

STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
APPEALS OFFICE

V.

DOCKET No. 24-3319

Department of Human Services

**DECISION**

**I. INTRODUCTION**

A telephonic hearing on the above-entitled matter came before an Appeals Officer on September 16, 2024, at 11:00 AM. The Appellant, [REDACTED] (hereinafter "Appellant"), initiated this matter to appeal the closure of his Modified Adjusted Gross Income Medicaid ("MAGI") as stated in the Medicaid Termination Notice dated May 11, 2024, issued by the Department of Human Services ("DHS"). DHS' position is that it correctly terminated the Appellant's MAGI case on May 31, 2024, because the Appellant had access to other Minimum Essential Coverage ("MEC") in the form of Medicare. The Appellant does not dispute that he had access to Medicare at the time of his MAGI case closure. For the reasons discussed in more detail below, the Appellant's Appeal is denied.

**II. JURISDICTION**

The Executive Office of Health and Human Services ("EOHHS") is authorized and designated by R.I.G.L. § 42-7.2-6.1 and EOHHS regulation 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to DHS and EOHHS programs. The Administrative Hearing was held in accordance with the Administrative Procedures Act, R.I.G.L. § 42-35.1 et seq., and EOHHS regulation 210-RICR-10-05-2.

### **III. ISSUE**

Did DHS correctly determine the Appellant's eligibility for MAGI on May 11, 2024?

### **IV. STANDARD OF PROOF**

It is well settled that in formal or informal adjudications modeled on the Federal Administrative Procedures Act, unless otherwise specified, a preponderance of the evidence is generally required to prevail. See (2 Richard J. Pierce, *Administrative Law Treaties* §10.7 (2002) & *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 1130, 134 (R.I. 1989) (preponderance standard is the "normal" standard in civil cases)). This means that for each element to be proven, the factfinder must believe that the facts asserted by the proponent are more probably true than false. When there is no direct evidence on a particular issue, a fair preponderance of the evidence may be supported by circumstantial evidence. See (*Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006)).

### **V. PARTIES AND EXHIBITS**

Present for DHS was Senior Casework Supervisor, Katie Costa, who provided testimony regarding the Appellant's MAGI eligibility and submitted the following exhibits as evidence:

- Exhibit #1 – Medicaid Termination Notice, Date: May 11, 2024.
- Exhibit #2 – Benefit Decision Notice, Date: May 11, 2024.
- Exhibit #3 – DHS Recertification/Renewal Notice, Date: March 1, 2024.

The Appellant attended the hearing and testified on his own behalf. The Appellant did not present any exhibits as evidence.

### **VI. RELEVANT LAW/REGULATIONS**

The purpose of this rule is to describe the MAGI standard and explain how it is applied; and establish the role and responsibilities of the State and consumers when determining MAGI-related

eligibility for the Medicaid Affordable Care Coverage (“MACC”) groups identified in Part of this Subchapter. See (210-RICR-30-00-5.1(A)).

Rhode Island’s MACC groups are comprised of individuals and families who share an eligibility characteristic, such as age or relationship as follows, unless otherwise indicated below. See (210-RICR-30-00-1.5(A)). ACA Expansion Adults – The group consists of citizens and qualified non-citizens with income up to one hundred thirty-three percent (133%) of the Federal Poverty Level who meet the age characteristic and are not otherwise eligible for, or enrolled in, Medicare or Medicaid under any other State Plan or Section 115 waiver coverage group. See (210-RICR-30-00-1.5(A)(1)(f)).

Federal law precludes persons who are eligible for or enrolled in Medicare from obtaining coverage through the MACC group for adults, ages 19 to 64. See (210-RICR-40-00-2.6.3(A)(1)(b)).

The Exchange must verify whether an applicant is eligible for MEC other than through an eligible employer-sponsored plan, Medicaid, Children’s Health Insurance Plan, or the Basic Health Plan, using information obtained by transmitting identifying information specified by the Department of Health and Human Services to the Department of Health and Human Services for verification purposes. See (45 C.F.R. § 155.320(b)(1)(i)).

