

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403910
Decision Date:	5/30/2024	Hearing Date:	4/24/2024
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Geraldine Eliscard, Charlestown MEC
Roxana Noriega, Premium Assistance

Interpreter:
Spanish



*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, premium assistance, ESI
Decision Date:	5/30/2024	Hearing Date:	4/24/2024
MassHealth's Rep.:	Geraldine Eliscard, Roxana Noriega	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (remote)	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated March 3, 2024, MassHealth terminated Appellant's benefit because Appellant had not enrolled in the required employer-sponsored health insurance. Exhibit 1. 130 CMR 503.007(A). Appellant filed this appeal in a timely manner on March 12, 2024 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit because Appellant had not enrolled in the required employer-sponsored health insurance.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant was required to enroll in her employer's insurance.

Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and a Premium Assistance representative. Appellant appeared by phone and testified with the assistance of a Spanish interpreter. A summary follows.

Appellant and her family have had MassHealth's Standard benefit since [REDACTED]. Appellant became eligible for employer-sponsored insurance (ESI). MassHealth is the payor of last resort. If a member is offered insurance through their employer, MassHealth issues an ESI form for the member and employer to complete to determine the cost effectiveness of the ESI plan. Here, MassHealth determined that Appellant's ESI plan is cost-effective, and Appellant was eligible for MassHealth assistance to cover the cost of the ESI premium. On March 3, 2024, MassHealth notified Appellant that her benefit would terminate on March 17, 2024 because Appellant had not enrolled in ESI as required by regulation. Exhibit 1.

On April 2, 2024, MassHealth sent a qualifying life event letter to Appellant and her employer, confirming that it would cover 100% of Appellant's ESI premium. Appellant would have 60 days to enroll in her ESI plan. Appellant's employer would deduct the premium from Appellant's paycheck and Appellant would receive a reimbursement check from MassHealth. Appellant's family members were protected by the appeal and receiving MassHealth Standard pending the outcome. Appellant's family would continue to receive MassHealth Standard as secondary insurance to the ESI insurance if Appellant's income remained within MassHealth's limit.

Appellant confirmed that she would have to enroll and submit an enrollment letter and/or copies of the front and back of her insurance card to confirm enrollment. Appellant testified that she would talk to her employer about when the next time the insurance representatives would be available to help her enroll. Appellant expressed gratitude that she and her family would remain covered. Appellant has low income and the thought of losing her insurance was stressful.

Findings of Fact

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

1. On March 3, 2024, MassHealth notified Appellant that her benefit would terminate on March 17, 2024 because Appellant had not enrolled in ESI as required by regulation. Exhibit 1.
2. Appellant filed this appeal in a timely manner on March 12, 2024 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.
3. Appellant has ESI available.

4. On April 2, 2024, MassHealth sent a qualifying life event letter to Appellant and her employer, confirming that it would cover 100% of Appellant's ESI premium. Appellant would have 60 days to enroll in her ESI plan.

Analysis and Conclusions of Law

MassHealth regulations provide an overview of MassHealth Standard eligibility at 130 CMR 505.002, which includes the following regarding other sources of health insurance:

(M) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012: *Premium Assistance Payments*. Members must access other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

130 CMR 505.002(M).

Under 130 CMR 503.007, MassHealth "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." Regarding health insurance, the regulation provides that

(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 ■ years of age or pregnant.

130 CMR 503.007(A).

Appellant is required to obtain and maintain health insurance and has ESI available to her through her employer. Accordingly, MassHealth was not incorrect in issuing the March 3, 2024 notice terminating Appellant's benefit for failing to enroll in ESI. As such, this appeal is denied. However, any of Appellant's family members on MassHealth Standard who are under ■ years of age or are pregnant would be exempt from this qualification under 130 CMR 503.007(A)(1) and (2).

Order for MassHealth

Remove aid pending.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Premium Assistance – Kim Johnson-Cheek