

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401385
Decision Date:	03/19/2024	Hearing Date:	02/26/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	03/06/2024

Appearance for Appellant:

Via telephone

Pro se

Appearances for MassHealth:

Via telephone

Tenzin Sungrab – Charlestown MEC;

Roxana Noreiga – 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Premium Assistance
Decision Date:	03/19/2024	Hearing Date:	02/26/2024
MassHealth's Reps.:	Tenzin Sungrab; Roxana Noreiga	Appellant's Rep.:	Pro se
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 January 2, 2024, MassHealth notified the appellant that he does not qualify for Premium Assistance benefits (130 CMR 506.012; Exhibit 1). The appellant filed this appeal in a timely manner on January 29, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open until March 6, 2024 for the appellant to submit additional documentation for MassHealth to review (Exhibit 6).

Action Taken by MassHealth

MassHealth notified the appellant that he does not qualify for Premium Assistance benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant does not qualify for Premium Assistance benefits.

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's MassHealth Standard benefits were terminated on or about November 30, 2023, after he reported to MassHealth that his tax filing status changed because he no longer claims his child as a tax dependent (Exhibit 9). As a result, the appellant's household size changed from a family size of two to a family size of one and MassHealth determined that the appellant no longer financially qualified for MassHealth. After the appellant's benefits terminated in November of 2023, he began receiving coverage through the Health Connector, which remained in effect for the remainder of 2023. In January of 2024, the appellant began receiving benefits through his employer-sponsored insurance (ESI) plan. PAU received the appellant's application for benefits in December of 2023, but his application could not be approved because MassHealth terminated his benefits. To be eligible for PAU benefits, applicants must retain active MassHealth coverage. The appellant was notified that his request was denied by letter dated January 2, 2024. (Exhibit 1).

The appellant appeared at the hearing by telephone and disputed the January 2nd notice. He stated that the denial notice lists several reasons why he is not eligible to receive PAU benefits, and he disagrees with all reasons contained therein. *Id.*

Specifically, the PAU denial notice referenced the following reasons why the appellant is not eligible to receive Premium Assistance benefits, noting there may be more than one reason applicable to him (See, Exhibit 1, p. 1). They are:

1. The plan that the appellant is enrolled in now or the plan(s) offered by his employer does not meet the MassHealth's rules for Premium Assistance;
2. The appellant is in a MassHealth coverage type that is not eligible for Premium Assistance;
3. The appellant does not meet his employer's requirements to enroll in their health insurance plan (for example, if he works part-time but his employer allows only full-time employees to enroll);
4. The policyholder for the health insurance does not live in the same household as the person(s) eligible for Premium Assistance;
5. The appellant is eligible for Medicare;
6. PAU did not get the documentation that it needs to make sure that the appellant is

- eligible for Premium Assistance; or
7. PAU couldn't find proof that the appellant is enrolled in insurance that his employer offers.

In response, the appellant argued the following:

1. His employer is a Massachusetts business which offers [REDACTED] benefits;
2. The appellant has private insurance through his employer;
3. He is working full time and provided copies of his insurance card, payroll deductions, and summary of benefits to MassHealth;
4. The appellant is the only person residing in his own household;
5. He currently does not meet the age requirements to receive Medicare benefits;
6. The appellant faxed over all requested documents to PAU;
7. He sent PAU copies of his health insurance cards, including copies of the premiums taken out of his paycheck.

(See, Exhibit 1, p. 1).

The MassHealth representative stated that the appellant is not currently receiving MassHealth benefits. The MassHealth representative explained that for applicants to be eligible for Premium Assistance benefits, they must be eligible for MassHealth benefits. The MassHealth representative explained that to qualify for MassHealth benefits, the appellant's income, as a family size of one, cannot exceed \$1,616.00 per month, or 133% of the Federal Poverty Level (FPL). The appellant explained that when he applied for Premium Assistance benefits, he submitted the requested paperwork to PAU (i.e. ESI-2 form, benefits summary, and paystubs). The MassHealth representative stated that MassHealth has not received any updated income verification from the appellant.

Following the hearing, the record was left open for a brief period for the appellant to submit his income information (Exhibit 6). The appellant submitted two recent paystubs during the record open period, which indicated that he grosses approximately \$865.45 per week (Exhibit 7). The MassHealth representative subsequently reported that the appellant's income (for a family size of one) equates to 247.50% of the FPL and therefore he does not qualify for MassHealth benefits. Because he does not qualify for MassHealth benefits, the appellant does not qualify for Premium Assistance benefits. *Id.*

Findings of Fact

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

1. The appellant is between the ages of 21 and 65 and had received MassHealth Standard coverage until November of 2023 (Exhibit 3).
2. In October of 2023, the appellant reported a tax filing status update which changed his household size from a family of two to a family size of one.
3. On October 18, 2023, MassHealth notified the appellant that his coverage would terminate on November 30, 2023 because his income was too high.
4. After his MassHealth benefits terminated, the appellant began receiving coverage through the Health Connector.
4. In December of 2023, the appellant applied for Premium Assistance benefits.
5. In January of 2024, the appellant began receiving health insurance benefits through an ESI plan.
6. PAU notified the appellant on January 2, 2024 that his request for Premium Assistance benefits was denied (Exhibit 1).
7. The appellant timely appealed on January 29, 2024 (Exhibit 2).
8. The appellant's verified gross weekly income of \$845.45 equates to 247.50% of the FPL.
10. The relevant FPL to qualify for MassHealth benefits is 133%, or gross income of \$1,616.00 per month.

Analysis and Conclusions of Law

The issue in this appeal is whether PAU correctly denied the appellant Premium Assistance benefits because he is not currently receiving MassHealth benefits.

In accordance with 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*;
- (2) MassHealth Standard for Kaileigh 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 Percent of the Federal Poverty Level*;
- (6) MassHealth Family Assistance for disabled adults whose Disabled Adult MassHealth household income is at or below 100 percent of the FPL and who are 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 Percent 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 percent 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 Percent of the Federal Poverty Level*;
- (8) MassHealth Family Assistance for children younger than 19 years old whose household MAGI is between 150 percent and 300 percent 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 Percent of the Federal Poverty Level*; and
- (9) MassHealth Small Business Employee Premium Assistance Program, the rules and requirements of which are described at 130 CMR 506.013

(130 CMR 506.012(A)).

Per 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 [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)).

Here, the record is clear that the appellant is not eligible to receive MassHealth benefits. Indeed, per the appellant's own testimony, he was not receiving MassHealth benefits at the time of his application to PAU. While the appellant was given a post-hearing opportunity to verify his income, his two recent paystubs submitted verify that he grosses \$865.45 weekly, which equates to 247.50% of the FPL for his family size. To qualify for MassHealth benefits, the appellant's income, as a family size of 1, cannot exceed \$1,616.00 per month, or 133% of the FPL.¹

In accordance with the regulations, members are only eligible to receive Premium Assistance benefits when at least one person covered by the health insurance policy is eligible for MassHealth benefits as described in 130 CMR 506.012(A). (See, 130 CMR 506.012(B)(3)). Because the appellant has not demonstrated that he is currently eligible for a MassHealth coverage type, he is not eligible to receive Premium Assistance benefits. As such, I find that the action taken by Premium Assistance was within the regulations. This appeal is denied.²

Order for MassHealth

None.

¹ There is no evidence that the appellant categorically qualifies for a MassHealth coverage type that has higher or no income limits.

² This denial does not preclude the appellant from contacting MassHealth should his income decrease, or to report any other changes to his household size, should any occur.

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

Premium Assistance Unit