

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part	Appeal Number:	2417358
Decision Date:	1/29/2025	Hearing Date:	12/17/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	

Appearance for Appellant:
Pro se (In Person)

Appearances for MassHealth:
Eric Mattos, MEC (Virtual); Gladys Pacheco,
Premium Assistance Unit (Virtual)



*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:	Approved in part	Issue:	Premium Assistance
Decision Date:	1/29/2025	Hearing Date:	12/17/2024
MassHealth's Reps.:	Eric Mattos, MEC (Virtual); Gladys Pacheco, Premium Assistance Unit (Virtual)	Appellant's Rep.:	Pro se (In Person)
Hearing Location:	Springfield MassHealth Enrollment Center	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 10/23/2024, MassHealth informed the appellant that it would stop premium assistance payments because his dependent, disabled child was approved for Medicare benefits (130 CMR 506.012; Exhibit 1). The appellant filed a timely appeal on 11/13/2024 (130 CMR 610.015; Exhibit 2). Termination of benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's Premium Assistance payments because his dependent, disabled child was approved for Medicare benefits.

Issue

Was MassHealth correct to terminate the appellant's Premium Assistance benefits?

Summary of Evidence

The MassHealth Representative from the Premium Assistance Unit testified telephonically and stated the appellant is the father of a child who was eligible for and receiving MassHealth Standard benefits as a disabled person. The appellant has private health insurance and since 05/31/2024, he was receiving monthly payments of \$803.14 per month from MassHealth as part of the Premium Assistance benefits he was eligible for based on his daughter's disability status. MassHealth paid the total monthly premium for the appellant's private health insurance to cover the family. MassHealth would act as a secondary insurer for the child. In October 2024, MassHealth Premium Assistance learned that the appellant's daughter was approved for Medicare benefits beginning on 01/01/2025. The premium assistance benefits terminated on 10/19/2024 and the last payment was made in October by MassHealth for November's premium.

The representative from the MassHealth Enrollment Center explained that the daughter would remain eligible for MassHealth Standard benefits and MassHealth will pay the daughter's monthly premium for the Medicare benefits.

The appellant appeared at the fair hearing in person, and he testified that his daughter does not yet have Medicare benefits. He questioned why the MassHealth premium payments terminated prior to the daughter's Medicare eligibility. The appellant wants to continue with the premium payments because his private health insurance does not cover certain expenses that are necessary. He concluded that he does not want to pay Medicare Part B premiums.

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant, the father of a disabled child, was receiving MassHealth Premium Assistance benefits since 05/31/2024.
2. The appellant's private health insurance was the primary insurer for the family. The child has MassHealth Standard benefits as a secondary insurer.
3. Since 2024 the appellant received a monthly payment of \$803.14 from MassHealth to assist him in paying the premium for his private health insurance.
4. In October 2024, the appellant was notified that his child was approved for Medicare benefits, effective on 01/01/2025.

5. On 10/23/2024, MassHealth informed the appellant that it terminated the child's Premium Assistance benefits. The final payment was for November's premium.

Analysis and Conclusions of Law

MassHealth Regulations at 130 CMR 506.012 address premium assistance payments as follows:

(A) Coverage Types. 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 [REDACTED] 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 [REDACTED] 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.

(B) Criteria. 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*.

(2) The health-insurance policy holder is either in the PBFG or resides with the individual who is eligible for the premium assistance benefit.

(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).

(C) Eligibility. Eligibility for MassHealth premium assistance is determined by the individual's coverage type and the type of private health insurance the individual has or has access to. MassHealth has two categories of health insurance for which it may provide premium assistance.

(1) Employer-Sponsored Insurance (ESI) 50% Plans are employer-sponsored health-insurance plans to which the employer contributes at least 50% towards the monthly premium amount. MassHealth provides premium assistance for individuals with ESI 50% Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A).

(2) Other Group Insurance Plans are employer-sponsored health-insurance plans to which the employer contributes less than 50% towards the monthly premium amount, Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, and other group health insurance. MassHealth provides premium assistance for individuals with Other Group Health Insurance Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A), except for individuals described in 130 CMR 506.012(A)(8).

(3) Non-group unsubsidized Health Connector individual plans for children only.

(4) Members enrolled in any of the following types of health-insurance coverage are not eligible for premium assistance payments from MassHealth:

(a) Health Savings Accounts;

(b) Medicare supplemental coverage, including Medigap and Medex coverage;

(c) Medicare Advantage coverage;

(d) Medicare Part D coverage; and

(e) Qualified Health Plans (QHP) with Premium Tax Credits.

(5) The following MassHealth members are not eligible for premium assistance payments as described in 130 CMR 506.012(C)(5) from MassHealth:

(a) MassHealth members who have Medicare coverage as MassHealth provides premium assistance-benefits in the form of Medicare A and/or B Buy-In benefits as described in 130 CMR 505.002(O): Medicare Premium Payment. Medicare

beneficiaries who are eligible for the benefits described in 130 CMR 505.002(O): Medicare Premium Payment are also deemed eligible for the Low Income Subsidy (LIS) benefit which provides Medicare Part D coverage;

(b) all nondisabled nonqualified PRUCOL adults, as described in 130 CMR 505.005(D): *Eligibility Requirements for Adults and Young Adults [REDACTED] Years of Age Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 300 Percent of the Federal Poverty Level*; and

(c) disabled nonqualified PRUCOL adults with MassHealth Disabled Adult household income above 100% of the FPL, as described in 130 CMR 505.005(F): *Eligibility Requirements for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or below 100 Percent of the Federal Poverty Level*.

(Emphasis added.)

The appellant was eligible for and receiving Premium Assistance Payments based on the availability of private health insurance and based on that insurance family plan covering his disabled daughter. He received payments from MassHealth since 05/31/2024 to assist him in paying the premiums for the family's private health insurance. MassHealth was the secondary insurer for the child's health care coverage.

On 10/23/2024, MassHealth learned that the appellant's daughter was approved for Medicare benefits, starting on 01/01/2025. As a result, MassHealth informed the appellant that the family was no longer eligible for MassHealth Premium Assistance benefits. It issued its final payment for November's premium.

According to the above regulation, because the child would begin receiving Medicare benefits in January 2025, the appellant and his family are no longer eligible for MassHealth Premium Assistance benefits. The appellant was receiving the monthly premium assistance payments from MassHealth because it was cost effective for MassHealth to assist the appellant to continue to pay for her private health insurance for the family; however, once the child began receiving Medicare benefits, the regulations specifically exclude the family from receiving Premium Assistance benefits. Thus, effective on the date the appellant's daughter begins receiving Medicare benefits, the family will no longer be eligible for Premium Assistance payments.

Notwithstanding the above, MassHealth terminated the appellant's Premium Assistance benefits in October, with the November payment. MassHealth did not adequately explain why the Premium Assistance benefits terminated prior to the daughter's receipt of Medicare benefits in January 2025. Accordingly, this appeal is approved in part and MassHealth must pay the appellant the appropriate Premium Assistance payment for December 2025.

Order for MassHealth

Issue a payment to the appellant for the December 2024 Premium Assistance payment.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Division of Medical Assistance, at the address on the first page of this decision.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104