

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506553
Decision Date:	7/14/2025	Hearing Date:	06/03/2025
Hearing Officer:	Rebecca Brochstein, BOH Deputy Director		

Appearances for Appellant:



Appearances for MassHealth:

Katelyn Costello, Quincy MEC
Roxana Noriega, Premium Assistance



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Community Eligibility (Under 65)
Decision Date:	7/14/2025	Hearing Date:	06/03/2025
MassHealth Reps.:	Katelyn Costello Roxana Noriega	Appellant's Rep.:	Pro se
Hearing Location:	Quincy MassHealth Enrollment Center (Telephonic)	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated February 25, 2025, MassHealth notified the appellant that her coverage would change from MassHealth CommonHealth plus Premium Assistance to MassHealth CommonHealth due to a change in her circumstances (Exhibit 8). MassHealth sent a second notice on the same date which again stated that her Premium Assistance payments would stop (Exhibit 1). On March 10, 2025, MassHealth notified the appellant that her coverage would change from MassHealth CommonHealth to Health Safety Net as of March 24, 2025, because of a change in her circumstances (Exhibit 3). The appellant filed timely appeals of both notices on April 24, 2025 (130 CMR 610.015(B); Exhibits 2 and 4). Also on April 24, 2025, MassHealth sent another notice that again informed the appellant that she did not qualify for MassHealth benefits but had been approved for Health Safety Net (Exhibit 5). Determination of eligibility for MassHealth benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth downgraded the appellant's coverage from MassHealth CommonHealth plus Premium Assistance to MassHealth CommonHealth. MassHealth subsequently downgraded her again from CommonHealth to Health Safety Net.

Issue

The appeal issue is whether MassHealth correctly downgraded the appellant's benefits.

Summary of Evidence

An eligibility worker from the Quincy MassHealth Enrollment Center and a representative from the Premium Assistance Unit (PAU) appeared telephonically on behalf of MassHealth. The eligibility worker testified that the appellant, who is under the age of 65, has a household size of one and income over 133% of the federal poverty level. She was previously found disabled. In December 2024, MassHealth Disability Evaluation Services (DES) sent the appellant paperwork for a disability renewal, but did not receive the completed forms by the deadline of February 8, 2025. Because MassHealth did not receive the renewal application, it removed the appellant's verified disability status from the system.

The MEC worker testified that the week before the hearing she reached out to the appellant, who reported she had not received the renewal paperwork and was unaware that her disability status had lapsed. The appellant subsequently submitted the renewal form and planned to send the medical releases, which had been incomplete when originally submitted.

The Premium Assistance representative testified that PAU typically sends a MassHealth member's employer a "compliance form" requesting updated information about the private health insurance plan three months before the annual renewal. She stated that PAU sent the compliance form to the appellant's employer twice in October 2024, and once in November 2024, but did not receive the completed form back on time. She indicated that due to the missing form, the appellant's Premium Assistance benefit was terminated in February 2025. She added that the completed form was returned on April 9, 2025; however, because the appellant's MassHealth benefits had ended by that time (due to the loss of her disability status), she was not eligible for Premium Assistance. She stated that once the appellant's MassHealth benefits are reinstated she should contact PAU to resume her Premium Assistance payments.

The appellant appeared at the hearing telephonically and testified on her own behalf. She stated that she never received the March 10 notice terminating her CommonHealth benefits and did not know that she had lost her disability status until she started receiving medical bills. She testified that when she learned of the issues with her coverage she had "extensive conversations" with both MassHealth and Premium Assistance. She testified that she was told her Premium Assistance benefits had ended because her employer had not submitted the necessary paperwork; she then reached out to her employer, who reported the information had been provided but agreed to send it again.

The appellant testified that she told everyone she spoke to at MassHealth that she had not received the March 10 CommonHealth termination notice. She added that she did not receive the DES renewal form in December but did receive and complete a second one that MassHealth sent to her in May. However, she then learned that she had failed to fully complete the release forms

that were part of the renewal application; she stated that she fixed the error and mailed the completed forms to DES the day before hearing.

