

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512566
Decision Date:	11/10/2025	Hearing Date:	10/07/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with spouse

Appearances for MassHealth:
Joseph Carlson, Tewksbury MEC
Roxana 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:	Premium Assistance
Decision Date:	11/10/2025	Hearing Date:	10/07/2025
MassHealth's Reps.:	Joseph Carlson, Roxana Noriega	Appellant's Rep.:	Pro se with spouse
Hearing Location:	Remote	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 July 1, 2025, MassHealth notified Appellant that “based on information you or your employer gave us, you or your family do not qualify for Premium Assistance benefits” (130 CMR 506.012 and Exhibit 1). Appellant filed this appeal in a timely manner on August 28, 2025 (CMR 610.015(B) and Exhibit 2). On September 3, 2025, the appeal request was dismissed by the Board of Hearings pending Appellant’s signature which was provided (Exhibit 2). Denial of assistance is a valid ground for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified Appellant that “based on information you or your employer gave us, you or your family do not qualify for Premium Assistance benefits.”

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.012 in notifying Appellant that “based on information you or your employer gave us, you or your family do not qualify for Premium Assistance benefits.”

Summary of Evidence

The Premium Assistance representative testified that Appellant's spouse is MassHealth eligible and is enrolled in Medicare which precludes eligibility for Premium Assistance benefits pursuant to 130 CMR 506.012. MassHealth records show that Appellant's spouse declined Medicare Part B which ended on December 31, 2024, but is enrolled in Parts A and D which remain active. MassHealth testified that Appellant lives in a household size of 3, with monthly income totaling \$21,498 consisting of Social Security income, long-term disability income, and earned income. Appellant's spouse has been CommonHealth eligible since September 10, 2018.

Appellant's spouse testified that he was diagnosed with [REDACTED] and lost his private health insurance coverage in October 2023 and enrolled in Medicare. He was on Medicare for approximately one year, which resulted in large MassHealth premiums. Appellant's spouse added that Appellant started working full time and has health insurance available. The family is enrolled in the most expensive plan available due to the out-of-pocket expenses and deductible, and because the plan complied with Premium Assistance requirements. He testified that he then began the process of disenrolling in Medicare, and was able to decline Part B effective January 1, 2025, but he is enrolled in Parts A and D. He added that he understood that he cannot decline Parts A and D because there are no premiums and was under the impression from discussions with Premium Assistance that declining Part B was sufficient to establish eligibility for Premium Assistance. He added that he has done a lot of research but has not been able to decline Parts A or D. Appellant's spouse added that he continues to pay high premiums for MassHealth and private insurance available through his spouse.

Findings of Fact

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

1. Appellant and Appellant's spouse are under [REDACTED] years of age.
2. Appellant's spouse is disabled and has been enrolled in CommonHealth since September 10, 2018.
3. Appellant's spouse declined Medicare Part B which ended on December 31, 2024, but is enrolled in Parts A and D which remain active.
4. Appellant and Appellant's spouse live in a household size of 3, with monthly income totaling \$21,498 consisting of Social Security income, long-term disability income, and earned income.
5. Appellant's spouse was diagnosed with [REDACTED] and lost his private health insurance coverage in October 2023 and then enrolled in Medicare.

6. Appellant has health insurance available in which she and her spouse are enrolled.

Analysis and Conclusions of Law

Below in relevant part is regulation 130 CMR 506.012: Premium Assistance Payments:

(C) Eligibility. Eligibility for MassHealth premium assistance is determined by the individual's coverage type and the type of private health insurance the individual has or has access to. MassHealth has three categories of health insurance for which it may provide premium assistance.

(1) Employer-sponsored Insurance (ESI) 50% Plans are employer-sponsored health insurance plans to which the employer contributes at least 50% towards the monthly premium amount. MassHealth provides premium assistance for individuals with ESI 50% Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A).

(2) Other Group Insurance Plans are employer-sponsored health insurance plans to which the employer contributes less than 50% towards the monthly premium amount, *Consolidated Omnibus Budget Reconciliation Act* (COBRA) coverage, and other group health insurance. MassHealth provides premium assistance for individuals with Other Group Health Insurance Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A), except for individuals described in 130 CMR 506.012(A)(8).

(3) Non-group unsubsidized Health Connector individual plans for children only, provided that such plans shall no longer be eligible for premium assistance as of January 1, 2019, and the last premium assistance payment for these plans shall be for coverage through December 31, 2018.

(4) Members enrolled in any of the following types of health insurance coverage are not eligible for premium assistance payments from MassHealth:

(a) Medicare supplemental coverage, including Medigap and Medex coverage;

(b) Medicare Advantage coverage;

(c) Medicare Part D coverage; and

(d) Qualified Health Plans (QHP).

(5) The following MassHealth members are not eligible for premium assistance payments as described in 130 CMR 506.012(C) from MassHealth:

(a) MassHealth members who have Medicare coverage. However, for those members who meet the eligibility requirements set forth in 130 CMR 505.002(O), Medicare Savings Program benefits may be available (emphasis added).

The applicable regulation clearly states that MassHealth Members who are enrolled in Medicare as defined above are not eligible for Premium Assistance benefits. Appellant's spouse has been enrolled in CommonHealth since September 10, 2018. Appellant's spouse declined Medicare Part B which ended on December 31, 2024, but is enrolled in Parts A and D which remain active. Therefore, Appellant and Appellant's spouse are ineligible for Premium Assistance benefits. Appellant may contact Medicare at 1-800-633-4227 with any questions about Medicare enrollment. Appellant may also contact MassHealth at 1-800-841-2900 with questions concerning MassHealth eligibility and Medicare Savings Programs.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

Premium Assistance Unit

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957