

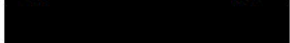
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517310
<b>Decision Date:</b>	2/11/2026	<b>Hearing Date:</b>	12/30/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**



*via video conference*

**Appearance for MassHealth:**

Elizabeth Nickoson *via video conference*



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility Under 65
<b>Decision Date:</b>	2/11/2026	<b>Hearing Date:</b>	12/30/2025
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<b>Aid Pending:</b>	Yes

## 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 November 21, 2025, MassHealth informed the appellant that he did not qualify for MassHealth, Health Safety Net (HSN), or the Children's Medical Security Plan (CMSP) because he had other health insurance, and that his CMSP coverage, which had been effective beginning November 1, 2025, was ending on December 5, 2025. (See 130 CMR 505.002(M),(N); 505.005(D); 522.004(C); and Exhibit (Ex.) 1; Ex. 3). The appellant, through his mother, filed this appeal in a timely manner on November 21, 2025. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth informed the appellant that he did not qualify for MassHealth, HSN, or CMSP because he had other health insurance.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(M),(N); 505.005(D); and 522.004(C), in determining that the appellant was not eligible for MassHealth, HSN, or CMSP because he had other health insurance.

## Summary of Evidence

A benefits eligibility representative from the Taunton MassHealth Enrollment Center (MEC) represented MassHealth, and the appellant was represented by his mother. All participants attended the hearing by telephone.

The MassHealth representative testified that the appellant resides in a household of four, consisting of two adults who file taxes jointly and two dependents, including the appellant. (Testimony). The appellant, who is under the age [REDACTED] is the only household member seeking MassHealth coverage. (Testimony; Ex. 3). According to MassHealth records, the household's gross monthly income (GMI) is \$22,453.66, consisting of the appellant's mother's employment income. (Testimony). No other sources of income were shown in MassHealth's eligibility system. (Testimony). After adjusting this figure, the household's GMI was equal to 833.08% of the federal poverty level (FPL), substantially exceeding the income limit for most MassHealth eligibility. (Testimony). The MassHealth representative testified that the appellant's family maintained employer-sponsored private health insurance through the appellant's mother's employment and that all members of the household, including the appellant, were enrolled in that coverage at the time of the November 21, 2025 application. (Testimony).

The MassHealth representative testified that on November 21, 2025, information was submitted on the appellant's behalf through the Health Insurance Exchange system (HIX). (Testimony). The MassHealth representative testified that prior to the November 21, 2025 eligibility determination, the appellant was eligible only for CMSP, and that CMSP appeared as active coverage in MassHealth's system at the time of the hearing because the appellant was receiving assistance pending appeal. (Testimony; Ex. 3).

The MassHealth representative testified that the appellant's eligibility record reflected that disability-based coverage was being sought, but that MassHealth had no confirmation that the Disability Evaluation Service (DES) has received a completed Child Disability Supplement. (Testimony). She explained that Child Disability Supplements are submitted directly to DES, are not visible in MassHealth's eligibility system, and that MassHealth eligibility staff cannot access DES intake or processing information to determine whether DES has received or is reviewing disability documentation. (Testimony).

With respect to the notice under appeal, the MassHealth representative testified that the notice was system-generated and used generic language stating that the appellant was ineligible due to having other health insurance. (Testimony). She explained that when an applicant has private health insurance and household income exceeds MassHealth income limits, the eligibility system routinely issues such notices, even when a disability determination is pending. (Testimony). She testified that the issuance of this notice did not resolve or interfere with the ongoing disability evaluation process. (Testimony).

The MassHealth representative testified that if DES ultimately determines that the appellant

meets MassHealth disability criteria, the appellant would be eligible for MassHealth CommonHealth, which does not have an income limit but may require payment of a premium based on household income. (Testimony). She further testified that, following a CommonHealth approval, the family could pursue Premium Assistance to help offset the cost of employer-sponsored health insurance, although that process would occur separately and only after a disability-based approval. (Testimony).

The appellant's mother testified that the appellant did not have MassHealth coverage prior to the issuance of the notice under appeal and that the family had delayed applying for MassHealth because they were enrolled in employer-sponsored private health insurance. (Testimony). She testified that the application for coverage was submitted at the encouragement of the appellant's school and therapist due to the appellant's escalating mental health and behavioral needs. (Testimony).

The appellant's mother testified that the appellant has a complex psychiatric history involving multiple serious mental health conditions requiring intensive behavioral health interventions. (Testimony). She testified that the appellant recently participated in an emergency diversion program, that those services are time-limited, and that continuation of care following discharge would require In-Home Therapy and related services that, in practice, are available only to individuals with MassHealth coverage. (Testimony).

She testified that she submitted the appellant's disability supplement electronically on November 21, 2025, the same date as the MassHealth application, and that extensive supporting documentation was provided, including neuropsychological evaluations, educational records, and individualized education program materials. (Testimony). She testified that the only documentation not yet submitted related to a short-term residential placement in [REDACTED] from which discharge paperwork had not yet been obtained. (Testimony).

The appellant's mother further testified that the appellant qualifies for special education services under a significant individualized education program (IEP) and attends an out-of-district placement. (Testimony). She also testified that the family has applied for services through the Department of Mental Health (DMH), although a determination is not expected for several months. (Testimony).

