

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2302685
Decision Date:	6/21/2023	Hearing Date:	05/03/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone
Pro se

Appearance for MassHealth:
Via telephone
Kaila Keddle, Tewksbury MEC
Sarah Prado, Premium Assistance



*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:	Premium Assistance
Decision Date:	6/21/2023	Hearing Date:	05/03/2023
MassHealth's Rep.:	Kaila Keddie, Sarah Prado	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1 (Remote)	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 March 8, 2023, MassHealth notified the Appellant that it had stopped her Premium Assistance payments. (Exhibit 1, pp. 6-9).¹ The Appellant filed a timely appeal on March 31, 2023. (130 CMR 610.015(B); Exhibit 2). A determination of ineligibility for Premium Assistance is a valid basis for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the Appellant is no longer eligible to receive MassHealth premium assistance payments because she is not eligible for MassHealth benefits.

Issue

¹ Through a separate notice dated March 8, 2023, MassHealth further notified the Appellant that she no longer qualifies for MassHealth benefits. (See, Exhibit 1, pp. 1-5).

The appeal issue is whether MassHealth was correct in determining that the Appellant is no longer eligible to receive MassHealth Premium Assistance payments.

Summary of Evidence

A representative from the MassHealth Premium Assistance Unit and a representative from the MassHealth Enrollment Center both appeared by telephone and testified as follows: Accordingly, the Appellant is appealing the Premium Assistance termination notice. With respect to MassHealth eligibility, the Appellant's child was receiving MassHealth Family Assistance benefits. However, those benefits ended when the Appellant's child (recently) turned [REDACTED]. Because no one in the household currently qualifies for MassHealth benefits, the Appellant no longer qualifies for premium assistance. The Appellant was receiving premium assistance payments in the amount of \$ 464.00 for her child's health plan. The MassHealth Premium Assistance Unit sent the Appellant her last payment in March of 2023 because she no longer qualifies for MassHealth benefits, for the reasoning set forth above.

The Appellant appeared at the hearing by telephone. She made inquiry as to the following: whether she and/or her child would qualify for MassHealth benefits; what the income guidelines are to qualify for MassHealth benefits; and what was the reason behind Premium Assistance dropping her payments since her income has not changed. In response, the MassHealth representatives explained that the Appellant was over-income so no one in her household would qualify for MassHealth benefits at this time. In accordance with the income guidelines for a household of 2 (because the Appellant still claims her child as a tax-dependent) the household monthly income cannot exceed \$ 2,186.00. As to the Appellant's payments being dropped, the MassHealth Premium Assistance Unit representative explained that the most that the Appellant could receive was \$ 314.00, in addition to \$ 150.00 due to the age of the Appellant's child at that time. In sum, this would amount to a monthly payment of \$ 464.00.²

Findings of Fact

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

1. The Appellant's child was receiving MassHealth Family Assistance benefits. (Testimony).
2. The Appellant was receiving Premium Assistance payments from MassHealth. (Testimony).
3. The Appellant's child recently turned [REDACTED] (Testimony).

² At the hearing, the Appellant testified that she previously received a monthly premium assistance payment of \$ 628.00 (See, Exhibit 2). There was no documentation submitted by any party indicating that the Appellant's premium assistance payments were reduced. Rather, the only MassHealth notice submitted relating to premium assistance states that MassHealth stopped payments. (See, Exhibit 1, pp. 6-9).

4. On March 8, 2023, MassHealth notified the Appellant that she does not qualify for MassHealth benefits. (Testimony; Exhibit 1, pp. 1-5).
5. On March 8, 2023, the MassHealth Premium Assistance Unit notified the Appellant that she is no longer eligible to receive Premium Assistance payments. (Testimony; Exhibit 1, pp. 6-9).
6. On March 31, 2023, the Appellant timely appealed the Premium Assistance notice. (Exhibit 2).

Analysis and Conclusions of Law

Pursuant to 130 CMR 506.012(A), premium assistance payments are available to MassHealth members who are eligible for the following coverage types:

- (1) MassHealth Standard, as described in 130 CMR 505.002: *MassHealth Standard*, with the exception of those individuals described in 130 CMR 505.002(F)(1)(d);
- (2) MassHealth Standard for Kaleigh Mulligan, as described in 130 CMR 519.007: *Individuals Who Would Be Institutionalized*;
- (3) MassHealth CommonHealth, as described in 130 CMR 505.004: *MassHealth CommonHealth*;
- (4) MassHealth CarePlus, as described in 130 CMR 505.008: *MassHealth CarePlus*;
- (5) MassHealth Family Assistance for HIV-positive adults and HIV-positive young adults, as described in 130 CMR 505.005(E): *Eligibility Requirements for HIV-positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200% of the Federal Poverty Level*;
- (6) MassHealth Family Assistance for disabled adults whose Disabled Adult MassHealth household income is at or below 100% of the FPL and who are qualified as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level*;
- (7) MassHealth Family Assistance for children younger than 19 years old and young adults 19 and 20 years of age whose household MAGI is at or below 150% of the FPL and who are nonqualified PRUCOLs, as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level*;
- (8) MassHealth Family Assistance for children younger than 19 years old whose household MAGI is between 150% and 300% of the FPL and who are citizens, protected noncitizens, qualified noncitizens barred, nonqualified individuals lawfully present, and nonqualified PRUCOLs, as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the*

MassHealth MAGI Household at or below 150% of the Federal Poverty Level; and
(9) MassHealth Small Business Employee Premium Assistance Program, the rules and requirements of which are described in 130 CMR 506.013.

(130 CMR 506.012(A)).

Moreover, in accordance with 130 CMR 506.012(B), MassHealth may provide a premium assistance payment to an eligible member when all of the following criteria are met.

(1) The health insurance coverage meets the Basic Benefit Level (BBL) as defined in 130 CMR 501.001: *Definition of Terms*. Instruments including, but not limited to, Health Reimbursement Arrangements, Flexible Spending Arrangements, as described in IRS Pub. 969, or Health Savings Accounts, as described at IRC § 223(c)(2), cannot be used to reduce the health insurance deductible in order to meet the basic-benefit level requirement.

(2) The health insurance policy holder is either

(a) in the PBFG; or

(b) resides with the individual who is eligible for the premium assistance benefit and is related to the individual by blood, adoption, or marriage.

(3) At least one person covered by the health-insurance policy is eligible for MassHealth benefits as described in 130 CMR 506.012(A) and the health-insurance policy is a policy that meets the criteria of the MassHealth coverage type for premium assistance benefits as described in 130 CMR 506.012(C).

(130 CMR 506.012(B)). (Emphasis added).

In the present case, there was no dispute that the Appellant or her child no longer qualify for MassHealth benefits. Indeed, MassHealth determined that the Appellant's monthly income (for a household of 2) is 195.39% of the Federal Poverty Level. (See, Exhibit 1, p. 2). Further, the Appellant's child recently turned [REDACTED] and no longer qualifies for MassHealth benefits. (See, 130 CMR 505.005(C)). Because the Appellant and her child are not eligible to receive MassHealth benefits, unfortunately there is no basis for the Appellant to continue to receive Premium Assistance payments at this time. (See, 130 CMR 506.012(B)(3)).

Therefore, this appeal is denied.

Order for MassHealth

None.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Premium Assistance Unit;

Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290;