

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

V.

DOCKET No. 24-4528

Department of Human Services

DECISION

I. INTRODUCTION

A telephonic hearing on the above-entitled matter came before an Appeals Officer on September 17, 2024, at 10:00 AM. The Appellant, [REDACTED] (hereinafter "Appellant"), initiated this matter to appeal the health insurance eligibility determination as stated in the Benefit Decision Notice ("BDN") dated January 24, 2024, issued by the Department of Human Services ("DHS"). DHS' position is that the Appellant's Appeal is untimely, and that DHS correctly determined the Appellant's health insurance eligibility on January 24, 2024, because the Appellant's income exceeded the income limit for Modified Adjusted Gross Income Medicaid ("MAGI") and, therefore, she was only eligible for Private Health Insurance, Cost Sharing Reduction, and Advanced Premium Tax Credit as of January 2024. The Appellant did not dispute that she was over the income guidelines for MAGI as of January 24, 2024. For the reasons discussed in more detail below, the Appellant's Appeal is denied.

II. JURISDICTION

The Executive Office of Health and Human Services (hereinafter "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. TIMELINESS

DHS' position is that the Appellant's Appeal is untimely as she was issued a BDN on May 10, 2023, stating that the Appellant was no longer eligible for MAGI because her family income exceeded the income limit for MAGI, and the Appellant responded by filing her Appeal on January 24, 2024, exceeding the thirty (30) day deadline to file an appeal for her MAGI case closure. The Appellant testified that she is appealing the health insurance eligibility determination as stated in the BDN dated January 24, 2024. The Appellant submitted her Appeal on January 24, 2024, which was within the thirty (30) day deadline to file an appeal of her health insurance eligibility determination on January 24, 2024, therefore, her Appeal is considered timely, and the merits of the Appellant's Appeal will be discussed below.

IV. ISSUE

Did DHS correctly determine the Appellant's eligibility for health insurance coverage on January 24, 2024?

V. 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)).

VI. PARTIES AND EXHIBITS

Present for DHS was Eligibility Technician, Brandon Klibanoff, who provided testimony regarding the Appellant's Health Insurance eligibility. Ben Gagliardi Esq. represented Health Source Rhode Island ("HSRI") at the hearing and provided testimony about the Appellant's health insurance eligibility. The following exhibits were offered as evidence by DHS and HSRI:

- Exhibit #1 – Appeal Information for Case Number: [REDACTED]
- Exhibit #2 – BDN, Date: January 24, 2024.
- Exhibit #3 Family Medicaid Income Budget for Case Number: [REDACTED]
- Exhibit #4 – BDN, Date: May 10, 2023.
- Exhibit #5 – Enrollment Notice for Private Health Insurance, Date: July 20, 2023.
- Exhibit #6 – Disenrollment Notice for Private Health Insurance, Date: January 5, 2024.

The Appellant was present and testified on her own behalf. A Spanish interpreter attended the hearing and provided translation services for the Appellant during the hearing. The Appellant did not present any exhibits as evidence.

VII. RELEVANT LAW/REGULATIONS

To be eligible for Medicaid using the MAGI standards, an applicant's current monthly household income must meet the standard applicable to the applicant's MACC group when converted to the Federal Poverty Level ("FPL"). The FPL eligibility threshold for an Affordable Care Act Expansion Adult is 133% of the FPL or \$1,669.15 a month. See (210-RICR-30-00-5.5(A) and (2024 Poverty Guidelines: 48 Contiguous States (all states except Hawaii and Alaska), Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation).

When calculating whether an applicant is income-eligible for Medicaid under one of these coverage groups, the following factors must be considered: the members of the applicant's household that must be included; types of countable income; current income and reasonably predicted changes; and conversion of monthly income to the FPL standards. See (210-RICR-30-00-5.5(B)).

To determine income eligibility for Medicaid based on the MAGI calculation, the State must compare a household's current monthly income to the FPL guidelines for the appropriate household size. The State must use the most recently published FPL level in effect in the month during which an applicant applies for coverage. If an applicant's FPL level is within five (5) percentage points over the FPL for the coverage group for which they would be eligible, a disregard of five (5) percentage points of the FPL shall be added to the highest income eligibility standard listed above for that coverage group. See (210-RICR-30-00-5.5(B)(4)).

VIII. FINDINGS OF FACT

1. DHS issued a BDN to the Appellant on January 24, 2024. The BDN shows that the Appellant was eligible for Private Health Insurance, Cost Sharing Reduction, and Advanced Premium Tax Credit as of January 2024.
2. Prior to the BDN dated January 24, 2024, the Appellant was sent a BDN on May 10, 2023, showing that the Appellant's MAGI case was closed as of June 2023 because the Appellant's income exceeded the income limit for MAGI.
3. The Appellant's last reported monthly income with DHS was \$1,848.00 in self-employment income. \$1,848.00 in monthly income equals 147% of the FPL, which exceeds the 133% FPL income limit for MAGI.
4. The Appellant does not dispute that her income in January 2024 exceeded the income limit for MAGI.

IX. DISCUSSION

To be eligible for Medicaid using the MAGI standards, an applicant's current monthly household income must meet the standard applicable to the applicant's MACC group when converted to the FPL and the FPL eligibility threshold for an Affordable Care Act Expansion Adult is 133% of the FPL or \$1,669.15 a month. DHS' position is that it correctly determined the Appellant's eligibility for health

insurance coverage on January 24, 2024, because the Appellant's reported income exceeded the income limit for MAGI.

The Appellant did not dispute that her income exceeded the income guidelines for MAGI as of January 2024. Furthermore, the Appellant did not offer any evidence or testimony to show that DHS incorrectly determined the Appellant's eligibility for health insurance coverage on January 24, 2024.

Both DHS and HSRI testified that the Appellant was over the income limit for MAGI as of January 2024 and that DHS correctly determined that the Appellant was only eligible for Private Health Insurance, Cost Sharing Reduction, and Advanced Premium Tax Credit as of January 2024. Per the Family Medicaid – Income Budget for Case Number: [REDACTED] the Appellant's last reported monthly income was \$1,848.00 or 147% of the FPL. Because the Appellant's last reported monthly income exceeds 133% of the FPL, the Appellant was not eligible for MAGI as of January 24, 2024, and, therefore, there is a preponderance of evidence to show that DHS correctly determined the Appellant's eligibility for health insurance coverage on January 24, 2024.

X. CONCLUSION OF LAW

After careful review of the testimony and evidence present at the administrative hearing, this Appeals Officer concludes that DHS correctly determined the Appellant's eligibility for health insurance coverage on January 24, 2024.

XI. 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 health insurance coverage on January 24, 2024.

APPEAL DENIED

/s/ Jack Pelouquin

