

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part.	Appeal Number:	2503803
Decision Date:	05/27/2025	Hearing Date:	04/10/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Joanne Marin, MEC; Carmen Fabery, Premium
Billing 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:	Dismissed in part; Denied in part	Issue:	Eligibility – Under 65 – Income
Decision Date:	05/27/2025	Hearing Date:	04/10/2025
MassHealth's Rep.:	Joanne Marin, MEC; Carmen Fabery, Premium Billing Unit	Appellant's Rep.:	██████████
Hearing Location:	Springfield MassHealth Enrollment Center	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 01/27/2025, MassHealth informed the appellant¹ that it planned to terminate his MassHealth CommonHealth benefits on 02/10/2025 for failing to pay the past due premiums (130 CMR 506.011; Exhibit 1). On 03/07/2025, a timely appeal was filed on the appellant's behalf (130 CMR 610.015; Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CommonHealth benefits on 02/10/2025.

¹ The appellant is a minor child. This appeal involves only his MassHealth benefits. His mother submitted the fair hearing request form. When the hearing officer called the telephone number provided by the appellant's mother, the appellant's father provided the appropriate identifying information for the appellant and assured the hearing officer that he would represent his minor child at the fair hearing.

Issue

The issue is whether MassHealth is correct to terminate the appellant's MassHealth CommonHealth for failing to pay the past due premiums.

Summary of Evidence

A MassHealth representative from the Premium Billing Unit (PBU) and the MassHealth representative from the MassHealth Enrollment Center (MEC) testified that on 10/24/2025, the appellant was approved for MassHealth CommonHealth benefits as a disabled child. His premium was calculated to be \$897.60 per month beginning in November 2024. The premium was based on the appellant's household size of 6 and the reported income of 1,086.52% of the federal poverty level (FPL).

The action at issue in the appeal is a termination notice issued by MassHealth on 01/27/2025, which informed the appellant that MassHealth planned to terminate his MassHealth CommonHealth benefits on 02/10/2025, because he owes past due premiums totaling \$2692.80 for the months of November and December 2024 and January 2025. As of the date of the hearing, the appellant has not paid the past due premiums, nor has he entered into a payment agreement for the past due premiums.

The appellant's father appeared at the fair hearing by telephone. He insisted that MassHealth had incorrectly calculated the premium. He testified that the appellant has private insurance, and that the family applied for MassHealth benefits as a secondary insurance.

The hearing officer informed the parties that he has no jurisdiction over the 10/24/2024 notice through which MassHealth calculated the monthly premium because the appellant's request for a hearing was received outside the 60-day period to file an appeal. The appellant's father continued to argue about the premium amount, but he admitted that the past due premiums remained unpaid.

Findings of Fact

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

1. The appellant is a minor child who was represented in these proceedings by his father (Testimony).
2. on 10/24/2025, the appellant was approved for MassHealth CommonHealth benefits as a

disabled child. His premium was calculated to be \$897.60 per month beginning in November 2024. The premium was based on the appellant's household size of 6 and the reported income of 1,086.52% of the federal poverty level (FPL).

3. No timely appeal was submitted for the 10/24/2024 MassHealth premium calculation notice.
4. Through a notice dated 01/27/2025, MassHealth informed the appellant that it planned to terminate his MassHealth CommonHealth benefits on 02/10/2025 for failing to pay the past due premiums totaling \$2,692.80.
5. The appellant has past due premiums from November and December 2024, and January 2025.
6. The appellant has not paid the \$2,692.80 balance, nor has he entered into a payment plan or has he filed a hardship waiver for the premiums.

Analysis and Conclusions of Law

MassHealth Standard benefit eligibility requirements for children and young adults is described in regulations at 130 CMR 505.002(B), as follows:

Children and young adults may establish eligibility for MassHealth Standard coverage subject to the requirements described in 130 CMR 505.002(B).

(1) Children Younger than One Year Old.

(a) A child younger than one year old born to an individual who was not receiving MassHealth Standard on the date of the child's birth is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) A child born to an individual who was receiving MassHealth on the date of the child's birth is automatically eligible for one year and is exempt from the requirement to provide verification of citizenship and identity.

(c) A child receiving MassHealth Standard who receives inpatient services on the date of their first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(2) Children One through 18 Years Old.

(a) A child one through 18 years old is eligible if

1. ***the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level;*** and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

(Emphasis added.)

MassHealth CommonHealth Eligibility for disabled children younger than 18 years old is addressed by regulations at 130 CMR 505.004(G), as follows:

Disabled children younger than 18 years old must meet the following requirements:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (2) be ineligible for MassHealth Standard; and
- (3) be a citizen as described at 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: Immigrants.

Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). No premium is assessed during a deductible period (see 130 CMR 505.004(I)).

Regulations at 130 CMR 506.011(D) address delinquent premium payments, as follows:

- (1) Termination for Delinquent Premium Payments. If the MassHealth agency has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. The member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member
 - (a) pays all delinquent amounts that have been billed;
 - (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount;
 - (c) is eligible for a nonpremium coverage type; (
 - d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G).

Regulations at 130 CMR 506.11(E) address reactivating coverage following termination when a member has a past due balance.

- (1) Except as provided in 130 CMR 506.011(E)(2), after the member has paid in full all payments due, has established a payment plan with MassHealth or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G), the MassHealth agency will reactivate coverage.
- (2) For children younger than 19 years old, coverage may be reactivated after 90 days from the date termination upon request, regardless of any outstanding payments due.

On 10/24/2024, using the regulatory formulas, MassHealth approved the appellant for MassHealth CommonHealth benefits and calculated a monthly premium of \$897.60 for the appellant's benefits. Although the appellant's father wished to challenge the amount of the monthly premium, because the request for a hearing received on 01/27/2025 is well beyond the 60-day appeal period (see 130 CMR 610.015), the hearing officer has no jurisdiction over that matter. This portion of the appeal is therefore dismissed as not timely.

The remaining issue is whether MassHealth correctly terminated the appellant's CommonHealth benefits on 02/10/2025 because of \$2,692.80 in unpaid premiums. By the father's own testimony, the premiums have not been paid. Pursuant to the above regulations, MassHealth's termination is supported by the facts in the hearing record as well as the relevant regulations. This portion of the appeal is denied.

For the foregoing reasons, this appeal is dismissed in part; denied in part.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104