Findings of Fact

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

1. The appellant, who is under the age of 65, has a household size of one and income over 133% of the federal poverty level.
2. The appellant was previously deemed disabled and approved for MassHealth CommonHealth plus Premium Assistance.
3. In October 2024, and twice in November 2024, the MassHealth Premium Assistance Unit (PAU) sent the appellant's employer a compliance form seeking updated information about the appellant's private health insurance plan. The completed form was not received within the designated time frame.
4. In December 2024, MassHealth's Disability Evaluation Services (DES) sent the appellant a disability renewal form. MassHealth/DES did not receive the completed form within the designated time frame.
5. On February 25, 2025, MassHealth notified the appellant that her coverage would change from MassHealth CommonHealth plus Premium Assistance to MassHealth CommonHealth alone.
6. Also on February 25, 2025, MassHealth sent the appellant a separate notice which again stated that her Premium Assistance payments would end.
7. On March 10, 2025, MassHealth notified the appellant that her coverage would change from MassHealth CommonHealth to Health Safety Net as of March 24, 2025.
8. On April 9, 2025, the appellant's employer submitted the Premium Assistance compliance form.
9. On April 24, 2025, the appellant filed timely appeals of the February 25 and the March 10 notices.
10. Also on April 24, 2025, MassHealth sent another notice that again informed the appellant that she did not qualify for MassHealth benefits but had been approved for Health Safety Net.
11. In May 2025, the appellant submitted the DES renewal application but failed to fully complete the release forms that were part of the application. She later fixed the error and

reported that she had mailed the completed forms to DES the day before the hearing.

Analysis and Conclusions of Law

At issue in this appeal is a series of MassHealth determinations related to the appellant's eligibility for MassHealth CommonHealth coverage as well as payments toward her private health insurance under the agency's Premium Assistance program. The appellant was previously found disabled and was receiving both CommonHealth and Premium Assistance benefits. The record indicates that MassHealth terminated her Premium Assistance payments, pursuant a notice dated February 25, 2025, because it had not received the necessary information about her private health insurance plan from her employer by the designated deadline. At the time of the Premium Assistance termination, MassHealth left intact the appellant's CommonHealth benefits (as set forth in the second notice dated February 25, 2025). However, the following month, MassHealth terminated the appellant's CommonHealth benefits because she had not submitted the disability review application. The appellant's employer submitted the missing Premium Assistance information shortly after the CommonHealth termination, but without underlying MassHealth eligibility, the appellant was not eligible for reinstatement of her Premium Assistance payments.

CommonHealth eligibility:

MassHealth terminated the appellant's CommonHealth benefits because she did not complete and return the disability review application, and as a result, no longer met the disability requirements under MassHealth regulations. See 130 CMR 502.007; 130 CMR 505.004; see also 20 CFR 404.1589.¹ The appellant does not dispute that she did not return the completed disability review paperwork, arguing instead that she received neither that mailing nor the notice of termination dated March 10, 2025. Notably, the March 10 notice bears the same mailing address as all of the other notices in the record and also matches the address that the appellant provided upon filing her request for fair hearing. Additionally, the appellant did file a timely appeal of the March 10 notice, protecting her rights to dispute the determination. The appellant has not demonstrated any error in MassHealth's actions pertaining to her CommonHealth eligibility.²

Premium Assistance eligibility:

The criteria for Premium Assistance benefits are set forth as follows at 130 CMR 506.012(B):

¹ Because the appellant's income is over 133% of the federal poverty level, she is also not eligible for MassHealth as a non-disabled adult. See 130 CMR 505.008.

² Once the appellant has submitted the necessary documentation for the continuing disability review, MassHealth will make a new eligibility determination. The appellant will have separate appeal rights as to any forthcoming eligibility notices.

(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).

MassHealth's initial action to terminate the appellant's Premium Assistance benefit (pursuant to the notices of February 25, 2025) was apparently due to missing documentation from the appellant's employer regarding her private health insurance plan. Though MassHealth subsequently received the necessary form, the appellant had lost her MassHealth eligibility (by virtue of the late disability review) in the interim. Consequently, at that time, the appellant no longer met the requirements of 130 CMR 506.012(B)(3) above, as there was not "at least one person covered by the health insurance policy [who was] eligible for MassHealth benefits." MassHealth's determination of the appellant's Premium Assistance eligibility was in accordance with the regulations.

This 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.

Rebecca Brochstein
Deputy Director
Board of Hearings

cc: Quincy MEC
Premium Assistance Unit