

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510974
<b>Decision Date:</b>	10/15/2025	<b>Hearing Date:</b>	08/29/2025
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*Via telephone:*



**Appearance for MassHealth:**  
*Via telephone:*

Simon Poon, Charlestown MEC  
Odilia Ruiz, Premium Assistance  
Karishma Raja, Premium Billing



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Premium Assistance
<b>Decision Date:</b>	10/15/2025	<b>Hearing Date:</b>	08/29/2025
<b>MassHealth's Rep.:</b>	Simon Poon; Odilia Ruiz; Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center, Remote	<b>Aid Pending:</b>	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 June 27, 2025, MassHealth informed the appellant that MassHealth has stopped her Premium Assistance payments (Exhibit 1). The appellant filed this appeal in a timely manner on July 25, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth terminated the appellant's Premium Assistance payments.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant no longer qualifies for Premium Assistance payments.

## Summary of Evidence

MassHealth was represented at hearing via telephone by a MassHealth eligibility worker, Premium Assistance representative, and Premium Billing representative. The appellant appeared at hearing via telephone on behalf of herself and spouse.

The eligibility worker testified as follows: it is a household of five comprised of the appellant, her spouse, and their three children who are claimed on their taxes. At the time of the determination and hearing, one child was under [REDACTED] with a verified disability, another was a young adult age [REDACTED] and a third was an adult age [REDACTED]. There is a fourth adult child between age [REDACTED] [REDACTED] who also lives in the home with her daughter, the appellant's granddaughter. That adult child is a tax filer and not claimed by the appellant and her spouse; therefore, she and the granddaughter are in their own separate household, despite living at the same address. The appellant and her spouse's gross monthly income is \$4,945.33, which for a household size of five is 152.62% of the Federal Poverty Level (FPL). The income limit to qualify for MassHealth Standard benefits as a non-disabled adult is 133% of the FPL, which for a household of five is \$4,173 gross monthly. As such, the appellant and her spouse were over the income limit to qualify for MassHealth benefits. On June 27, 2025, their disabled son was determined eligible for MassHealth CommonHealth (as his secondary insurance) with a \$12 monthly premium.

The Premium Assistance representative testified that the appellant's household had been active with Premium Assistance for several years, but on June 1, 2025, the family switched to a new private insurance plan. That plan has a deductible of \$4,000 for an individual plan and \$8,000 for a family plan. The MassHealth deductible limits are \$2,950 for an individual plan and \$5,900 for a family plan. The applicable regulation (956 CMR 5.03(2)(b)(2)) states \$2,000 and \$4,000, but those amounts are adjusted annually. Because the deductible amounts for the appellant's plan are outside the allowable MassHealth limit, the plan does not meet the Basic Benefit Level (BBL). The appellant does not have a health reimbursement account (HRA) and there are no exceptions to the regulation.

The appellant did not dispute the income reported by MassHealth but disagreed with the determination of a household size of five. She felt they were a household of seven since her daughter and granddaughter live with them. As a household of seven, they would qualify for MassHealth benefits because their income would not be over the limit. She and her husband do not claim her daughter or granddaughter on their taxes.

The appellant explained that her employer does not offer insurance and her husband is self-employed. They had to switch plans because the monthly premium was too expensive. Their prior plan with [REDACTED] cost over \$4,600 per month. They wanted to keep [REDACTED] and the least expensive plan was \$3,210.59 per month, with a \$4,000 individual deductible and \$8,000 family deductible. They were concerned if they ever lost Premium Assistance coverage, they would

not be able to afford \$4,600 per month and they can barely afford the current plan at \$3,210.59 per month. She argued that the plan is an HMO that meets the minimum creditable coverage standards because it provides preventative care without cost sharing; has a defined out of pocket maximum; and ensures full in-network coverage for essential health benefits. She said everything is covered and they only pay a \$75 co-payment. They need the private insurance because their son is disabled and MassHealth does not cover everything. She questioned why they were approved for Premium Assistance on May 2, 2025, but then denied on June 27, 2025.

The Premium Assistance representative explained that at the time of its review in May 2025, the previous insurance plan was still in place. When the family switched plans effective June 1, 2025, that plan no longer met the BBL. If the family enrolls in a plan that meets the BBL, they could get back onto Premium Assistance.

Premium Billing noted that the appellant currently has a \$24 balance. They were billed for the July premium which was due August 6 and the August premium, due September 6.

## Findings of Fact

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

1. On June 27, 2025, MassHealth notified the appellant that it was terminating her Premium Assistance payments (Exhibit 1).
2. The appellant has a household of five consisting of the appellant, her spouse, and their three children that they claim as tax dependents (one under [REDACTED] one a young adult, and one an adult age [REDACTED]) (Testimony and Exhibit 7).
3. A fourth child who lives with the appellant and her spouse is between ages [REDACTED] a tax filer, and claims her daughter, the appellant's granddaughter. As a tax filer, she is her own household and not considered part of the appellant's MassHealth household. (Testimony and Exhibit 7).
4. The appellant's household's gross monthly income is \$4,945.33, or 152.62% of the FPL (Testimony and Exhibit 1).
5. The appellant did not dispute the household's income (Testimony).
6. The appellant's disabled child, who was under the age of [REDACTED] at the time of hearing, is eligible for MassHealth CommonHealth with a monthly \$12 premium. The appellant, her spouse, and other children are over the allowable income limit for MassHealth benefits. (Testimony and Exhibit 5).

