

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417780
Decision Date:	1/22/2025	Hearing Date:	12/17/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Liz Nickoson, Taunton MEC
Gladys Pacheco, 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:	Premium Assistance
Decision Date:	1/22/2025	Hearing Date:	12/17/2024
MassHealth's Reps.:	Liz Nickoson Gladys Pacheco	Appellant's Rep.:	Pro se
Hearing Location:	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 November 6, 2024, MassHealth notified Appellant that MassHealth Premium Assistance payments terminated due to Medicare eligibility effective January 1, 2025 (130 CMR 506.012 and Exhibit 1). Appellant filed this appeal in a timely manner on November 19, 2024 (130 CMR 610.015(B) and Exhibit 2). Notice of a change in the scope of assistance is a valid ground for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that MassHealth Premium Assistance payments terminated due to Medicare eligibility effective January 1, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.012 in terminating Premium Assistance payments due to Medicare eligibility effective January 1, 2025.

Summary of Evidence

The MassHealth representative testified that Appellant was receiving Premium Assistance payments for her daughter, who is a [REDACTED] disabled adult and enrolled in Appellant's employer-sponsored health insurance (ESI) [REDACTED]. Appellant's daughter receives \$738 Supplemental Security Insurance (SSI) income and MassHealth through the Social Security Administration and has received SSI since September 1, 2011. The Premium Assistance representative testified that Premium Assistance payments terminated because Appellant's daughter became eligible for Medicare effective January 1, 2025. The Premium Assistance representative testified that pursuant to 130 CMR 506.012, Appellant cannot receive Premium Assistance payments for her daughter's ESI premium. A final Premium Assistance payment of \$179.79 was issued on December 16, 2024, which will cover the January 2025 premium as a transitional payment to accommodate changes in the coverage in 2025; however, Premium Assistance payments will not continue for Appellant's daughter's insurance through Appellant's ESI. MassHealth testified that Appellant will remain eligible for MassHealth Standard coverage, and a Medicare Savings Program which will pay the Medicare premium.

Appellant testified that her daughter is enrolled in her ESI, and she does not intend to start Appellant on Medicare. Appellant testified that she was unaware that her daughter was enrolled in Medicare and has surgery pending.

MassHealth provided a phone number for Medicare (1-800-633-4227) to assist Appellant with questions concerning the determination to enroll Appellant in Medicare.

Findings of Fact

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

1. Appellant was receiving Premium Assistance payments for her daughter, who is a [REDACTED] disabled adult enrolled in Appellant's employer-sponsored health insurance (ESI) [REDACTED].
2. Appellant's daughter receives \$738 Supplemental Security Insurance (SSI). Appellant's daughter has received MassHealth through the Social Security Administration since September 1, 2011.
3. Appellant's daughter became eligible for Medicare effective January 1, 2025.
4. A Premium Assistance payment of \$179.79 was issued on December 16, 2024 to cover the January 2025 ESI premium as a transitional payment to accommodate changes in the coverage in 2025.

5. Appellant will remain eligible for MassHealth Standard coverage, and a Medicare Savings Program which will pay the Medicare premium.

Analysis and Conclusions of Law

Below in relevant part is regulation 130 CMR 506.012: Premium Assistance Payments:

(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 three 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, provided that such plans shall no longer be eligible for premium assistance as of January 1, 2019, and the last premium assistance payment for these plans shall be for coverage through December 31, 2018.

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

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

(b) Medicare Advantage coverage;

(c) Medicare Part D coverage; and

(d) Qualified Health Plans (QHP).

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

(a) MassHealth members who have Medicare coverage. However, for those members who meet the eligibility requirements set forth in 130 CMR 505.002(O), Medicare Savings Program benefits may be available (emphasis added);

(b) all nondisabled nonqualified PRUCOL adults, as described in 130 CMR

505.005(D): *Eligibility Requirements for Adults and Young Adults 19 and 20 Years of Age Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 300% 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% of the Federal Poverty Level*.

Appellant was receiving Premium Assistance payments for her daughter, who is a [REDACTED] disabled adult enrolled in Appellant's employer-sponsored health insurance (ESI) [REDACTED]. Appellant's daughter receives \$738 a month in SSI income and has received SSI and MassHealth since September 1, 2011. Appellant's daughter became eligible for Medicare effective January 1, 2025, and MassHealth correctly terminated Premium Assistance payments as required at 130 CMR 506.012(C) with a final payment on December 16, 2024 to cover the January 2025 ESI payment. Appellant's daughter's MassHealth eligibility is not the subject matter of this appeal; however, according to MassHealth, Appellant continues to be eligible for MassHealth Standard coverage, and a Medicare Savings Program which will pay the Medicare premium. Appellant may contact Medicare at 1-800-633-4227 with any questions about her daughter's enrollment in Medicare effective January 1, 2025. Appellant may also contact MassHealth at 1-800-841-2900 with questions concerning MassHealth eligibility and Medicare Savings Programs.

The 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

Premium Assistance Unit