

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400066
Decision Date:	04/04/2024	Hearing Date:	01/29/2024
Hearing Officer:	Thomas Doyle	Record Open to:	2/12/24

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickoson, Taunton MEC
Sara Prado, Premium Assistance

Interpreter:



*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-Failure to Enroll in Employer Insurance
Decision Date:	04/04/2024	Hearing Date:	01/29/2024
MassHealth's Rep.:	Liz Nickoson Sara Prado	Appellant's Rep.:	Pro se ¹
Hearing Location:	Remote (phone)	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 December 18, 2023, MassHealth terminated appellant's coverage for MassHealth benefits because the person did not enroll in the required employer sponsored health insurance. (Ex. 1). The appellant filed this appeal in a timely manner on December 27, 2023. (Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated coverage for not enrolling in her employer sponsored health insurance.

¹ The appeal representative is the mother of the minor appellant. MassHealth considers the parent as the appellant because of the age of the child and the mother is the one with access to employer sponsored health insurance. The mother received notice on the same date as the child that she must enroll in the required employer sponsored health insurance. (Ex. 2).

Issue

Was MassHealth correct in terminating coverage for not signing up for employer sponsored health insurance.

Summary of Evidence

The appeal representative (appeal rep), a MassHealth worker (worker) and a representative of Premium Assistance (PA rep) all appeared via phone at hearing and were sworn. Exhibits 1 through 6 were marked as evidence.² The PA rep explained that because the appeal rep's employer's health insurance meets the criteria for Premium Assistance payments, she must enroll in this insurance. She stated that once the appeal rep enrolls in her employer's insurance, MassHealth Premium Assistance would cover the entire cost of her premium. Thus, there would be no cost to her because she would be reimbursed in full for the cost of the employee's share of the premium. The PA rep stated the appeal rep's employer provided Premium Assistance with information on employer sponsored insurance offered to the appeal rep. Based on the information received, on August 25, 2023, Premium Assistance sent a Qualifying Event Letter to the appeal rep and her employer. The PA rep stated to keep MassHealth for her child, she must enroll in one of the plans listed on the Qualifying Event Letter. (Testimony).

The appeal representative testified that she is a single mother and can not afford her employer's insurance. (Testimony). The PA rep explained to her that she would be reimbursed in full for the cost of the premium. (Testimony). Regardless of the assurances of the PA rep, the appeal rep remained apprehensive about enrolling in her employer's health insurance. At the end of the hearing, the record was kept open for the appeal representative to join her employer's health insurance. (Ex. 7).

Findings of Fact

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

1. The appeal representative received notice dated December 18, 2023 that MassHealth would terminate her son's MassHealth benefits by January 1, 2024 if she did not enroll in her employer's insurance because the insurance meets the guidelines for Premium Assistance payments (Ex. 1; Ex. 2).
2. The appeal representative's employer's health insurance meets the criteria for Premium Assistance payments. (Testimony).

² Exhibits 7 and 8 were marked post hearing.

3. Upon proof of enrollment in her employer's health insurance, MassHealth Premium Assistance would cover the entire cost of the appellant's share of the employer's health insurance premium. (Testimony).
4. The record was left open for the appeal representative to join her employer sponsored health insurance. (Ex. 7).
5. The appeal representative received the August 2023 Qualifying Event Letter sent to her by Premium Assistance. (Testimony).
6. The appeal representative did not enroll in her employer-sponsored health insurance. (Ex. 8).

Analysis and Conclusions of Law

503.007: Potential Sources of Health Care

The MassHealth agency is the payer of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law.

(A) Health Insurance. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. Failure to do so may result in loss or denial of eligibility unless the applicant or member is

- (1) receiving MassHealth Standard or MassHealth CommonHealth; and
- (2) younger than 21 years old or pregnant.

(B) Use of Benefits. The MassHealth agency does not pay for any health care and related services that are available:

- (1) through the member's health-insurance, if any; or
- (2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.

(C) Employer-sponsored Health Insurance. The MassHealth agency may enroll MassHealth members in available employer-sponsored health insurance if that insurance meets the criteria for payment of premium assistance under 130 CMR 506.012(B): Criteria.

506.012: Premium Assistance Payments

...

(B) Criteria. MassHealth may provide a premium assistance payment to an eligible member when all of the following criteria are met.

(1) The health insurance coverage meets the Basic Benefit Level (BBL) as defined in 130 CMR 501.001: Definition of Terms. Instruments including, but not limited to, Health Reimbursement Arrangements, Flexible Spending Arrangements, as described in IRS Pub. 969, or Health Savings Accounts, as described at IRC § 223(c)(2), cannot be used to reduce the health insurance deductible in order to meet the basic-benefit level requirement.

(2) The health insurance policy holder is either (a) in the PBFG; or (b) resides with the individual who is eligible for the premium assistance benefit and is related to the individual by blood, adoption, or marriage. (3) At least one person covered by the health insurance policy is eligible for MassHealth benefits as described in 130 CMR 506.012(A) and the health insurance policy is a policy that meets the criteria of the MassHealth coverage type for premium assistance benefits as described in 130 CMR 506.012(C).

(C) Eligibility. Eligibility for MassHealth premium assistance is determined by the individual's coverage type and the type of private health insurance the individual has or has access to. MassHealth has three categories of health insurance for which it may provide premium assistance. (1) Employer-sponsored Insurance (ESI) 50% Plans are employer-sponsored health insurance plans to which the employer contributes at least 50% towards the monthly premium amount. MassHealth provides premium assistance for individuals with ESI 50% Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A)

Here, the appeal representative was sent a Qualifying Event Letter in August 2023 by Premium Assistance. The appeal representative admitted to receiving this letter. (Testimony). At hearing, the appeal representative stated as a single mother she could not afford her employer sponsored insurance. Premium Assistance informed the appeal representative that Premium Assistance would reimburse her fully for any premium. The record was left open for the appeal representative to enroll in her employer sponsored insurance. (Ex. 7). After the record closed, Premium Assistance notified this hearing officer that the appeal representative had not enrolled in her employer's insurance. (Ex. 8). I find that the appeal representative knew she was obligated to enroll in her employer's insurance and she failed to do so. 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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616