

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402657
Decision Date:	05/21/2024	Hearing Date:	03/29/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Sherri Paiva (Taunton MEC) *via* telephone
Roxana Noriega (Premium Assistance) *via*
telephone



*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:	05/21/2024	Hearing Date:	03/29/2024
MassHealth's Rep.:	Sherri Paiva; Roxana Noriega	Appellant's Rep.:	██████
Hearing Location:	Taunton MassHealth Enrollment Center	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 28, 2023, MassHealth notified the appellant that it had determined that the appellant had health insurance through her employer and that her three children had to be enrolled in that insurance by February 26, 2024 or they could lose their assistance. (See 130 CMR 506.012 and Exhibit (Ex.) 1, pp. 3-5). The appellant filed this appeal in a timely manner on February 22, 2024. (See 130 CMR 610.015(B) and Ex. 1, p. 1). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that since she had employer sponsored insurance, her three children would need to be enrolled in that insurance no later than February 26, 2024 or their MassHealth coverage could end.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005 and 506.012, in determining that the appellant's three children were required to be enrolled in employer

sponsored health insurance.

Summary of Evidence

The appellant, an eligibility worker from the Taunton MassHealth Enrollment Center (MEC), and a representative from the Premium Assistance Unit each attended the hearing by telephone.

The MassHealth representative testified that the appellant lives in a household of five people, consisting of herself, her spouse, who are adults between the ages of 21 and 65 years old, and their three tax dependent children who are under the age of 18 years old. (Testimony; Ex. 2). They are all citizens. (Testimony; Ex. 2). The appellant and her spouse are both employed, earning, respectively, \$729.80 every two weeks and \$865.20 per week. (Testimony). The household's gross monthly income (GMI) totals \$5,330.39. (Testimony). This level of income places the household at 169.86% of the federal poverty level (FPL) for their household size. (Testimony). Both the appellant and her spouse are eligible for ConnectorCare plans and they have been enrolled in a Tufts Health Direct plan since February 2024. (Testimony). They are currently paying a monthly premium of \$98. (Testimony). The appellant's three children were determined to be eligible for MassHealth Family Assistance, but as of February 24, 2024 their coverage was closed. (Testimony). The MassHealth representative stated that MassHealth closed their cases because they had not been enrolled in employer sponsored health insurance. (Testimony).

The Premium Assistance representative spoke next, stating that pursuant to an inquiry from MassHealth, the appellant's spouse's employer sent information indicating they offer health insurance to their employees. (Testimony). According to the Premium Assistance representative, this health insurance met the rule for MassHealth Premium Assistance, in that it met the basic benefit level (BBL). (Testimony; Ex. 1, pp. 3-5). Consequently, MassHealth sent the appellant, her spouse, and the spouse's employer the qualifying event letter on December 28, 2023. (Testimony; Ex. 1). In this letter, MassHealth informed the appellant's spouse that he was required to enroll himself and his three children in his employer's health insurance plan within 60 days or the children's Family Assistance would end. (Testimony; Ex. 1). As of the date of the hearing, MassHealth had not received any response from the appellant, her spouse, or the spouse's employer. (Testimony).

The Premium Assistance representative stated if the spouse enrolled his children in his employer's insurance, the Premium Assistance Unit would pay 100% of the premiums billed. (Testimony). The employer's insurance would become the spouse and children's primary insurance and MassHealth would become the secondary insurer. (Testimony). The Premium Assistance Unit tried to contact the household to explain how Premium Assistance works, but was not able to reach anybody. (Testimony). The Premium Assistance representative confirmed that Premium Assistance would only cover the children's premiums and not that of the appellant's spouse. (Testimony).

The appellant expressed concern about their ability to afford her husband's healthcare due to his numerous health issues and the high deductible of \$2,000 to \$4,000 before coverage kicks in.

(Testimony). The appellant, who works part-time, emphasized the financial strain on their family of five, with living expenses leaving little room for medical costs. (Testimony).

