

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:




Appeal Decision:	Denied	Appeal Number:	2517911
Decision Date:	02/27/2026	Hearing Date:	01/16/2026
Hearing Officer:	Christopher Jones	Record Open to:	01/23/2026

Appearance for Appellant:



Appearances for MassHealth:

Liz Nickoson – Taunton MEC

 – Premium Assistance



*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:	02/27/2026	Hearing Date:	01/16/2026
MassHealth's Reps.:	Liz Nickoson; [REDACTED] [REDACTED]	Appellant's Rep.:	Mother/Guardian
Hearing Location:	Virtual - Teams	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 November 24, 2025, MassHealth terminated the appellant's premium assistance payments because he became eligible for Medicare. (Exhibit 1; 130 CMR 506.012.) The appellant's mother filed this appeal in a timely manner on November 26, 2025. (Exhibit 2; 130 CMR 610.015(B).) The Board of Hearings initially dismissed the appeal because the authority for filing the appeal was not provided. (Exhibit 3; 130 CMR 610.034 - .035.) Another hearing request was submitted with a copy of the guardianship appointment. (Exhibit 5.) Limitation of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's premium assistance payments after he became eligible for Medicare benefits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.012, in determining that the appellant is ineligible for MassHealth premium assistance payments because he is eligible for Medicare.

Summary of Evidence

The appellant is a disabled adult, and he is enrolled in his mother's employer-sponsored insurance. The appellant's mother explained in the summer of 2025, Social Security sent the appellant a form to enroll in Medicare. The appellant originally declined Medicare enrollment, but he later enrolled after he was instructed by Social Security that he had to. When the appellant completed his MassHealth renewal this year, MassHealth terminated his premium assistance benefits.

The appellant's mother explained that her employer-sponsored insurance covers the appellant and his brother. The appellant is covered by MassHealth Standard, and his brother is covered by MassHealth CarePlus. The appellant's mother testified that the appellant is participating in an intensive psychiatric treatment that costs \$3,500 per month. This treatment is covered by the private insurance, but it would not be covered by MassHealth or Medicare. Since MassHealth terminated the premium assistance benefits for the appellant, the premium assistance payment has been reduced from around \$1,300 down to \$457.

MassHealth's premium assistance representative testified that the appellant's premium assistance benefit was up to \$1,800 per month, but the reimbursement amount for CarePlus is only \$457 per month. MassHealth's premium MassHealth's premium assistance representative testified that this reimbursement amount was based on the MassHealth benefit of the covered individual, not based upon the cost of the employer-sponsored insurance. They were asked if this was documented anywhere in the regulation, and they were not immediately able to identify where this payment methodology was published.

The appellant's mother was frustrated that she had received a call from premium assistance before the appeal saying there was no point in having the appeal. The appellant's mother was unable to get her questions answered by the premium assistance representative who called her, despite their saying the appeal was a waste of time. The appellant's mother understood that the appellant was no longer eligible for premium assistance payments because he had Medicare, but she thought that the rule was nonsensical. The appellant was not given a choice about whether to enroll in Medicare coverage. The appellant's mother argued that the appellant would be costing MassHealth a lot more money on a monthly basis if he did not have the private insurance.

It was noted that the appellant could request MassHealth coverage for his treatment, and that the appellant could appeal if there was a denial of that service. The appellant's mother understood, but she wanted to know how and why premium assistance capped the payment amounts for premium assistance. The hearing record was left open for premium assistance's representative to explain where this was documented.

Another premium assistance representative responded with a chart depicting the premium assistance "cost-effective amount" for various MassHealth members. The chart shows the following cost-effective amounts: non-disabled members up to \$457 per month; disabled members up to \$1,835; breast and cervical cancer members up to \$1,023 per month, and HIV positive

members up to \$1,701 per month. The email also identified the relevant regulation as 130 CMR 506.012(A)(4). The premium assistance representative also confirmed that these cost-effective amounts change regularly and are not published in the regulations.

Findings of Fact

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

- 1) The appellant is a disabled adult who is enrolled in his mother's employer-sponsored insurance plan. (Testimony by the appellant's mother.)
- 2) Prior to the appellant gaining Medicare coverage, MassHealth paid the entirety of the appellant's mother's employer-sponsored insurance premium. (Testimony by MassHealth's premium assistance representative. and the appellant's mother.)
- 3) MassHealth terminated the appellant's premium assistance payments after he started receiving Medicare. (Exhibit 1.)
- 4) MassHealth now reimburses the appellant's mother \$457 per month for the employer-sponsored insurance based upon the CarePlus coverage of her other son. (Testimony by MassHealth's premium assistance representative.)
- 5) MassHealth's premium assistance benefit has a different amount for members based upon the member's medical status. For non-disabled members the cost-effective amount is \$457 per month. For disabled members it is \$1,835 per month. (Exhibit 8; testimony by premium assistance representative.)

Analysis and Conclusions of Law

MassHealth members 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.*" (130 CMR 505.002(M); 505.004(J).) Premium assistance payments are only available for certain coverage types, (130 CMR 506.012(A)),¹ but "MassHealth members who have Medicare coverage" are "not eligible for premium assistance payments" They may be eligible for Medicare Savings Program benefits. (130 CMR 506.012(C)(5).)

¹ Premium assistance payments are available for individuals covered by "MassHealth Standard, as described in 130 CMR 505.002," CommonHealth, CarePlus, or Family Assistance.

Ultimately, 130 CMR 506.012(C)(5) prohibits the appellant's continuing eligibility for premium assistance payments. Because the appellant is covered by Medicare, MassHealth did not err in terminating the appellant's premium assistance payments. Therefore, this appeal is DENIED.

Technically, the ongoing premium assistance payments through the appellant's brother's benefits are not subject to this appeal. (See 130 CMR 610.004 (definition of "Appellant").) It is worth noting that MassHealth determines "the actual premium assistance payment amount [after] review[ing] and compar[ing] the estimated premium assistance payment amount and the cost-effective amount." (130 CMR 506.012(E)(2)(a).) The "cost-effective amount is the MassHealth agency's cost of providing direct MassHealth benefits to the [members] who are beneficiaries of the [employer-sponsored insurance]." MassHealth pays the lesser of the employee's contribution toward the premium for the employer-sponsored insurance or the cost-effective amount. (130 CMR 506.012(E)(2)(b).) The regulations do not set forth the cost-effective amounts, but MassHealth's representative documented the current amounts MassHealth determines what would cost to cover members on a monthly basis based upon their medical conditions: non-disabled; disabled; breast or cervical cancer; and HIV positive. This explains why the premium assistance payments were reduced.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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

MassHealth Representative: Premium Assistance