

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507845
Decision Date:	7/30/2025	Hearing Date:	June 24, 2025
Hearing Officer:	Brook Padgett		

Appellant Representative:



MassHealth Representatives:

Jo-Anne Donovan, Charlestown
Karishma Raja, Premium Billing



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Billing 130 CMR 506.011
Decision Date:	7/30/2025	Hearing Date:	June 24, 2025
MassHealth Reps.:	J. Donovan K. Raja	Appellant Rep.:	Pro se, Wife
Hearing Location:	Charlestown		

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 a notice dated April 01, 2025 stating: MassHealth has stopped your Premium Assistance payments because: your health insurance ended; your job ended; your employer changed the amount they contribute towards your coverage; your employer changed health plans and/or your plan no longer meets MassHealth rules; you are eligible for Medicare; other reasons. (Exhibit 1). The appellant filed this timely appeal on May 20, 2025. (130 CMR 610.015; Exhibit 2). A denial of eligibility is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth stopped the appellant's Premium Assistance benefits.

Issue

Is the appellant eligible for MassHealth Premium Assistance payments?

Summary of Evidence

The MassHealth representative testified that the appellant was determined ineligible for Premium Assistance (PA) and his son was determined eligible for MassHealth CommonHealth benefits with a premium of \$321.00 a month. MassHealth stated the premium was calculated based on income of \$237,922.56 a year, which equals 626.93% of the federal poverty level for a household of five.

A representative from Premium Billing testified that the appellant failed to pay the \$321.00 premium for the months of May 2025 and June 2025 for an arrearage total of \$642.00. Premium Billing confirmed that all approval notices and all premium bills were sent to the appellant's address. MassHealth stated if the appellant wishes to continue receiving Premium Assistance he is required to complete a renewal form and update the household's income. Premium Billing submitted into evidence premium bills and calculation of arrearage. (Premium Billing notes that the appellant has been billed a MassHealth premium on and off since 2018: \$312.00 on March 07, 2018, \$312.00 on April 17, 2018, \$211.40 on May 07, 2018; \$366.00 on June 17, 2023; \$366.00 on March 07, 2024; and \$321.00 May 07, 2025, \$321.00 June 07, 2025). (Exhibit 4).

The appellant testified that his son has already met his deductible through his private insurance so they do not understand why they are getting these bills.

The hearing record was extended to allow the appellant to contact MassHealth to complete a renewal form and update the household's current income and MassHealth Premium Assistance to supplement the record regarding the appellant's Premium Assistance termination. (Exhibit 5).

On July 08, 2025, the Premium Assistance Unit responded that the appellant was terminated from the Premium Assistance program after a review of the appellant's employer sponsored health insurance plan determined the appellant had an annual deductible of \$6,600.00 which is above the \$5,900.00 maximum annual limit. The household has been getting billed directly for MassHealth CommonHealth coverage since Premium Assistance has been terminated. (Exhibit 6).

On July 09, 2025 the appellant responded that he wished to cancel his son's CommonHealth as he cannot afford the premium without Premium Assistance and his son has met the deductible with his private insurance. (Exhibit 6).

Findings of Fact

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

1. The appellant is a member of a household of five income with income of \$237,922.56 a year, which equals 626.93% of the federal poverty level for a household of five. (Testimony).

2. The appellant is enrolled in employer sponsored health insurance with an annual deductible of \$6,600.00. (Exhibit 6).
3. The Premium Assistance maximum annual deductible threshold for 2025 is \$5,900.00 for a family plan.
4. MassHealth has assessed a \$321.00 premium for the appellant's son's CommonHealth. (Exhibit 1).
5. The appellant withdrew his son from CommonHealth coverage. (Testimony).

Analysis and Conclusions of Law

The appellant's family is enrolled in an employer sponsored health insurance plan through the appellant's work. The appellant's son was also determined eligible for MassHealth CommonHealth. Prior to the MassHealth action the household was receiving Premium Assistance benefits to help pay for their insurance coverage.

To be eligible for Premium Assistance the appellant's health insurance must meet the Basic Benefit Level (BBL) of coverage. (130 CMR 506.012).¹ The MassHealth Basic Benefit Level for health insurance as described in the Definition of Terms must include a broad range of medical benefits as defined in the minimum creditable coverage core services requirements.² For a plan to be considered minimum creditable coverage, any annual deductible and the annual maximum out-of-

¹ 130 CMR 506.012: Premium Assistance Payments (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, with the exception of those individuals described in 130 CMR 505.002(F)(1)(d); (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; ... (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.**

² 130 CMR 501.001: Definition of Terms

The terms listed in 130 CMR 501.001 have the following meanings for the purposes of MassHealth, as described in 130 CMR 501.000 through 130 CMR 508.000: Health Care Reform: MassHealth: Managed Care Requirements. In the event that a definition conflicts with federal law, the federal law supersedes. 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. **(Emphasis added).**

pocket costs under the plan may not to exceed the maximum amounts for deductibles and out-of-pocket costs as set forth by the Massachusetts Health Connector in its “Guidance Regarding Minimum Creditable Coverage (MCC) Regulations” Administrative Information Bulletin.

The current deductibles and out-of-pocket costs as set forth by the Massachusetts Health Connector in its “Guidance Regarding Minimum Creditable Coverage (MCC) Regulations” Administrative Information Bulletin for 2025 is \$5,900.00 for a Family Plan.³

It is undisputed that the appellant's employer sponsored health insurance plan has increased its annual deduction to \$6,600.00. Thus, MassHealth’s Premium Assistance Unit correctly terminated the appellant from the Premium Assistance program after it was determined the appellant’s employer sponsored health insurance had an annual deductible of \$6,600.00, an amount which is above the \$5,900.00 annual maximum limit. 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Springfield MEC
MassHealth Representative: Premium Assistance
MassHealth Representative: Premium Billing

³ Eligibility Operations Memorandum 25-06; dated April 2025, All PA plans must have maximum deductible thresholds to protect members and MassHealth from excessive out-of-pocket costs. The current PA maximum annual deductible thresholds for 2025 are as follows. • Individual plans: \$2,950.00 • Family plans: \$5,900.00