Finally, the appellant's mother testified that the family's primary concern is not the scope of benefits provided by their private insurance, but the inability to access Massachusetts-based behavioral health providers who, in practice, accept only MassHealth. (Testimony). She testified that delays in obtaining a disability determination could result in gaps in necessary services, particularly in light of anticipated discharge from the emergency diversion program and other ongoing medical stressors in the household, and that obtaining MassHealth-related coverage was essential to securing timely and appropriate care for the appellant. (Testimony).

## Findings of Fact

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

1. On November 21, 2025, the appellant's mother submitted an application for MassHealth coverage on the appellant's behalf through HIX. (Testimony).
2. The appellant is under the age [REDACTED] and resides in a household of four consisting of two adults who file taxes jointly and two dependents, including the appellant. (Testimony; Ex. 3).
3. The appellant is the only member of the household who applied for MassHealth coverage. (Testimony).
4. Based on the application, MassHealth determined that the household's GMI was \$22,453.66, derived solely from the appellant's mother's employment income, and no other income sources were reflected in MassHealth's eligibility system. (Testimony).
5. After adjustment, the household's gross monthly income equaled 833.08% of the FPL. (Testimony).
6. At the time of the application and resulting eligibility determination, all members of the household, including the appellant, were enrolled in employer-sponsored private health insurance through the appellant's mother's employment. (Testimony).
7. Prior to the eligibility determination, the appellant had been found eligible for CMSP, and that coverage appeared as active in MassHealth's system at the time of the hearing because the appellant was receiving assistance pending appeal. (Testimony; Ex. 3).
8. In response to receiving the appellant's application, HIX issued the notice under appeal, also on November 21, 2025. (Ex. 1).
9. The November 21 notice stated that the appellant was not eligible for MassHealth, HSN, or CMSP due to having other health insurance. (Testimony; Ex. 1).
10. At the time the notice was issued, MassHealth did not have confirmation that DES had received or processed a completed Child Disability Supplement for the appellant, and such information is not available to MassHealth eligibility staff. (Testimony).

## Analysis and Conclusions of Law

The regulations governing the use of other health insurance and access to employer-sponsored insurance reflect MassHealth's policy that applicants with access to other health insurance are required to use that coverage rather than receive MassHealth Standard direct coverage. (130

CMR 505.002(M),(N)). Eligibility for MassHealth Family Assistance requires, among other criteria, that an individual be uninsured and meet specified income and coverage-access requirements. (130 CMR 505.005(D)). HSN benefits are available only to individuals who are uninsured, as the program is a payer of last resort and does not pay for services for which another public or private payer is responsible. (101 CMR 613.01; 101 CMR 613.03). Eligibility for CMSP requires that a child be under age [REDACTED] be a Massachusetts resident, be uninsured, and not otherwise eligible for any MassHealth coverage type other than MassHealth Limited and defines an uninsured child as one who lacks physician and hospital coverage, is in an exclusion period, or had coverage that expired or terminated. (130 CMR 522.004(C)).

The determination under review concerns the appellant's eligibility for MassHealth, HSN, and CMSP as of November 21, 2025, based on the information then available to MassHealth through HIX. The submission of a disability supplement on that date explains why MassHealth reevaluated the appellant's eligibility at that time, but any subsequent disability determination by the Disability Evaluation Service, which occurs on a separate timeline and may give rise to separate appeal rights, is not at issue here. Leaving aside income eligibility for any of these programs, which MassHealth did not cite as the basis for the determination under appeal, the dispositive issue is whether the appellant's enrollment in other health insurance rendered him ineligible for MassHealth, HSN, and CMSP as of November 21, 2025.

The evidence shows that as of November 21, 2025, the appellant was enrolled in employer-sponsored private health insurance through his mother, and that this coverage was in effect at the time MassHealth issued the determination under appeal. In light of the appellant's enrollment in other health insurance at the time of the application, MassHealth determined that he was not eligible for MassHealth Standard direct coverage, which is consistent with the regulatory framework requiring individuals with access to other health insurance to use that coverage rather than receive MassHealth Standard.

Further evidence shows that the appellant was not uninsured at the time of the determination. Because eligibility for MassHealth Family Assistance requires that an individual be uninsured, the appellant did not meet the eligibility criteria for that coverage. Because HSN benefits are likewise available only to individuals who are uninsured and function as a payer of last resort, the appellant's enrollment in private health insurance also precluded eligibility for HSN benefits.

Finally, although CMSP appeared as active coverage in MassHealth's system at the time of the hearing, the evidence establishes that the appellant was enrolled in private health insurance at the time of the application and the notice under appeal. Because CMSP eligibility requires that a child be uninsured, MassHealth correctly determined that the appellant was not eligible for CMSP due to other health insurance.

Based on the evidence in the record and the applicable regulations, MassHealth correctly determined that the appellant was not eligible for MassHealth, HSN, or CMSP as of November

21, 2025, because he had other health insurance.

For the above reasons, the appeal is DENIED.

## **Order for MassHealth**

Conclude the assistance pending appeal for the Children's Medical Security Plan.

## **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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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