During the Public Health Emergency, the federal government required states to keep individuals who are Medicaid eligible on or after March 18, 2020, to remain on Medicaid until the end of the Public Health Emergency. See (42 C.F.R. §433.400(c)(2)(i)(A)). This applied across the board for Medicaid with only a few clearly defined exceptions.

The State is responsible to ensure that the Medicaid renewal process occurs once every twelve (12) months for all MACC group members. EOHHS will postpone the processing of annual Medicaid eligibility renewals that would result in a termination of Medicaid eligibility that fall during the novel Coronavirus Disease (COVID-19) declaration of emergency. This includes the suspension of eligibility determinations based on information gathered from periodic data checks for unemployment, State Wage

Information Collection Agency (“SWICA”), Employment and Income Verification System (“TALX”), and other sources and suspension of quarterly post-eligibility verifications. EOHHS will not terminate any Medicaid eligible individual, unless the individual has moved out of State, they requested to be disenrolled, or the individual is deceased, until after the termination of the Federal declaration of the COVID-19 Public Health Emergency. See (210-RICR-30-00-3.2.2(A)). The eligibility renewal must be based on information already available to the State to the full extent feasible. Accordingly, the State must use information about the Medicaid member from reliable sources including, but not limited to, the member’s automated eligibility account, current paper records, or data bases that may be accessed through the Federal data hub or the State’s own affordable care coverage eligibility system. See (210-RICR-30-00-3.2.2(A)(1)).

## **VII. FINDINGS OF FACT**

1. In 2014, the Appellant was enrolled in Medicaid under the MAGI category.
2. The Appellant had access to Medicare Part A and Medicare Part B as of July 2019.
3. When the Appellant became eligible for Medicare, he was no longer eligible for MAGI because he had access to other MEC. However, the Appellant remained enrolled in MAGI until his recertification was processed on May 11, 2024, because the COVID-19 Public Health Emergency prevented DHS from terminating the Appellant’s MAGI case prior to his recertification being processed.
4. When the DHS Recertification/Renewal Notice was processed by DHS on May 11, 2024, DHS determined that the Appellant was no longer qualified for MAGI as an ACA Expansion Adult because he had access to other MEC.
5. The Appellant was sent a Medicaid Termination Notice on May 11, 2024, and his MAGI case was closed effective May 31, 2024.
6. The Appellant does not dispute that he had access to other MEC at the time of his MAGI case closure.

## **VIII. DISCUSSION**

To be eligible for MAGI as an ACA Expansion Adult, an applicant must not be otherwise eligible for, or enrolled in, Medicare. DHS' position is that it correctly determined the Appellant's eligibility for MAGI on May 11, 2024, because the Appellant had access to Medicare. When the Appellant was due for a recertification in March 2024, DHS had an obligation to verify whether the Appellant had access to other MEC. DHS testified that their records showed that the Appellant had access to Medicare Part A as of 2012 and Medicare Part B as of July 2019. The Appellant did not dispute that he had access to Medicare Part A and Part B as of May 11, 2024. Because the Appellant had access to Medicare Part A and Part B as of May 11, 2024, there is a preponderance of evidence to support DHS' closure of the Appellant's MAGI case on May 11, 2024.

## **IX. CONCLUSION OF LAW**

After careful review of the testimony and evidence present at the administrative hearing, this Appeals Officer concludes that there is a preponderance of evidence to support DHS' determination of the Appellant's eligibility for MAGI on May 11, 2024.

## **X. DECISION**

Based on the foregoing findings of fact, conclusions of law, evidence, and testimony it is found that a final order be entered that there is sufficient evidence to support DHS' determination of the Appellant's eligibility for MAGI on May 11, 2024.

**APPEAL DENIED**

*/s/ Jack Peloquin*

Jack Peloquin

Appeals Officer

**NOTICE OF APPELLATE RIGHTS**

This final order constitutes a final order of the Department of Human Services pursuant to RI General Laws §42-35-12. Pursuant to RI General Laws §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within thirty (30) days of the mailing date of this decision. Such an appeal, if taken, must be completed by filing a petition for review in Superior Court. The filing of the complaint does not itself stay enforcement of this order. The agency may grant, or the reviewing court may order, a stay upon the appropriate terms.

