

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516000
Decision Date:	12/16/2025	Hearing Date:	12/04/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Elizabeth Nickoson, Taunton MassHealth
Enrollment Center; Roxana Noriega,
Premium Assistance Unit



*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:	12/16/2025	Hearing Date:	12/04/2025
MassHealth's Reps.:	Elizabeth Nickoson; Roxana Noriega	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (Telephone)	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 October 10, 2025, MassHealth informed the appellant that her minor child was approved for MassHealth's Premium Assistance program. *See* 130 CMR 506.012 and Exhibit 1. The appellant filed this appeal in a timely manner on October 29, 2025, challenging the effective start date of the Premium Assistance payments. *See* 130 CMR 610.015(B) and Exhibit 2. A challenge to the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant's minor child for MassHealth's Premium Assistance program on October 10, 2025.

Issue

The appeal issue is whether MassHealth correctly determined the start date for the appellant's minor child's enrollment in MassHealth's Premium Assistance program.

Summary of Evidence

All parties appeared telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center (MEC worker) and a worker from the Premium Assistance unit. The appellant is an adult under the age of 65, appeared *pro se*, and verified her identity. The following is a summary of the testimony and evidence presented at the hearing.

The MEC worker testified that the appellant is a tax-filer who resides in a household of three, which is composed of the appellant and her two minor children. One of the appellant's minor children has had a verified disability since 2023, and he is eligible for and receiving MassHealth CommonHealth benefits. Since October 2025, he has received Premium Assistance payments. The household has an annual income of \$110,000.00 which equates to a federal poverty level (FPL) of 407.76%. Prior to his enrollment in the Premium Assistance program, the appellant's minor child owed a monthly premium of \$202.00 per month for his MassHealth CommonHealth benefits. The appellant would have owed the CommonHealth premium in November 2025 if her minor child had not been approved for the Premium Assistance program in October 2025. Testimony. In response to this testimony, the appellant confirmed that MassHealth had her income correctly calculated and the household composition was correct.

The appellant then stated that she had previously received Premium Assistance payments in 2024 and 2025. In April 2025, she was terminated from her previous employer and hired by her current employer within the same week. She notified MassHealth of the job change in April 2025, and her Premium Assistance payments stopped. She would like her Premium Assistance payments backdated to April 2025, because she feels that she complied with MassHealth rules; she timely reported her employment update to MassHealth. In response to this testimony, the Premium Assistance representative stated that when a member changes employers, the member must submit a new Premium Assistance application for each employer. Enrollment in the Premium Assistance program is tied to the member's current employer and the current insurance the member is enrolled in through the member's employer. Premium Assistance payments cannot "roll over" to a new employer because each employer must submit specific paperwork for each employee to MassHealth regarding the health insurance plans they offer and their insurance rates, and this information is verified by MassHealth. Testimony.

The appellant believes that she did submit a new application for Premium Assistance in either June or July of 2025. The Premium Assistance representative confirmed that an incomplete application was received in July 2025; the application was missing critical employer information, and the appellant's employer did not respond to MassHealth with any information until October 2025. Testimony.

The Premium Assistance representative then testified that the appellant successfully applied for MassHealth Premium Assistance benefits in October 2025. Her completed paperwork was received, and her minor child was approved for MassHealth Premium Assistance benefits on

10/10/2025. Each monthly premium assistance payment is for health insurance coverage in the following month. The appellant's minor child was determined to be eligible for the MassHealth Premium Assistance benefit in October. The household was already enrolled in their employer-sponsored health insurance plan, so the payment that was issued in October 2025 was for the health insurance coverage in November 2025. The Premium Assistance representative stated that eligibility for Premium Assistance cannot be determined if an application for benefits is incomplete; an incomplete application cannot be processed. There is no way to back-date an incomplete application because Premium Assistance payments rely on employer-provided information to complete a determination of eligibility. Furthermore, the only time that a back-dated Premium Assistance payment occurs is when MassHealth requires a member to enroll in his or her employer-sponsored insurance. In that scenario, MassHealth has initiated the "qualifying event" and back-dating of payments is allowed. For voluntary or self-initiated changes such as the appellant's case, where she changed employers and did not file a complete application with her new employer's information until October 2025, reimbursement only begins from the date the completed application is received¹. Testimony.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of three comprised of the appellant and her two minor children. Testimony.
2. On October 10, 2025, MassHealth informed the appellant that one of her minor children was eligible to be enrolled in the MassHealth Premium Assistance program. The appellant will be sent a check in the amount of \$103.00 each month to assist with the cost of the appellant's employer's health insurance plan in the following month. One of the appellant's minor children is a MassHealth CommonHealth recipient. Testimony; Exhibit 1.

