

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2403709
<b>Decision Date:</b>	05/7/2024	<b>Hearing Date:</b>	04/10/2024
<b>Hearing Officer:</b>	Radha Tilva	<b>Record Open to:</b>	n/a

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Liz Nickoson, Taunton MEC Rep.

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – Prem. Assistance
<b>Decision Date:</b>	05/7/2024	<b>Hearing Date:</b>	04/10/2024
<b>MassHealth’s Rep.:</b>	Liz Nickoson	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<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 February 28, 2024, MassHealth issued a notice stating that appellant had health insurance available through a job which meets the rules for Premium Assistance and that the people listed on the notice must enroll by April 28, 2024 or their MassHealth benefits could end. (Exhibit 1). The appellant filed this appeal in a timely manner on March 9, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Challenging an eligibility determination is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that appellant and her children must enroll in health insurance available through her job by April 28, 2024 or her MassHealth benefits may end.

### Issue

The appeal issue is whether MassHealth was correct in determining that appellant must enroll in employer sponsored health insurance.

### Summary of Evidence

The MassHealth representative appeared by telephone and testified to the following: appellant has a household size of 3. The appellant and her two children are both eligible for MassHealth Standard benefits and have a weekly income of \$720.00 which equals a gross monthly income of \$3,119.76. This equates to 139.99% of the federal poverty level. Appellant was sent a letter from Premium Assistance on February 28, 2024 which states that she has employer-sponsored health insurance available through her job. The insurance meets the rules for MassHealth Premium Assistance and appellant and her children must enroll in that insurance by April 28, 2024 otherwise their MassHealth coverage will end (see Exhibit 1). The notice further states that if a person listed on the notice is a child or dependent 19 years or older they maybe not need to enroll in the health insurance through your job, but they must call the MassHealth number provided by April 28, 2024 (Exhibit 1).

The appellant appeared by telephone and testified that her income is not always the same and fluctuates. The appellant further stated that her job does offer insurance, but it is approximately \$120.00 a month and it does not allow her to go to the clinics and hospital she needs to for services. The appellant stated that she understood that MassHealth would pay part of the premium owed for the employer-sponsored health insurance but stated that she did not want to take it. The appellant also stated that her work permit actually expires in July and she is not sure that she will be allowed to keep the job that she has. The appellant reiterated that she did not want to enroll in the employer-sponsored health insurance.

## **Findings of Fact**

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

1. The appellant and her two children are on MassHealth Standard benefits.
2. On or around February 28, 2024 appellant was sent a letter from Premium Assistance which stated that she had employer-sponsored health insurance available through her job that she must enroll in prior to April 28, 2024 or her MassHealth coverage will end.
3. The appellant worked and had a gross monthly income of \$3,119.76 which equates to 139.99% of the federal poverty level.
4. Appellant did not want to enroll in the employer-sponsored health insurance because she said that it does not allow her to go to the clinics and hospitals she needs to for services.
5. The appellant understood that MassHealth Premium Assistance would help assist her in paying for the employer-sponsored health insurance.

## Analysis and Conclusions of Law

The issue on appeal is whether appellant has to enroll in employer-sponsored health insurance in order to keep her MassHealth Standard coverage.

130 CMR 505.002(N) states the following:

(N) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

**(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard**

**(a)** have health insurance that MassHealth may help pay for; or

**(b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.**

**(2)** The individual receives MassHealth Standard while MassHealth investigates the insurance.

**(a)** Investigations for Individuals Who Are Enrolled in Health Insurance.

1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that MassHealth will provide MassHealth Standard Premium Assistance Payments as described at 130 CMR 506.012: Premium Assistance Payments.

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual is eligible for MassHealth Standard Direct Coverage.

3. Individuals described at 130 CMR 505.002(F)(1)(d) will not undergo an investigation.

**(b)** Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines the individual has access to employer-sponsored health insurance and the employer is contributing at least 50% of the premium cost 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. MassHealth allows the individual up to 60 days to enroll in this coverage.** Once enrolled in this health insurance plan, MassHealth provides MassHealth Standard Premium Assistance Payments as described in 130 CMR 506.012: Premium Assistance Payments. **Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility for all individuals unless the individual is younger than 21 years old or is pregnant.**

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual is eligible for MassHealth Standard

Direct Coverage.

3. Individuals described at 130 CMR 505.002(F) and (G) will not undergo an investigation.

(Emphasis added). Based on the above MassHealth did not err in issuing the February 28, 2024 notice requesting that appellant enroll in her employer-sponsored health insurance by April 28, 2024 or her MassHealth benefits will end. MassHealth provided 60 days to enroll in the coverage which is within the time span permitted under 130 CMR 505.002(N)(b)(1). The regulations are clear that failure to enroll in the benefits will result in the loss or denial of benefits unless the individual is younger than 21 years of age or pregnant. Thus, it should be noted that appellant's minor children should not lose benefits for failure to enroll in the employer-sponsored plan. Based on the above, this 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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Radha Tilva  
Hearing Officer  
Board of Hearings

cc:

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