The MassHealth representative suggested that the appellant's spouse may want to consider submitting a disability supplement in order to become eligible for CommonHealth. (Testimony). The appellant expressed interest in this option and requested that the MassHealth representative mail her the necessary paperwork. (Testimony).

Findings of Fact

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

1. The appellant is between the ages of 21 and 65. (Ex. 2; Testimony).
2. The appellant lives in a household of five people, consisting of the appellant, her spouse, and her three tax dependent children who are under the age of 18 years old. (Testimony; Ex. 2).
3. They are all citizens. (Testimony; Ex. 2).
4. The household's GMI is \$5,330.39. (Testimony).
5. The appellant earns \$729.80 every two weeks and the appellant's spouse earns \$865.20 per week. (Testimony).
6. This income places the household at 169.86% of the FPL. (Testimony).
7. Both the appellant and her spouse are eligible for ConnectorCare plans and they are enrolled in a Tufts Health Direct plan that started in February 2024. (Testimony).
8. The appellant and her spouse are currently paying a monthly premium of \$98. (Testimony).
9. The appellant's three children are all eligible to receive MassHealth Family Assistance. (Testimony).
10. The children's coverage closed on February 24, 2024. (Testimony).
11. MassHealth learned that the appellant's spouse's employer offers an employer-sponsored health insurance plan, it contributes 50% of the premium cost for that insurance, and the insurance meets the BBL. (Testimony; Ex. 1).
12. Consequently, MassHealth sent the appellant, her spouse, and the spouse's employer the qualifying event letter on December 28, 2023. (Testimony; Ex. 1).

13. In this letter, MassHealth informed the appellant it had determined that her spouse had health insurance available through his job that met the rules for MassHealth Premium Assistance and that he was required to enroll the three children in the insurance by February 26, 2024 or MassHealth benefits would end. (Testimony; Ex. 1).

14. As of the date of the hearing, MassHealth has not received any response from the appellant, her spouse, or the spouse's employer indicating that the appellants' three children have been enrolled in an employer sponsored health plan. (Testimony).

Analysis and Conclusions of Law

MassHealth determined that the appellant's children are categorically and financially eligible for Family Assistance, however one of the criteria for Family Assistance is that a child must comply with 130 CMR 505.005(B)(2), regarding access to employer sponsored health insurance. (130 CMR 505.005(A), (B)(1)(e)).

MassHealth may conduct an investigation to discover whether individuals potentially eligible for Family Assistance either have health insurance that MassHealth can subsidize or have access to employer-sponsored insurance, for which MassHealth requires enrollment, and will subsidize the premiums. (130 CMR 505.005(B)(2); 506.012(B)).

If MassHealth determines the individual has access to employer-sponsored health insurance, and the insurance meets all other criteria described at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that they must enroll in this employer-sponsored coverage. (130 CMR 505.005(B)(2)(a)). MassHealth allows the individual up to 60 days to enroll in this coverage. (Id.). Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility. (130 CMR 505.005(B)(2)(b)).

The appellant's children have access to health insurance that meets the criteria set forth in 130 CMR 506.012(B).

(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).

(130 CMR 506.012(B)).

The appellant's children are all eligible for Family Assistance as children younger than 19 years old whose household MAGI is between 150% and 300% of the FPL and who are citizens, and MassHealth premium assistance payments are available for this coverage type. (See 130 CMR 506.012(A)(7)). The spouse's ESI is the type of health insurance for which MassHealth will pay premium assistance.

The crux of the appellant's argument concerned the cost to her spouse of enrolling in the employer's health plan. Currently the appellant and her spouse are enrolled in a ConnectorCare Plan with a premium of \$98 per month. The appellant testified that the employer's health plan has a high deductible of between \$2,000 and \$4,000. The appellant indicated that while she was relieved that Premium Assistance would cover the cost of the deductible for the children, she was dismayed that her spouse would still need to pay a high deductible before his coverage under this plan were to become effective. The regulations, however, are clear on this matter and the children are required to be enrolled in the appellant's spouse's ESI if they are to continue receiving Family Assistance.

For the above stated reason, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Justine Ferreira, Taunton MassHealth Enrollment Center

