Safety Net eligibility with a start date of May 9, 2023. (Testimony).
- 9. The appellant enrolled in a plan through the Health Connector, but it was terminated due to non-payment of premiums (Testimony).
- 10. The appellant's Health Safety Net coverage terminated on September 17, 2023 (Testimony).
- 11. On October 26, 2023, MassHealth issued another notice informing the appellant that he was eligible for a Connector Care plan and he had been given 90 days of Health Safety Net eligibility to give him time to enroll in a Connector Care plan; however, those 90 days had passed and the Health Safety Net will only pay for eligible dental services (Testimony).

## **Analysis and Conclusions of Law**

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

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, 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

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

- (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

Categorically, as a parent of children under the age 19, the appellant is eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1), the income limit for that coverage type is 133% of the FPL. For a household of four, that limit is \$41,496 gross annually (or \$3,458 gross monthly). The appellant's most recently verified gross annual income is \$68,777.16, or 215.44% of the FPL. Based on this figure, he is over the income limit for MassHealth Standard benefits and MassHealth's determination was correct.

The Board of Hearings does not have jurisdiction over Health Safety Net eligibility issues.<sup>2</sup>

For these reasons, the appeal is denied.<sup>3</sup>

#### Order for MassHealth

None.

<sup>&</sup>lt;sup>2</sup> <u>See</u> 130 CMR 610.000; 101 CMR 613.04(5) ("Grievance Process"). The appellant can direct any inquiries concerning Health Safety Net to 877-910-2100.

<sup>&</sup>lt;sup>3</sup> While not specifically sought at hearing by the appellant, any review of MassHealth's May 19, 2023 termination notice and subsequent June 30, 2023 termination of MassHealth benefits would be outside the scope of this appeal. MassHealth properly and timely notified the appellant of its eligibility determinations and any loss of coverage or change in coverage type. See 130 CMR 502.008; 130 CMR 610.015. Under 130 CMR 610.015(B)(1), the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from MassHealth of the intended action. It is presumed that the notice was received on the fifth day after mailing. See 130 CMR 610.015(B)(1). Additionally, under 130 CMR 610.015(B)(2)(c), unless waived by the Director or his or her designee, the Board of Hearings must receive a request for a fair hearing within 120 days from the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action. The appellant's April 30, 2024 Request for a Fair Hearing was not received within 60 days (plus five for mailing) of the May 19, 2023 termination notice. As written notice was sent, 130 CMR 610.015(B)(2)(c) is not applicable here.

# **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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

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