

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|-------------------------------------|-----------------------|------------|
| Appeal Decision: | Approved in Part; Denied in Part | Appeal Number: | 2413738 |
| Decision Date: | 10/17/2024 | Hearing Date: | 10/10/2024 |
| Hearing Officer: | Susan Burgess-Cox | | |

Appearance for Appellant:



Appearance for MassHealth:

Andre Malcolm



*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

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|---------------------------|--------------------------------------|--------------------------|------------------------|
| Appeal Decision: | Approved in Part; Denied in Part | Issue: | Eligibility Start Date |
| Decision Date: | 10/17/2024 | Hearing Date: | 10/10/2024 |
| MassHealth's Rep.: | Andre Malcolm | Appellant's Rep.: | ██████ |
| Hearing Location: | All Parties Appeared by Telephone | 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 August 20, 2024, MassHealth determined that the appellant's child is eligible for MassHealth Family Assistance as of August 10, 2024. (130 CMR 505.005; Exhibit 1). The appellant filed an appeal in a timely manner on September 5, 2024. (130 CMR 610.015; Exhibit 2). A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant's child is eligible for MassHealth Family Assistance as of August 10, 2024. (130 CMR 502.006; 130 CMR 505.005).

Issue

Whether MassHealth was correct in determining the eligibility and coverage start date for the appellant's child. (130 CMR 502.006; 130 CMR 505.000).

Summary of Evidence

All parties appeared by telephone. The appellant has a family group of four. The appellant's spouse works and has a monthly gross income of \$7,153.57. After applying the regulatory 5% disregard of \$130, a Monthly Adjustable Gross Income (MAGI) of \$7,023.57 places the appellant's household at 270.14% of the federal poverty level. Based on this information, MassHealth determined that the appellant's children are eligible for MassHealth Family Assistance with a monthly premium of \$56 as of August 10, 2024. MassHealth utilized a regulatory formula to calculate a premium of \$56 based on the coverage type and countable household income [$\$28 \text{ per child} \times 2 \text{ children} = \56]¹. The appellant filed an appeal for the eligibility decision of one child. Neither party disputed the fact that the appellant's child did not have access to other insurance at the time of the eligibility decision on appeal.

In the notice on appeal, MassHealth determined a coverage start date of August 10, 2024 for MassHealth Family Assistance based upon information received on August 20, 2024. The MassHealth representative testified that the change in coverage could only go back 10 days prior to the receipt of the new information. At hearing, the MassHealth representative noted that records indicate that the appellant reported a change in income on July 26, 2024 which also placed them below 300% of the federal poverty level. This change would allow coverage to go back to July 16, 2024.

The MassHealth representative testified that the appellant's child was eligible for the Children's Medical Security Plan (CMSP) in the past as the income that the agency had on file indicated that the household had a MAGI over 300% of the federal poverty level which made them ineligible for any MassHealth coverage type. The MassHealth representative noted that CMSP provides coverage to uninsured children younger than 19 years old who do not qualify for any other MassHealth coverage type. The MassHealth representative noted that CMSP has a premium schedule and formula as well.

The appellant is seeking coverage back to September 2023 as the child received medical treatment that was not covered by MassHealth or other insurance that they were enrolled in at that time. The appellant believed that her children were eligible for MassHealth in September 2023 as they received a card and paid a premium of approximately \$33 each month. The appellant testified that they did not receive any bills for services received in September 2023 until April 2024. The appellant testified that when they spoke to someone in July 2024 reporting a change in income, they were told that the coverage should go back to September 2023. The appellant testified that they have incurred medical expenses prior to reporting the change in income to MassHealth and was seeking coverage prior to July 2024. The appellant acknowledged receipt of notices from MassHealth in September 2023 but believed that the agency determined the child eligible for

¹ This premium formula is for households with income above 250 – 300% of the Federal Poverty Level. The notice on appeal indicates that the monthly premium covers two children.

MassHealth, not any other program.

