

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504906
Decision Date:	5/29/2025	Hearing Date:	04/30/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickoson, Taunton MEC



*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:	Community Eligibility—under 65; Income; Premium Billing
Decision Date:	5/29/2025	Hearing Date:	04/30/2025
MassHealth's Rep.:	Liz Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (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 February 16, 2025, MassHealth notified the Appellant that it was terminating the MassHealth benefits of the Appellant's minor child because the child no longer met MassHealth's continuous coverage rules. Exhibit 1.¹ The Appellant filed this appeal in a timely manner on March 24, 2025, stating that the child had an established disability and should not have to pay a premium. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth determined that the Appellant's child owed a CommonHealth premium based on the household income.

Issue

¹ MassHealth issued two subsequent notices on March 3, 2025, and April 18, 2025, which were discussed at the hearing. See Exhibits 5 & 6.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the Appellant owed a premium for her child's CommonHealth coverage.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant's child's MassHealth benefit had been closed due to non-payment of premium, but that it had been paid on April 18, 2025, and the child's CommonHealth benefit reinstated. See Exhibits 5 and 6. The MassHealth representative testified that the household is made up of the Appellant as a tax filer and her minor dependent child. The MassHealth representative testified that the child has a verified disability. The MassHealth representative testified that the household's income is 398.92% of the 2025 federal poverty level (FPL) for a household size of two. The MassHealth representative testified that this generated a CommonHealth premium of \$124.80 monthly. The MassHealth representative testified that the child's CommonHealth was the child's secondary insurance and that it did not appear that MassHealth contributed toward the child's primary insurance. The MassHealth representative testified that the child had previously been enrolled in MassHealth Family Assistance.

The Appellant verified her child's identity. The Appellant shared that she was frustrated with getting the runaround and conflicting information when she called MassHealth. The Appellant testified that she was told that she should have applied for the Kaileigh Mulligan program and that she shouldn't have been charged a CommonHealth premium. The Appellant testified that she had never been charged a premium for her child's MassHealth coverage until MassHealth established that the child is disabled. The Appellant testified that the child had received MassHealth coverage for 10 years without being charged a premium. The Appellant testified that she wanted her child to continue to receive MassHealth but without owing a premium.²

In response to the Appellant's testimony, the MassHealth representative testified that there were no notes or indication that the child had applied for the Kaileigh Mulligan program. The MassHealth representative also stated that the Appellant may not have previously received bills for MassHealth premiums due to member protections during the Covid-19 declared public health emergency.

Findings of Fact

² The Appellant stated that she had applied for a waiver of the premium. As there is no determination by MassHealth on the issue, it is not before this hearing officer. The Appellant may apply to MassHealth for a waiver or reduction of premiums for undue financial hardship, under 130 CMR 506.011(G).

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

1. The Appellant's child is under the age of [REDACTED] and has a verified disability. Testimony; Exhibit 4.
2. The Appellant's child has a household income of 398.92% of the 2025 FPL for a household size of two. Testimony; Exhibit 6.
3. On April 18, 2025, MassHealth approved the child for MassHealth CommonHealth as of April 8, 2025, with a monthly premium of \$124.80, to begin in May 2025. Testimony; Exhibit 6.
4. MassHealth CommonHealth is the child's secondary insurance and MassHealth does not contribute to the cost of the child's primary insurance. Testimony.

Analysis and Conclusions of Law

Relevant MassHealth regulations provide the following:

505.002: MassHealth Standard

....

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

....

(2) Children One through [REDACTED] Years Old.

(a) A child one through [REDACTED] 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).

130 CMR 505.002(B)(2).

505.004: MassHealth CommonHealth

(A) Overview.

- (1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for MassHealth CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

....

(G) Disabled Children Younger than █ Years Old. Disabled children younger than █ 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*.

(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

(I) MassHealth CommonHealth Premium. 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.

(J) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits, in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by the MassHealth agency in accordance with 130 CMR 505.002(O) and 130 CMR 506.012: *Premium Assistance Payments*. Members must access those other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

(K) Access to Employer-sponsored Health Insurance and Premium-assistance Investigations for Individuals Who Are Eligible for MassHealth CommonHealth.

- (1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CommonHealth
 - (a) have health insurance that MassHealth may help pay for; or
 - (b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.
- (2) The individual receives MassHealth CommonHealth while MassHealth investigates the insurance.
 - (a) Investigations for Individuals Who Are Enrolled in Health Insurance.
 1. If MassHealth determines that the health insurance that the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth

CommonHealth Premium Assistance as described at 130 CMR 506.012: *Premium Assistance Payments*.

2. If MassHealth determines that the health insurance that the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual continues to be eligible for MassHealth CommonHealth.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines that the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described in 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides premium assistance payments as described in 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is younger than 19 years old, the individual is 19 or 20 years old, and has household income less than or equal to 150% of the federal poverty level, or is pregnant.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual continues to be eligible for MassHealth CommonHealth.

130 CMR 505.004(A), (G), (H), (I), (J), (K).

505.005: MassHealth Family Assistance

....

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level.

Children younger than ■ years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

(1) Eligibility Requirements. A child is eligible if

- (a) the child is younger than ■ years old;
- (b) the child's modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL);
- (c) the child is ineligible for MassHealth Standard or CommonHealth;
- (d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;
- (e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:

1. the child is uninsured; or
2. the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*.