7. The appellant switched private health insurance plans, effective June 1, 2025 (Testimony).
8. The new plan has a \$4,000 deductible for an individual and an \$8,000 deductible for a family (Testimony and Exhibit 6).
9. The MassHealth deductible limits for 2025 are \$2,950 for an individual plan and \$5,900 for a family plan (Testimony).

## Analysis and Conclusions of Law

At issue is whether MassHealth correctly terminated the appellant's Premium Assistance payments. To determine that, it is necessary to first address whether MassHealth correctly determined the appellant's family's MassHealth benefits.

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

While the appellant did not dispute the income reported by MassHealth, she disagreed with MassHealth's determination of the household size. Pursuant to 130 CMR 506.002(A)(1), MassHealth determines household size by using the Modified Adjusted Gross Income (MAGI) Household composition rules. 130 CMR 506.002(B)(1) states the following regarding taxpayers not claimed as a tax dependent on their federal income taxes:

For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer, including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with them regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

MassHealth correctly determined that the appellant, her spouse, and their three children that they claim (one under [REDACTED] one a young adult, and one an adult age [REDACTED]) are a household of five. A fourth child of the appellant, an adult daughter who is between ages [REDACTED] is a tax filer and claims her daughter, the appellant's granddaughter. Thus, even though they all live at the same address, MassHealth correctly determined that the adult daughter, as a tax filer not claimed by the appellant, is her own household for purposes of MassHealth eligibility. For these reasons, MassHealth correctly determined that the appellant has a household of five, not seven.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,<sup>1</sup> disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults [REDACTED] years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

Categorically, as parents of children under [REDACTED] the appellant and her spouse are eligible for MassHealth Standard; however, under 130 CMR 505.002(C)(1), the income limit for that coverage type is 133% of the FPL. For a household of five, that limit is \$4,173 gross monthly. The appellant's household's most recently verified gross monthly income is \$4,945.33, or 152.62% of the FPL. The appellant did not dispute the income. Based on this figure, she and her spouse are over the income limit for MassHealth Standard benefits and MassHealth's determination was correct.<sup>2</sup>

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED]

<sup>2</sup> The eligibility of the young adult child and adult child claimed by the appellant was not raised at hearing; however, both would be over the income limit to qualify for MassHealth benefits. The young adult child is categorically eligible for MassHealth Standard; however, pursuant to regulation 130 CMR 505.002(B)(3), the income limit for a young adult ages [REDACTED] is 150% of the FPL and the household is over that limit. The adult child is categorically eligible for MassHealth CarePlus; however, under 130 CMR 505.008(A), the income limit is 133% of the FPL and the household is over that limit.

Categorically, their son, who has verified disability and is under the age of [REDACTED] is eligible for MassHealth Standard and MassHealth CommonHealth; however, under 130 CMR 505.002(B)(2)(a), the income limit for MassHealth Standard coverage for a child from the ages of [REDACTED] is 150% of the FPL, or \$4,707 gross monthly for a household of five. Based on this figure, their son is over the income limit for MassHealth Standard benefits. Pursuant to 130 CMR 505.004(G), MassHealth correctly determined that he, a disabled child who was younger than [REDACTED] at the time of the determination and hearing and who was not eligible for MassHealth Standard, is eligible for MassHealth CommonHealth. MassHealth correctly assessed the monthly premium pursuant to 130 CMR 506.011.

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.

Under 130 CMR 506.012(B), MassHealth may provide Premium Assistance payments to an eligible member when all the following criteria are met:

(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 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).<sup>3</sup>

(emphasis added).

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<sup>3</sup> 130 CMR 506.012(c) includes employer sponsored insurance as one of the enumerated qualifying policy types.

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 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...

MassHealth argues that the appellant does not qualify for premium assistance payments because the insurance plan the appellant enrolled in as of June 1, 2025 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 the annual deductible exceeds the maximum limit.

The deductible limits for 2025 are \$2,950 for an individual plan and \$5,900 for a family plan.<sup>4</sup> The appellant's plan contains a \$4,000 deductible for an individual plan and \$8,000 deductible for a family plan and such amounts exceed MassHealth limits. The appellant argued that the plan is an HMO that meets the minimum creditable coverage standards because it provides preventative care without cost sharing; has a defined out of pocket maximum; and ensures full in-network coverage for essential health benefits; however, per regulation, to meet the BBL and qualify for Premium Assistance, the plan **must** meet the deductible limits. The appellant does not have an HRA to consider and there are no exceptions to the regulation.

For these reasons, MassHealth's decision was correct and 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

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<sup>4</sup> 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/AdminBulletin02-24.pdf>, last accessed on October 8, 2025.