

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2400114
Decision Date:	1/24/2024	Hearing Date:	01/23/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Michelle Carvalho, Taunton 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:	Eligibility; Under 65
Decision Date:	1/24/2024	Hearing Date:	01/23/2024
MassHealth's Rep.:	Michelle Carvalho	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 the appellant's MassHealth benefits because she did not enroll in employer-sponsored health insurance (see 130 CMR 503.007 and Exhibit 1). The appellant filed this appeal in a timely manner on January 3, 2024 (see 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 terminated the appellant's MassHealth benefits because she did not enroll in employer-sponsored health insurance.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 503.007, in terminating the appellant's MassHealth benefits because she did not enroll in employer-sponsored health insurance.

Summary of Evidence

MassHealth testified that the appellant lives in a household size of 3 including herself and her two minor children. The appellant files taxes, and has monthly gross income of \$1,933.95, which equates to 88.32% of the federal poverty level for a household of 3. The appellant was receiving MassHealth Standard coverage which terminated on January 1, 2024 because she did not enroll in employer-sponsored insurance. The appellant was notified on July 13, 2023 that health insurance available through her employer meets MassHealth rules for Premium Assistance, and that she and her children must enroll by September 16, 2023 or MassHealth coverage would terminate (Exhibit 4). The MassHealth representative reviewed Premium Assistance and provided a phone number to call for more information (1-800-862-4840).

Appellant testified that she does have employer-sponsored health insurance available to her, but she has not enrolled. She added that she would begin the enrollment process with her employer and call to get information about Premium Assistance.

Findings of Fact

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

1. The appellant lives in a household size of 3 including herself and her two minor children.
2. The appellant files taxes, and has monthly gross income of \$1,933.95, which equates to 88.32% of the federal poverty level for a household of 3.
3. The appellant is over 21 years of age and did not report that she is pregnant.
4. The appellant has access to employer-sponsored insurance.
5. The appellant was receiving MassHealth Standard coverage which terminated on January 1, 2024 because she did not enroll in employer-sponsored insurance.
6. Appellant was notified on July 13, 2023 that health insurance available through her employer meets MassHealth rules for Premium Assistance, and that she and her children must enroll by September 16, 2023 or MassHealth coverage would terminate.

Analysis and Conclusions of Law

130 CMR 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 of age 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*.

Appellant was notified on July 13, 2023, that health insurance available through her employer meets MassHealth rules for Premium Assistance, and that she and her children must enroll by September 16, 2023 or MassHealth coverage would terminate (Exhibit 4). By notice dated December 18, 2023, MassHealth correctly terminated Standard coverage effective January 1, 2024, because the appellant did not enroll in employer-sponsored insurance. The appeal is therefore DENIED.

The appellant can direct any questions about Premium Assistance to 1-800-862-4840.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

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