

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503670
Decision Date:	5/29/2025	Hearing Date:	March 31, 2025
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:

Pro se

MassHealth Representatives:

Sherri Paiva, Taunton MEC
Roxana Noriega, Premium Assistance



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
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APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Assistance Denial
Decision Date:	5/29/2025	Hearing Date:	March 31, 2025
MassHealth Reps.:	Sherri Paiva Taunton MEC Roxana Noriega Premium Assistance		
Hearing Location:	Telephonic to Parties		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received notice dated February 18, 2025 that MassHealth had approved her for MassHealth Standard but not Premium Assistance because her employer's insurance did not meet the guidelines for Premium Assistance payments (Exhibit 1). The appellant filed an appeal timely on March 5, 2025 (Exhibit 2). The denial of Premium Assistance benefits is valid grounds for appeal (130 CMR 610.032).

Notice of the appeal was sent to the parties on March 11, 2025 (Exhibit 3).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Standard but denied her Premium Assistance benefits.

Issue

In accordance with 130 CMR 130 CMR 506.012, was MassHealth correct in determining that the appellant's employer's health insurance does not meet the Basic Benefit Level so as to qualify her for Premium Assistance payments?

Summary of Evidence

The MassHealth MEC representative testified that the appellant and her two children under age [REDACTED] are currently eligible for and receiving MassHealth Standard benefits. She stated that appellant has health insurance through her job but was denied Premium Assistance payments (Exhibit 1).

The MassHealth Premium Assistance representative testified that the appellant was denied Premium Assistance because her employer's health insurance does not meet the Basic Benefit Level criteria for Premium Assistance payments. The representative explained that private health insurance must meet minimum creditable coverage guidelines found in 956 CMR 503 for the health insurance to meet the Basic Benefit Level requirement of Premium Assistance. 956 CMR 503 states that a health insurance family deductible must not exceed \$4,000.00 to be considered minimum creditable coverage. For 2025, The Massachusetts Health Connector Bulletin has since increased this family minimum creditable coverage deductible amount to \$5,900.00. In the case of the appellant's employer's health insurance however, the family deductible is \$12,000.00. Therefore, she was denied MassHealth Premium Assistance for not meeting the minimum creditable coverage requirement.

The appellant testified that she would like to keep her employer's health insurance along with her MassHealth Standard, because not all her doctors accept MassHealth. She did not dispute that her family deductible was \$12,000.00 but stated that this has not changed.

Findings of Fact

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

1. The appellant received notice dated February 18, 2025 that MassHealth had approved her for MassHealth Standard but not Premium Assistance because her employer's insurance did not meet the guidelines for Premium Assistance payments (Exhibit 1).
2. The appellant is offered health insurance through her employer (Exhibit 1 and testimony).
3. The appellant's employer's health insurance has a family deductible of \$12,000.00 (testimony).
4. For 2025, The Massachusetts Health Connector Bulletin has determined that the minimum creditable coverage deductible amount for family health insurance cannot exceed \$5,900.00 (testimony).

Analysis and Conclusions of Law

130 CMR 505.002 (N) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard (a) have health insurance that MassHealth may help pay for; or (b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.

(2) The individual receives MassHealth Standard while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance.

1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that MassHealth will provide MassHealth Standard Premium Assistance Payments as described at 130 CMR 506.012: Premium Assistance Payments.

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is eligible for MassHealth Standard Direct Coverage.

3. Individuals described at 130 CMR 505.002(F)(1)(d) will not undergo an investigation.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that they must enroll in this employer sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Standard Premium Assistance Payments as described in 130 CMR 506.012: Premium Assistance Payments. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is younger than ■ years old or is pregnant. 2. If MassHealth determines the individual does not have access to employer sponsored health insurance, the individual is eligible for MassHealth Standard Direct Coverage. 3. Individuals described at 130 CMR 505.002(F) and (G) will not undergo an investigation.

130 CMR 506.012(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. 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 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 501.001 Basic-benefit Level (BBL) – (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.

956 CMR 5.032(b)(2) provides a maximum family deductible may not exceed \$4,000.00.

In this case, the appellant and her two children are eligible for and receiving MassHealth Standard benefits. MassHealth denied her Premium Assistance benefits because her employer's health insurance does not meet the guidelines for Premium Assistance payments. I have found that the appellant's employer's health insurance has a family deductible of \$12,000.00.

In accordance with the regulations set forth above, a MassHealth Standard recipient's employer's health insurance must meet Basic Benefit level requirements for the recipient to be eligible for Premium Assistance payments. Part of the requirement is that the employer's insurance meets the minimum creditable coverage guideline for deductibles that has now been set at \$5,900.00 for a family. The insurance offered by the appellant's employer exceeds this threshold with a deductible of \$12,000.00.

Accordingly, in accordance with 130 CMR 506.012, MassHealth was correct to deny the appellant Premium Assistance payments.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC

Premium Assistance
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