

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2305095
<b>Decision Date:</b>	10/2/2023	<b>Hearing Date:</b>	08/25/2023
<b>Hearing Officer:</b>	Alexis Demirjian	<b>Record Open to:</b>	09/01/2023

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Sara Prado, Premium Assistance  
Taylor Edwards, Quincy 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Under 65; Premium Assistance Eligibility
<b>Decision Date:</b>	10/2/2023	<b>Hearing Date:</b>	08/25/2023
<b>MassHealth's Rep.:</b>	Sara Prado Taylor Edwards	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 May 8, 2023, MassHealth denied the appellant's application for premium assistance benefits because MassHealth determined that the appellant did not qualify. (see 130 CMR 506.012 and Exhibit 4). The appellant filed this appeal in a timely manner on June 22, 2023 (see 130 CMR 610.015(B) and Exhibit 3). Denial of assistance is valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's application for Premium Assistance.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.012, in determining that the appellant did not qualify for Premium Assistance.

## Summary of Evidence

## **Summary of Testimony**

The hearing was held telephonically, the appellant represented herself. MassHealth was represented by a MassHealth worker and a representative from Premium Assistance.

The appellant testified that she enrolled in her employer's health insurance plan and was informed by her employer that she may be eligible for MassHealth Premium Assistance based on her household composition and income. Based on this information the appellant enrolled in a plan with a high premium and sought help from her employer in filing an application for Premium Assistance.

The appellant attempted to apply for the program over the course of several months but was told that she needed to submit the Summary of Benefits from her employer. The appellant testified that she repeatedly implored her employer to forward the Summary of Benefits, but they failed to do so.

In March of 2022, the appellant submitted the missing documentation, and her application was processed. Unfortunately, at the time of submission the appellant had separated from her employment and no longer had access to employer sponsored insurance.

MassHealth testified that call logs support the appellant's testimony that the appellant had made numerous attempts to speak with representatives regarding the matter.

The Premium Assistance representative testified, based on a review of the information and application, that had the appellant's application been complete while still employed and, on her employer sponsored insurance, the appellant would have been entitled to Premium Assistance. However, since the application was completed after the appellant was no longer on employer sponsored insurance, the appellant did not qualify. The Premium Assistance representative testified that benefits begin the month after the application is approved, thus the appellant could not receive retroactive benefits.

The appellant strenuously argued that she was harmed due to inaction by her employer and she should not be penalized.

The Premium Assistance representative countered that the missing information could have been obtained and submitted by the appellant, she argued that the appellant did not necessarily need the employer to submit the information.

## Findings of Fact

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

1. At the time the appellant applied for Premium Assistance, the appellant was employed and had employer sponsored health insurance. (Testimony)
2. The appellant submitted her application but did not submit the Summary of Benefits as she believed that it was her employer's responsibility to do so. (Testimony)
3. The appellant tried to rectify the situation by calling MassHealth for assistance. (Testimony)
4. In February of 2023, the appellant separated from her employer and no longer had employer sponsored health insurance. (Testimony)
5. In March of 2023, the appellant submitted the Summary of Benefits and completed her application for Premium Assistance. (Testimony)
6. On May 8, 2023, the appellant's application for Premium Assistance was denied because she no longer had employer sponsored health insurance.

## Analysis and Conclusions of Law

MassHealth helps eligible members pay for their health insurance by sending them monthly payments. Eligibility for MassHealth Premium Assistance is determined by the individual's MassHealth coverage type and the type of insurance that the individual has or has access to through their employer.

### Eligibility Criteria for Premium Assistance

MassHealth can provide members with a Premium Assistance (PA) benefit when the member and the health insurance policy meet certain criteria. See 130 CMR 506.012 (B)

Pursuant to 130 CMR 506.012 (C), eligibility for PA is determined by the individual's coverage type **and the type of private health insurance the individual has or has access to.**

(Emphasis added)

Based on the evidence, at the time the appellant's application was completed the appellant no

longer worked for her employer and no longer had employer sponsored insurance. Thus, the denial of the appellant's application was appropriate as she did not meet the criteria for Premium Assistance. For those reasons, the appeal is DENIED.

## **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.

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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171