

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. Y-03/17-106
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Appeal of)
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INTRODUCTION

Petitioner appeals a denial of Medicaid eligibility by the Department of Vermont Health Access ("Department") through its Health Access Eligibility Unit. The following facts are adduced from a telephone hearing held April 12, 2017 and documents submitted by the Department.

FINDINGS OF FACT

1. Petitioner is 20 years old and lives with her mother. Up until July 31, 2016, petitioner received Medicaid coverage through Vermont's Dr. Dynasaur program (established through the federal Children's Health Insurance Program). Her eligibility ended as of July 31, 2016, due to a failure to respond to notices from the Department requesting that her mother submit a renewal application.

2. After discovering in October of 2016 that she no longer had insurance, petitioner submitted a new application for Medicaid at the end of December of 2016 (at age 20, she

was no longer eligible for Dr. Dynasaur). Additionally, in April of 2016 she began working - she works full-time and earns \$12 per hour, for a monthly income of \$2,125.71 as calculated by the Department (without dispute).

3. Petitioner's mother receives \$1,588.00 per month in social security disability income and has Medicare coverage. Petitioner was considered as a separate tax household from her mother and indicated during the application process that she would not be claimed as a dependent by her mother (who in any event does not file a tax return), and would file her own tax return in 2017.

4. Based on her income from employment, petitioner was found ineligible for Medicaid, which has an income threshold of \$1,387.25 for a household of one.¹ The Department made its determination on February 16, 2017 and had both email and phone communication with petitioner in January and February of 2017, first regarding her application and then her denial of Medicaid. As she was found eligible for subsidies and cost-sharing reductions for purchasing insurance through Vermont's health exchange, this option was also discussed

¹ As the Department made clear in its communications with petitioner during the eligibility review process, even if she was considered a household of two with her mother, she would have been well over the income threshold of \$1,867.70 for a household of that size.

with petitioner. She was informed that she needed to choose a plan by March 1, 2017, or would lose that option until the next open enrollment period. Petitioner indicated that she could not afford insurance through the exchange, and declined to choose a plan by March 1, 2017. The Department indicates that her opportunity to enroll has passed; for her part, petitioner reiterated at hearing that she does not want to enroll in a plan through the exchange but wants her previous form of coverage (Dr. Dynasaur or Medicaid) reinstated.²

5. Petitioner also asserts that she had several communications with the Department during July of 2016, when her Medicaid/Dr. Dynasaur was closed, and was informed that her case was "active." The Department has no record of any contact during this period from petitioner or her mother; the earliest record of any contact is from October of 2016, and nothing in the Department's records indicates that petitioner was ever informed her insurance was active, but instead was

² It appears that the Department did not make a determination on petitioner's application immediately because she needed to supply additional information and verification. By the time a decision was made, the exchange's normal open enrollment period had ended and petitioner was given a limited time - approximately one week - to enroll in a plan. While this is a short period of time, the Department's processing of the application and allowance of a brief "special enrollment period" appears to be consistent with federal regulations, see 45 C.F.R. § 155.310(k), as well as federal guidance in 78 FR 54070-01, at 54084-54085 (8/30/13). In any event, petitioner declined enrollment after clearly being informed her enrollment period would end.

informed that she or her mother needed to provide updated information. Petitioner indicated she would submit her phone records to the Board to establish that she made contact with the Department in July; the record was held open until April 19 for her to do so, but nothing has been submitted to date.³

6. As petitioner's appeal is of a denial of a new application following the closure of her Medicaid, she is not receiving continuing benefits pending the outcome of the appeal.

ORDER

The Department's decision is affirmed.

REASONS

Review of the Department's determination is de novo. The Department has the burden of proof at hearing if terminating or reducing existing benefits; otherwise the petitioner bears the burden. See Fair Hearing Rule 1000.3.0.4.

Petitioner is ineligible for Dr. Dynasaur by virtue of her age. See Health Benefits Eligibility and Enrollment ("HBEE") Rules § 7.03(a)(3) (eligibility limited to children

³ It should be noted that, even were petitioner to show that she or her mother contacted the Department in July of 2016 about the closure of her Medicaid, it is not clear she was prejudiced given that she is clearly over-income for the program.

under 19). As to Medicaid eligibility, petitioner's household income is measured against the standard for a household of one. See HBEE Rules § 28.03(e). Petitioner's total countable household income of \$2,125.71 per month is above the applicable Medicaid income eligibility threshold of \$1,387.25 per month - which is the sum of 133 percent of the Federal Poverty Level ("FPL"), plus five percent of the FPL, for a household of one. See Medicaid Procedures Bulletin 16-36 (effective 1-1-17).⁴ Petitioner argues that as a child under age 26, she should be covered by her mother's insurance. However, this is not applicable here as her mother is eligible for Medicare and the Affordable Care Act's requirement to cover children up to the age of 26 applies only to employer and private market insurance plans. See 25 C.F.R. § 2590.715-2714.

As such, the Department's determination is consistent with the rules and must be affirmed. See 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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⁴As noted *supra*, even if petitioner and her mother were considered a household of two, they would remain well above the applicable income threshold of \$1,867.70. If petitioner's income changes, she should report that immediately to Vermont Health Connect to see if it changes her eligibility.