

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2405273
<b>Decision Date:</b>	5/15/2024	<b>Hearing Date:</b>	05/07/2024
<b>Hearing Officer:</b>	Radha Tilva		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Roxana Noriega, Premium Assistance  
Christine Lessard Richelson, Tewksbury Rep.



*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 – PA - ESI
<b>Decision Date:</b>	5/15/2024	<b>Hearing Date:</b>	05/07/2024
<b>MassHealth’s Rep.:</b>	Christine Lessard; Roxana Noriega	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury 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 March 14, 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 May 13, 2024 or their MassHealth benefits could end (Exhibit 1). The appellant filed this appeal in a timely manner on March 29, 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 May 13, 2024 or her MassHealth benefits may end.

## Issue

The appeal issue is whether MassHealth was correct in determining that appellant and her children 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 gross monthly income of \$840.00 (MassHealth testimony). This equates to 27.53% of the federal poverty level. Appellant was sent a letter from Premium Assistance on March 14, 2024 which stated 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 May 13, 2024 otherwise their MassHealth coverage will end (see Exhibit 1). The notice further stated that, if a person listed on the notice is a child or dependent ■ 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 May 13, 2024 (Exhibit 1). It was explained at hearing to the appellant that MassHealth Premium Assistance would reimburse the appellant the cost of either one of the employer-sponsored health plans at 100% and that the payment would be made one month in advance to the appellant. It was also explained to appellant that she would be able to keep MassHealth Standard as her secondary health insurance.

The appellant appeared by telephone and testified that cannot feed her kids and pay for her health insurance. The appellant does not have credit or cash to pay the health insurance premium and appellant does not make enough money after she takes into account her expenses and that of her children. The appellant also stated that she has a pre-existing medical condition that requires care from her physicians and that her doctors do not take the health insurance offered by her employer.

## Findings of Fact

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

1. The appellant and her two children are eligible for (and receiving) MassHealth Standard benefits based off a gross monthly income of \$840.00.
2. Appellant's employer offers employer-sponsored health insurance which meets the state regulations.
3. On March 14, 2024 Premium Assistance sent a letter informing appellant she has employer-sponsored health insurance available through her job which meets the rules for MassHealth Premium Assistance and appellant and her children must enroll in that insurance by May 13, 2024 otherwise their MassHealth coverage will end.
  - a. There were two plans through her employer which met the criteria.

4. MassHealth will pay 100% of the premium for the employer-sponsored health insurance and will send the check to cover the cost of the insurance one month in advance.
5. The appellant does not want to sign up for her employer-sponsored insurance as she has a medical condition and does not want to change her providers.
6. The appellant does not have any savings and cannot afford to pay for the health insurance and feed her children.

## Analysis and Conclusions of Law

The issue on appeal is whether the 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 March 14, 2024 notice requesting that appellant enroll in her employer-sponsored health insurance by May 13, 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 ■ 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: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957