¹ At this point in the hearing, the Premium Assistance representative raised a different issue with the appellant's Premium Assistance account that is unrelated to the notice on appeal. She testified that she wanted the appellant to be aware that the appellant's employer has failed to respond to a request for information from MassHealth in November 2025 with their 2026 health insurance plan rates. If MassHealth does not receive this information from the appellant's employer by 12/31/2025, the appellant's household's Premium Assistance benefit will be terminated. The Premium Assistance representative urged the appellant to make sure that her employer responded to this recent request for information. The appellant agreed that she would follow up on this issue with her employer immediately after the hearing. The appellant then asked the Premium Assistance representative about the status of the Hardship Waiver that she filed with Premium Assistance unit. She filed it with her Premium Assistance application in October 2025. The Premium Assistance representative responded that the appellant's Hardship Waiver application was incomplete and that the appellant was asked to provide more information so that her Hardship Waiver request could be processed. The appellant agreed that she would file a complete Hardship Waiver application with the Premium Assistance unit immediately after the hearing. Testimony.

3. The appellant filed a timely appeal on October 29, 2025, challenging the start date of the Premium Assistance payments. Exhibit 2.
4. An incomplete application for Premium Assistance from the appellant was received in July 2025. Testimony.
5. The appellant's completed application for the MassHealth Premium Assistance program was received and processed by MassHealth on October 10, 2025. Testimony.
6. The appellant received a Premium Assistance payment in October 2025. Testimony.
7. The household's annual income is 407.76% of the federal poverty level. Testimony.

Analysis and Conclusions of Law

Regulations at 130 CMR 506.012(F) address MassHealth's premium payment administration as follows:

(1) Premium Assistance Payments.

- (a) The MassHealth agency makes only one premium assistance payment per policy.
- (b) Premium assistance payments are made directly each month to the policyholder.
- (c) Proof of health-insurance premium payments may be required.
- (d) Premium assistance payments begin in the month of the MassHealth Premium Assistance eligibility determination or in the month that health-insurance deductions begin, whichever is later.**
- (e) Each monthly premium assistance payment is for health-insurance coverage in the following month.
- (f) MassHealth reviews the cost effectiveness of the member's health insurance at least once every 12 months.

(Emphasis added).

This appeal involves the effective start date of the appellant's MassHealth Premium Assistance benefits. At hearing, it was the testimony of the MEC worker and the Premium Assistance representative that the appellant's completed application, including all the required information from the appellant's current employer, was received and processed at MassHealth on October 10, 2025, the date that the notice on appeal was issued. The appellant asserts that she filed her application for Premium Assistance benefits in either June or July 2025, and that regardless, her existing Premium Assistance payments should not have been interrupted when she changed employers in April 2025. The appellant would like to receive back-dated Premium Assistance payments for the months of May 2025-September 2025.

Unfortunately, the facts and the above regulations, as applied to the relevant facts in this case, do not support the appellant's request. The appellant did not show that her completed application for Premium Assistance benefits was received at MassHealth any earlier date than October 2025. Furthermore, the facts show that in accordance with the above regulation, MassHealth correctly issued a premium assistance payment to the appellant in October 2025, the same month that the appellant's household was determined to be eligible for the benefit. MassHealth therefore correctly applied its regulations to this case when it determined the start date of the appellant's eligibility for the Premium Assistance program. In the month the appellant's completed application was received, MassHealth correctly began issuing payments to the appellant in October 2025 for the following month of coverage.

For these reasons, the appeal as to the premium assistance start-date 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

cc: Premium Assistance Unit