

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309253
Decision Date:	1/2/2024	Hearing Date:	10/31/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Via telephone

 Spouse

Appearance for MassHealth:
Via telephone

Tenzin Sungrab;
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:	Eligibility; Under 65; Income; Premium Assistance
Decision Date:	1/2/2024	Hearing Date:	10/31/2023
MassHealth's Rep.:	Tenzin Sungrab; Sarah Prado	Appellant's Rep.:	Spouse
Hearing Location:	Charlestown 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 September 26, 2023, MassHealth notified the Appellant that it had stopped his Premium Assistance payments. (Exhibit 1, pp. 1-2). Through a separate notice dated September 26, 2023, MassHealth further notified the Appellant that his family no longer qualifies for MassHealth benefits because MassHealth determined that the household income is over the allowable income limit. (See, 130 CMR 506.007(B); 502.003; Exhibit 1, pp. 3-4). The Appellant filed a timely appeal of both notices on October 3, 2023. (130 CMR 610.015(B); Exhibit 2). Termination of assistance is a valid basis for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that he is no longer eligible to receive MassHealth premium assistance payments because MassHealth determined that his family's income is over the allowable income limit to continue receiving MassHealth benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant's family is no longer eligible to receive MassHealth benefits or 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: The Appellant's household is comprised of a family of three (3). All members have a combined monthly income that exceeds 300% of the Federal Poverty Level, which resulted in termination of coverage of MassHealth benefits for the Appellant's family members. The Appellant received a termination notice for Premium Assistance payments on behalf of his child's Family Assistance benefits because all members in the Appellant's household no longer qualify for MassHealth benefits. (See, Exhibit 1). The MassHealth representative explained that for a 3-person household, a child under the age of 19 can be eligible for MassHealth benefits if the household monthly income does not exceed \$6,215.00. The Premium Assistance representative testified that because the Appellant's family no longer qualifies for coverage due to income, the last payment was made to the Appellant in September of 2023.

The Appellant's spouse appeared at the hearing by telephone. She expressed her appreciation for previous assistance given to her family and testified that she was discouraged to learn that her children no longer qualify for MassHealth assistance. The Appellant's spouse explained that she understands the Premium Assistance determination, however, it will cause her two children to struggle. She further explained that she was truthful in reporting her income to MassHealth and took it upon herself to submit additional income information, beyond what was requested from her.

In response, the MassHealth representative testified that the application received by MassHealth states that the family is comprised of 3 - not 4 - people. The Appellant's spouse explained that she removed her older child from her recent application so that her older child could apply on her own, with only her own income considered, as opposed to the entire household income. She further explained that she was attempting to retain MassHealth benefits for her younger (minor) child. The MassHealth representative testified that while that is an option, the issue is that when you change the household size, the allowable income limit also decreases, in accordance with the Federal Poverty Level guidelines. The Appellant's spouse expressed her frustration with the entire process.

Findings of Fact

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

1. The Appellant's family group is comprised of three individuals: the Appellant, his spouse, and a minor child. (Exhibit 3).
2. On September 26, 2023, MassHealth notified the Appellant that he is no longer eligible to receive Premium Assistance payments. (Testimony; Exhibit 1, pp. 1-2).
3. On September 26, 2023, MassHealth also notified the Appellant that he does not qualify for MassHealth benefits because his family's income exceeds the allowable income limits. (Testimony; Exhibit 1, pp. 3-4).
4. The Appellant timely appealed these notices on October 3, 2023. (Exhibit 2).
5. The Appellant's household income exceeds 300% of the Federal Poverty Level. (Testimony).

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 PBF; 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 household monthly income exceeds the allowable limits to receive MassHealth benefits. MassHealth determined that the Appellant's monthly income (for a household of 3) exceeds 300% of the Federal Poverty Level, and the appellant's spouse did not dispute this determination. Because the Appellant's household members are no longer eligible to receive MassHealth benefits, there is unfortunately no basis for the household to continue to receive Premium Assistance payments. (See, 130 CMR 506.012(B)(3)).

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