Findings of Fact

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

1. The appellant has a family group of four.
2. The appellant's spouse works and has a monthly gross income of \$7,153.57.
3. The appellant's child does not have access to insurance.
4. After applying the regulatory 5% disregard of \$130, a Monthly Adjustable Gross Income (MAGI) of \$7,023.57 places the appellant's household at 270.14% of the federal poverty level.
5. Based on this information, MassHealth determined that the appellant's child is eligible for MassHealth Family Assistance with a monthly premium of \$56 as of July 16, 2024.
6. The appellant has medical expenses prior to the date of the change in coverage.
7. In the past the appellant's child was eligible for the Children's Medical Security Plan (CMSP) as the household's income was over 300% of the federal poverty level and they did not have other insurance.

Analysis and Conclusions of Law

The regulations governing MassHealth specifically state that the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. (130 CMR 610.015(B)). In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing. (130 CMR 610.015(B)(1)). The appellant specifically admitted to receiving information in September 2023 regarding eligibility for healthcare coverage. The appellant testified that at the time they believed the coverage was MassHealth as they received a card and paid a premium of \$33. The appellant did not appeal notices issued in September 2023.

Pursuant to 130 CMR 610.015(B)(2)(c), unless waived by the Director, an individual may have up to 120 days for the Board of Hearings to receive an appeal when MassHealth fails to send written notice of the action. Even if the appellant did not receive notice of action in September

2023, the deadline to file an appeal on action taken in September 2023 expired in January 2024. This decision will only address notices issued in July 2024 and August 2024.

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (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);
- (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 appellant's child meets the categorical requirements for MassHealth Standard and MassHealth Family Assistance. Both programs have financial requirements.

To be eligible for MassHealth Standard, a child one through 18 years old is eligible if the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level. (130 CMR 505.002(B)(2)(a)1.). The appellant's MAGI exceeds this amount so the appellant's child is not eligible for MassHealth Standard. (130 CMR 505.002).

Children younger than 19 years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria:

- (a) the child is younger than 19 years old;
- (b) the child's 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 (FPL);
- (c) the child is ineligible for MassHealth Standard or CommonHealth;

- (d) the child is a citizen as defined in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs);
- (e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:
 - 1. the child is uninsured; or
 - 2. the child has health insurance that meets the criteria at 130 CMR 506.012: Premium Assistance Payments. (130 CMR 505.005(B)(1)).

The parties agreed that the appellant's child met the requirements to be eligible for MassHealth Family Assistance as an uninsured individual. (130 CMR 505.005(B)(1)).

The date of coverage is determined by the coverage type for which the applicant may be eligible. (130 CMR 502.006). The date of coverage for existing members who are pregnant or younger than 19 years of age, when an eligibility determination results in a more comprehensive benefit, except as described in 502.006(C), is as follows:

- (a) if covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of the new coverage may be retroactive to the first day of the third calendar month prior to:
 - 1. the receipt of the requested verifications;
 - 2. the receipt date of the annual renewal;
 - 3. the date of the eligibility determination for reported changes that do not result in request for verification; or
 - 4. the date of the MassHealth agency's eligibility determination due to information in the member's case file;
- (b) if covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of the new coverage is ten days prior to
 - 1. the receipt of the requested verifications;
 - 2. the receipt date of the annual renewal;
 - 3. the date of the eligibility determination for reported changes that do not result in request for verification; or
 - 4. the date of the MassHealth agency's eligibility determination due to information in the member's case file. (130 CMR 502.006(B)(1)).

At the time of the eligibility decisions, MassHealth was correct in deeming the appellant's child eligible 10 days prior to the receipt of information as the appellant's child was eligible for a more comprehensive benefit and the agency did not have information regarding covered

medical services. However, at hearing, the appellant provided testimony of outstanding medical bills for services received prior to the eligibility date on appeal. Therefore, the coverage for the appellant's child should go back to April 1, 2024 as that is the first calendar day to the date of the eligibility decision issued in July 2024 and neither party disputed that the appellant's child would be eligible as of that date. (130 CMR 502.006(B)(1)).

This appeal is approved in part and denied in part as the overall eligibility decision was correct but MassHealth can approve coverage for MassHealth Family Assistance back to April 1, 2024 rather than July 16, 2024.

Order for MassHealth

Determine the appellant's child eligible for MassHealth Family Assistance as of April 1, 2024.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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