

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505484
Decision Date:	06/26/2025	Hearing Date:	05/13/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherri Paiva, Taunton MEC
Roxanne Noriega, Premium Assistance



*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:	Denial of Premium Assistance
Decision Date:	06/26/2025	Hearing Date:	05/13/2025
MassHealth's Rep.:	Sherri Paiva Roxanne Noriega	Appellant's Rep.:	██████
Hearing Location:	Remote (phone)	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 March 15, 2025, MassHealth approved appellant for MassHealth CarePlus. (Ex. 1). Appellant filed an application for Premium Assistance and the Premium Assistance Unit denied appellant's application on April 1, 2025 stating the maximum deductible MassHealth will pay for an individual is \$2,950 and appellant's deductible is \$3,000. Appellant filed this appeal challenging the denial of Premium Assistance in a timely manner on April 4, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied appellant's application for Premium Assistance.

Issue

The appeal issue is whether MassHealth was correct in denying appellant's application for Premium Assistance.

Summary of Evidence

The MassHealth worker (worker), Premium Assistance representative, and appellant all appeared at hearing via phone. The worker testified as follows: appellant is a household size of 1, consisting of herself. On March 15, 2025 a MassHealth application was completed by appellant. After review by MassHealth, appellant was found eligible for MassHealth CarePlus, effective March 5, 2025. The worker stated appellant's income was 0 and appellant's household Federal Poverty Level (FPL) was 0%. The worker stated appellant enrolled in WellSense Care Alliance effective April 2, 2025. (Testimony). The record indicates appellant is under the age of 65. (Ex. 5).

The Premium Assistance representative testified as follows: Appellant, who also has private health insurance through COBRA, sent an application for Premium Assistance that was received by the Premium Assistance unit on March 28, 2025. (Testimony; Ex. 4). The application was denied on April 1, 2025 because appellant's deductible exceeds the maximum allowed for an individual. The Premium Assistance representative stated the maximum deductible amount for an individual is \$2,950 and appellant's deductible was \$3,000. (Testimony).

Appellant testified she was appealing because she needed help with paying her premiums and that is why she applied for Premium Assistance. (Testimony). Appellant did not dispute her deductible amount of \$3,000.

Findings of Fact

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

1. Appellant is an adult under the age of 65 with a household size of 1 and an FPL of 0%. (Testimony; Ex. 5).
2. Appellant was found eligible for MassHealth CarePlus, effective March 5, 2025. (Testimony; Ex. 1).
3. Appellant, who also has private health insurance through COBRA, sent an application for Premium Assistance that was received by the Premium Assistance unit on March 28, 2025. (Testimony; Ex. 4).
4. Appellant's application for Premium Assistance was denied on April 1, 2025 because appellant's deductible exceeds the maximum allowed for an individual. (Testimony).
5. Appellant's private health insurance plan has a \$3,000 deductible for an individual plan. (Testimony).

6. The MassHealth deductible limit for 2025 is \$2,950 for an individual plan. (Testimony).

Analysis and Conclusions of Law

Through its Premium Assistance program, MassHealth provides financial assistance to eligible members that have access to private health insurance to help cover the cost of their health insurance premiums. See 130 CMR 506.012(C). Eligibility for this benefit is based on “the individual’s coverage type and the type of private health insurance the individual has or has access to.” See 130 CMR 506.012(C). Once enrolled, MassHealth issues “premium assistance payments” to the policyholder of the plan. The premium assistance payment is the amount MassHealth contributes to the cost of health insurance coverage for the member. See 130 CMR 501.001.

In regulation 130 CMR 506.012(B), MassHealth establishes the following criteria to determine eligibility for premium assistance:

(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 in order to meet the basic-benefit level requirement.

(2) The health insurance policy holder is either

(a) in the PBFG; 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).¹ (Emphasis added)

Furthermore, 130 CMR 501.001 defines the 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**

¹ 130 CMR 506.012(C) includes COBRA insurance as one of the enumerated qualifying policy types.

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.

(2) Exceptions.

(a) For the avoidance of doubt, 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.

(b) The MassHealth agency reserves the right to set its own annual deductible and maximum out-of-pocket limits. If the MassHealth agency deems it appropriate to set its own annual deductible and maximum out-of-pocket limits, a sub-regulatory bulletin will be issued. (Emphasis added)

The Health Connector calculates minimum creditable coverage pursuant to 956 CMR 5.03(2)(b)(2) and (3). The regulation provides as follows:

2. any Deductible(s) for in-network Covered Services that are provided as part of the plan benefits shall not in combination exceed \$2,000 for an individual and \$4,000 for a family;
3. the dollar amounts for individuals specified in 965 CMR 5.03(2)(b)2. shall, unless the Connector Board establishes otherwise for a given calendar year, be adjusted each year by an amount equal to the product of that amount and the premium adjustment percentage for a calendar year as determined by the United States Secretary of Health and Human Services pursuant to 42 U.S.C. § 18022(c)(4). Such amounts are typically published by the Secretary in the annual Notice of Benefit and Payment Parameters regulations. If the amount of any adjustment is not a multiple of \$50, such adjustment shall be rounded down to the next lowest multiple of \$50. The dollar amounts for a family specified in 956 CMR 5.03(2)(b)2. shall be increased each year to an amount equal to twice the amount in effect for an individual, as adjusted pursuant to 956 CMR 5.03(2)(b)3...

Here, based on the notice under appeal dated March 15, 2025, the question is whether MassHealth correctly denied appellant's Premium Assistance application.

In this appeal, MassHealth's position is that the appellant does not qualify for premium assistance payments because her private plan does not meet the criteria specified in 130 CMR 506.012(B)(1), above. Specifically, MassHealth determined that the appellant's plan does not

meet the BBL because her annual individual deductible exceeds the maximum limit.

The deductible limit for 2025 is \$2,950 for an individual plan.² The appellant's private plan contains a \$3,000 deductible for an individual plan, which exceeds this limit.

For these reasons, MassHealth's decision was correct, and the appeal is hereby 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 Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

² The deductible limits can be found in the following bulletins providing guidance regarding the minimum creditable coverage regulations: https://www.mahealthconnector.org/wp-content/uploads/AdminBulletin_02-24.pdf.