130 CMR 505.005(B)(1).

506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

The MassHealth agency may charge a monthly premium to MassHealth Standard, CommonHealth, or Family Assistance members who have income above 150% of the federal poverty level (FPL), as provided in 130 CMR 506.011. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 130 CMR 506.003 and the premium billing family group (PBFG) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

(A) Premium Billing Family Groups.

- (1) Premium formula calculations for MassHealth and CMSP premiums are based on premium billing family groups (PBFG). A PBFG is comprised of
 - (a) an individual;
 - (b) a couple who are two persons married to each other according to the rules of the Commonwealth of Massachusetts and are living together; or
 - (c) a family who live together and consist of
 1. a child or children younger than ■ years old, any of their children, and their parents;
 2. siblings younger than ■ years old and any of their children who live together, even if no adult parent or caretaker is living in the home; or
 3. a child or children younger than ■ years old, any of their children, and their caretaker relative when no parent is living in the home.
- (2) A child who is absent from the home to attend school is considered as living in the home.
- (3) A parent may be natural, adoptive, or a stepparent. Two parents are members of the same PBFG as long as they are mutually responsible for one or more children who live with them.
- (4) In a family with more than one child, any child with a MAGI household income that does not exceed 300% FPL will have its premium liability determined based on the MAGI household income of the child in the family PBFG with the lowest percentage of the FPL. If a child in the PBFG has an income percentage of the FPL at or below 150% of the FPL, premiums for all children in the PBFG are waived.
- (5) MassHealth and CMSP premiums for children with a MassHealth MAGI household income greater than 300% of the FPL and all premiums for young adults and adults are

calculated using the individual's FPL and the corresponding premium amount as described in 130 CMR 506.011.

(6) For individuals within a PBFG that is approved for more than one premium billing coverage type, except where application of 130 CMR 506.011(A)(4) will result in a lower premium for children in the PBFG, the following apply.

(a) When the PBFG contains members in more than one coverage type or program, including CMSP, and who are responsible for a premium or required member contribution, the PBFG is responsible for only the higher premium or required member contribution.

(b) When the PBFG includes a parent or caretaker relative who is paying a premium for and is receiving Qualified Health Plan (QHP) with Premium Tax Credits, the premiums for children in the PBFG are waived once the parent or caretaker relative enrolls in and pays for a QHP.

(B) MassHealth and Children's Medical Security Plan (CMSP) Premium Formulas.

....

(2) The premium formulas for MassHealth CommonHealth members whose eligibility is described in 130 CMR 505.004(B): *Disabled Working Adults* through (G): *Disabled Children Younger than ■ Years Old* are as follows.

....

(b) The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL		
Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 150% FPL—start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 — \$35
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 — \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 — \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 — \$632

Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000%	\$646 — \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

(c) The supplemental premium formula for young adults, adults, and children with household income above 300% of the FPL is provided as follows. A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute. Members receiving a premium assistance payment from the MassHealth agency are not eligible for the supplemental premium rate.

CommonHealth Supplemental Premium Formula	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1000%	80% of full premium
Above 1000%	85% of full premium

130 CMR 506.011(A), (B)(2)(b), (c).

The Appellant did not dispute that the household's income is 398.92% of the 2025 FPL. Accordingly, the Appellant's child is not financially eligible for MassHealth Standard or MassHealth Family Assistance, because the child's household income exceeds 150% and 300% for the federal poverty level, respectively. 130 CMR 505.002(B)(2)(a)1.; 130 CMR 505.005(B)(1)(b). The child has a verified disability and is eligible for MassHealth CommonHealth, which does not have a financial limitation. 130 CMR 505.004(G). However, MassHealth can assess members a CommonHealth premium under 130 CMR 505.004(I).

The MassHealth regulations at 130 CMR 506.011 state that MassHealth may charge members whose income is more than 150% of the federal poverty level a premium. Here, the relevant premium formulas are for children who are enrolled in CommonHealth and have incomes above 300% of the federal poverty level. 130 CMR 506.011(B)(2)(b), (c). Based on the child's household income, the base premium is \$192 (\$40 + (19 x \$8 = \$152)). 130 CMR 506.011(B)(2)(b). Because the child has primary insurance to which MassHealth does not contribute, the member is charged a lower supplemental premium rate of 65% of the full premium. 130 CMR 506.011(B)(2)(c). Therefore, the Appellant's child's MassHealth premium is \$124.80, and was

correctly calculated by MassHealth (\$192 x 65% = \$124.80). *Id.* Thus, MassHealth did not err in its decision, and the appeal is denied.³

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.

Emily Sabo
Hearing Officer
Board of Hearings

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

³ If the Appellant does not want her child to be enrolled in MassHealth CommonHealth as a secondary insurance, she can voluntarily withdraw from the program under 130 CMR 506.011(H). ("If a member wishes to voluntarily withdraw from receiving MassHealth coverage, it is the member's responsibility to notify the MassHealth agency of their intention by telephone, in writing, or online. Coverage may continue through the end of the calendar month of withdrawal. The member is responsible for the payment of all premiums up to and including the calendar month of withdrawal, unless the request for voluntary withdrawal is made in accordance with 130 CMR 506.011(C)(5).") 130 CMR 506.011(H); ("If the member contacts the MassHealth agency by telephone, in writing, or online and requests a voluntary withdrawal within 60 calendar days from the date of the eligibility notice and premium notification, MassHealth premiums are waived.") 130 CMR 506.011(C)(5).