

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514043
Decision Date:	11/21/2025	Hearing Date:	10/15/2025
Hearing Officer:	Emily Sabo	Record Open to:	11/12/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lisa Duffney, Springfield 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
Decision Date:	11/21/2025	Hearing Date:	10/15/2025
MassHealth's Rep.:	Lisa Duffney	Appellant's Rep.:	Pro se
Hearing Location:	Springfield 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 notices dated September 16, 2025, MassHealth notified the Appellant that her two minor children were not eligible for MassHealth benefits because they have other health insurance. 130 CMR 505.002(M), (N), 130 CMR 505.005(D), 130 CMR 522.004(C), and Exhibit 1. The Appellant filed this appeal in a timely manner on September 16, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for MassHealth benefits for her minor children on the grounds that they had other health insurance.

Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's children MassHealth coverage.

Summary of Evidence

The hearing was held telephonically. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64 and has a household size of four. The MassHealth representative testified that the Appellant is the head of household and that the household consists of the Appellant, her spouse, and two minor children. The MassHealth representative testified that the Appellant applied online for MassHealth benefits on behalf of her children on September 16, 2025. The MassHealth representative testified that the household's income is 432.94% of the current federal poverty level (FPL). The MassHealth representative testified that MassHealth did not have proof that the children have verified disabilities, and that the Appellant would need to complete child disability supplements on their behalf.

The Appellant verified her children's identity. The Appellant testified that her family had recently moved to Massachusetts from another state where her children had been receiving Medicaid. The Appellant testified that when she applied online for MassHealth, she just got a denial notice and that previously her children had received Medicaid as secondary coverage despite having private health insurance. The Appellant's family has primary health insurance through employer-sponsored insurance. The Appellant testified that her children were deemed federally disabled.

The record was held open until October 29, 2025, for the Appellant to submit disability supplements on behalf of the children, and until November 12, 2025, for MassHealth to review and respond. Exhibit 4. The Appellant stated that she had submitted disability supplements. *Id.* The MassHealth representative stated that, for the purposes of determining the children's eligibility, MassHealth had not received a determination from Disability Evaluation Services.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and has a household size of four. Testimony.
2. The Appellant is the head of household and that the household consists of the Appellant, her spouse, and two minor children. Testimony.
3. The Appellant's household income is 432.94% of the current FPL. Testimony.

4. MassHealth does not have a record of the children having verified disabilities. Testimony, Exhibit 4.
5. On September 16, 2025, MassHealth denied the applications for the Appellant's children on the grounds that they had other health insurance. Exhibit 1.
6. On September 16, 2025, the Appellant filed a timely appeal of the notices with the Board of Hearings. Exhibit 2.
7. The Appellant's family has primary health insurance through employer-sponsored insurance. Testimony, Exhibit 1.

Analysis and Conclusions of Law

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ 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 21 through 64 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
- (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.

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

130 CMR 505.001(A).

MassHealth regulations provide:

130 CMR 501.004: Administration of MassHealth

(A) MassHealth. The MassHealth agency formulates requirements and determines eligibility for all MassHealth coverage types.

(B) Other Agencies.

.....

(2) Social Security Administration (SSA). The Social Security Administration administers the Supplemental Security Income (SSI) program and determines the eligibility of disabled individuals. Individuals receiving SSI are automatically eligible for MassHealth Standard coverage. Individuals without health insurance are provided choices of enrollment in a MassHealth managed care provider, SCO, or ICO in accordance with 130 CMR 508.000: *MassHealth: Managed Care Requirements*.

130 CMR 505.002: MassHealth Standard

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(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 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).

.....

(M) 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 MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012: *Premium Assistance Payments*. Members must access other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

(N) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard

(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 Standard while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance.

1. If MassHealth determines that the health insurance 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 Standard Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*.

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

3. Individuals described at 130 CMR 505.002(F)(1)(d) will not undergo an investigation.

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

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described at 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 MassHealth Standard 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 21 years old or is pregnant.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual is eligible for MassHealth Standard Direct Coverage.

3. Individuals described at 130 CMR 505.002(F) and (G) will not undergo an investigation.

(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*.

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(G) Disabled Children Younger than 18 Years Old. 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*.

(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).

....

(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 522.004: Children's Medical Security Plan (CMSP)

(A) Regulatory Authority. The Children's Medical Security Plan (CMSP) is administered pursuant to M.G.L. c. 118E, §10F.

(B) Overview. CMSP provides coverage to uninsured children younger than 19 years old who do not qualify for any other MassHealth coverage type, other than MassHealth Limited, and who do not have physician and hospital health-care coverage. To apply for these benefits, an applicant must submit an application as described in 130 CMR 502.001: *Application for Benefits* and 502.002: *Reactivating the Application*.

(C) Eligibility Requirements. Children are eligible for CMSP if they are

- (1) a resident of Massachusetts, as defined in 130 CMR 503.002: *Residence Requirements*;
- (2) younger than 19 years old;
- (3) not otherwise eligible for any other MassHealth coverage type, other than MassHealth Limited. Children who are otherwise eligible and who are not receiving

MassHealth coverage as a result of not complying with administrative requirements of MassHealth are not eligible for CMSP. Children who lose eligibility for MassHealth Family Assistance as a result of nonpayment of premiums or as a result of not enrolling in employer-sponsored health insurance through Premium Assistance are not eligible for CMSP; and

- (4) uninsured. An applicant or member is uninsured if he or she
 - (a) does not have insurance that provides physician and hospital health-care coverage;
 - (b) has insurance that is in an exclusion period; or
 - (c) had insurance that has expired or has been terminated.

To establish eligibility for MassHealth, applicants must meet both the categorical and financial requirements. To calculate financial eligibility, MassHealth regulations at 130 CMR 506.007 provide that:

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

- (1) Multiply the annual 100% figure posted in the *Federal Register* by the applicable federal poverty level income standard.
- (2) Round these annual figures up to the nearest hundredth.
- (3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007.

Here, because the children's household income of 432.94% of the current FPL exceeds 150% of the federal poverty level, they are not financially eligible for MassHealth Standard. 130 CMR 505.002(B)(2)(a)1. While I believe the Appellant that the children previously received Medicaid as a secondary insurance in another state, I do not have evidence of a determination of the children's disability before me, as established by the Social Security Administration, Disability Evaluation Services, or the Massachusetts Commission for the Blind. Accordingly, I do not have evidence that they are permanently and totally disabled, and so I cannot find that they are eligible for MassHealth CommonHealth. 130 CMR 505.004(G)(1), (H). Because the children are enrolled in private health insurance, they are not eligible for the Children's Medical Security Plan. 130 CMR 522.004(B), (C)(4). Therefore, MassHealth did not err in issuing the September 16, 2025 notice and the appeal is denied.²

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.

² While the children's disability determination is not before me, the Appellant would have the right to appeal a determination by Disability Evaluation Services. If the children are deemed to have a verified disability, they would also be eligible for MassHealth CommonHealth as secondary insurance, despite having other private health insurance. Their coverage start date would be in accordance with 130 CMR 505.004(M) and 130 CMR 502.006.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243
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