

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313315
<b>Decision Date:</b>	3/27/2024	<b>Hearing Date:</b>	01/18/2024
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	02/01/2024

**Appearance for Appellant:**  
*Via telephone*  
*Pro se*

**Appearance for MassHealth:**  
*Via telephone*  
Elizabeth Nickoson, Taunton MEC  
Le’Kecia Powell-Watkins, Premium Assistance  
Unit



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Premium Assistance
<b>Decision Date:</b>	3/27/2024	<b>Hearing Date:</b>	01/18/2024
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson; Le'Kecia Powell- Watkins	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 1 (Remote)	<b>Aid Pending:</b>	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 December 6, 2023, MassHealth notified the appellant that his premium assistance payments have been stopped because MassHealth determined that his health insurance no longer meets MassHealth rules for premium assistance (130 CMR 506.012; Exhibit 1). The appellant filed this appeal in a timely manner on December 17, 2023 (130 CMR 610.015(B); Exhibit 2). Denial and/or termination of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for a brief period for the appellant to submit additional evidence (Exhibit 5).

### Action Taken by MassHealth

MassHealth notified the appellant that his premium assistance payments were stopped.

### Issue

The appeal issue is whether MassHealth was correct in terminating the appellant's premium assistance payments.

## Summary of Evidence

MassHealth was represented at the hearing by an eligibility representative and a representative from the Premium Assistance Unit (PAU); both parties participated by telephone. The record establishes the following: the appellant is under the age of 65, resides in a household of 3 and is eligible to receive MassHealth Standard benefits, effective as of January, 2021.

The appellant began receiving premium assistance payments in January of 2008. On November 1, 2023, PAU sent the appellant a payment of \$ 599.64 to cover his employer-sponsored insurance (ESI) premium for December of 2023. This was the last payment sent to the appellant because on November 29, 2023, PAU received an updated review form which indicated that the appellant's ESI plan changed from Tufts Health to Blue Cross Blue Shield (High Deductible Plan) (See, Exhibit 7, p. 3). On or about November 30, 2023, PAU notified the appellant that his premium assistance payments are ending because his health insurance plan no longer meets the minimum creditable coverage (MCC) requirements, based on the current ESI plan deductibles of \$3,000.00 and \$6,000.00. To be eligible for premium assistance, deductibles must fall within the pertinent thresholds of \$2,950.00 for individuals and \$5,900.00 for families respectively, in accordance with the regulations.

The appellant appeared at the hearing telephonically and testified that before his employer changed health plans, his out-of-pocket expenses were significantly higher with his former ESI plan (Tufts Health). The PAU representative explained that the deductibles are PAU's main concern with his current plan, not the out-of-pocket expenses. The appellant's previous ESI plan had a \$0 deductible whereas his current plan has a \$3,000.00 and a \$6,000.00 deductible. The appellant stated that PAU did not properly explain this to him and therefore, he would need additional time to research his records regarding the deductibles contained within his former health plan. The appellant testified that he did not produce them at the hearing because it was his understanding that PAU considered the out-of-pocket costs as opposed to the deductibles. The PAU representative explained that out-of-pocket expenses and deductibles are two (2) separate issues and suggested that the terminology was not accurately explained to the appellant.

At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence for PAU's review (Exhibit 5). The PAU representative subsequently responded that PAU stands by its denial notice because the appellant's current ESI plan (Blue Cross Blue Shield) does not meet the pertinent criteria, in accordance with the regulations (Exhibit 7, p. 1).

## Findings of Fact

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

1. The appellant is an adult male who resides in a household of 3.
2. The appellant is eligible to receive MassHealth Standard benefits.
3. The appellant was previously approved for premium assistance benefits, in accordance with his former ESI plan.
4. On or about November 29, 2023, PAU received an update review form which indicated that the appellant's ESI plan changed from Tufts Health to Blue Cross Blue Shield High Deductible plan.
5. On or about November 30, 2023, PAU notified the appellant that his premium assistance payments were stopped because his current ESI plan does not meet MCC requirements.
6. The appellant's current ESI plan includes deductibles in the amount of \$3,000.00 for individuals and \$6,000.00 for families.
7. To be eligible for premium assistance, deductibles must fall within the threshold of \$2,950.00 for individuals and \$5,900.00 for families, respectively.
8. The appellant timely appealed this action.
9. The record was left open for the appellant to submit additional evidence.
10. PAU did not receive any further information or documentation from the appellant showing his former ESI plan contained higher deductibles.

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 506.012(A)(1), premium assistance payments are available to MassHealth members who, like appellant, are eligible for MassHealth Standard coverage. MassHealth may provide a premium assistance payment to an eligible member when all 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 [Premium Billing Family Group] 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).

MassHealth defines basic benefit level as follows:

(1) benefits provided under a health insurance plan that include a broad range of medical benefits as defined in the minimum creditable coverage core services requirements in 956 CMR 5.03(1)(a); provided that the annual deductible and the annual maximum out-of-pocket costs under that plan do not exceed the maximum amounts the Massachusetts Health Connector sets for deductibles and out-of-pocket costs in order for a plan to be considered minimum creditable coverage, as set forth at 956 CMR 5.03(2)(b)2 and 3, and 956 CMR 5.03(2)(c), respectively, and as may be illustrated in administrative bulletins published by the Massachusetts Health Connector, and as are in effect on the first day coverage under that plan begins.

130 CMR 501.001.

The Massachusetts Health Connector regulations cited in the definition above (956 CMR 5.03(2)(b)) list maximum annual deductible amounts (\$2,000 and \$4,000), to be adjusted each year.

The issue in this appeal is whether the appellant's current ESI plan (Blue Cross Blue Shield) meets the Premium Assistance requirements as set forth in the regulations. The record shows that the appellant's deductibles contained in his current ESI plan exceed the maximum amounts that the Massachusetts Health Connector has set forth. The appellant argues, *inter alia*, that his former ESI plan contained higher deductibles than his current ESI plan. Thus, the reason for the December 6, 2023 notice is unclear to him (Exhibit 1). Despite a post-hearing opportunity for the appellant to submit evidence showing a higher deductible with his former plan, the evidence submitted shows the appellant's former ESI plan contained a zero deductible (See, Exhibit 6, p. 7). Regardless, the appellant's current ESI plan does not meet the Premium Assistance requirements. Thus, I find that the action taken by MassHealth was within the regulations. 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: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

MassHealth Representative: Premium Assistance Unit