

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2406726
Decision Date:	7/31/2024	Hearing Date:	06/12/2024
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:



Appearance for MassHealth:

Berdine Viaud (MEC) with Roxana Noriega
(Premium Assistance)



*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:	Community Eligibility; under 65
Decision Date:	7/31/2024	Hearing Date:	06/12/2024
MassHealth's Rep.:	Berdine Viaud	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

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 April 10, 2024, MassHealth Informed Appellant that members of her household had to enroll in employer-sponsored health insurance or risk losing their MassHealth benefits (Exhibit A). Appellant filed this appeal in a timely manner on April 29, 2024 (see 130 CMR 610.015(B) and Exhibit A). Eligibility determination involving a change of benefits constitutes an appealable action. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth Informed Appellant that members of her household had to enroll in employer-sponsored health insurance or risk losing their MassHealth benefits.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts in determining that members of Appellant's household had to enroll in employer-sponsored health insurance or risk losing their MassHealth benefits.

Summary of Evidence

Both parties appeared by telephone.

Masshealth was represented by a worker from the Quincy MEC and a member of the Premium Assistance Unit. The MassHealth representatives testified that the agency issued a notice to Appellant on April 10, 2024 informing her that her two children must enroll with employer-sponsored health insurance that is available to them by June 9, 2024 or their MassHealth benefits may end. As of the date of hearing, neither child had enrolled in the employer-sponsored insurance.

Appellant's husband testified that the letter also referred to himself and Appellant.¹ The husband raised concerns with "economic hardship", "clarity and transparency", "continuity of care" and the "redundancy of the children already being covered by MassHealth". The husband expressed concerns with being unable to get any information from MassHealth about what would be covered under premium assistance and feel frustrated with being told to sign-up for the employer-sponsored health insurance without knowing any of the basic information needed to make an informed decision. The husband discussed the fact that he is disabled and has a number of health concerns and that his son recently had surgery and requires follow-up care. For the sake of continuity of care, he asked that the family be allowed to maintain their current coverage through the Health Connector.

The MassHealth representatives testified that Appellant, as the employed household member with the employer-sponsored health insurance, she would be required to enroll along with her two children, but her husband who has Health Connector benefits would not. The husband can choose not to enroll with the employer-sponsored insurance and remain on the Health Connector. The MassHealth representative also testified that notice number 900123 dated April 10, 2024 identifies 6 different plans that are available to Appellant and Premium Assistance would cover 100% of the premiums for any of these six plans. The MassHealth representative also testified that the once the children are enrolled, the employer-sponsored health insurance would serve as their primary insurer and they would still have MassHealth as a secondary insurer to cover anything not covered by the employer-sponsored insurance.

In response, Appellant and her husband stated that despite numerous attempts to get clarification and information from MassHealth, this was the first time that they were told that the premiums would be covered at 100% and that the enrollment requirement did not apply to the husband. Appellant testified that regardless of the new information, she and her husband

¹ Appellant received two notices dated April 10, 2024. One notice directs Appellant to enroll her two children in the employer-sponsored health insurance. The second notice informs Appellant that she is eligible for Premium Assistance, but it does not state what percentage of the premiums would be covered and also identifies the "Individuals to be enrolled" as Appellant's two children and Appellant's husband (Exhibit A).

want to remain on the Health Connector.

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. Appellant is an adult female who resides in the community with her husband and two minor children.
2. The two children currently receive MassHealth and Appellant and her husband receive health insurance through the Connector Authority.
3. Appellant is employed and has 6 health insurance plans offered to her by her employer that meet the MassHealth minimum benefit level for coverage.
4. Appellant is eligible for MassHealth Premium Assistance which will pay 100% of the premiums for any of the 6 employer-sponsored plans available to Appellant.
5. MassHealth is requiring Appellant and her two children to enroll in one of the 6 employer-sponsored health plans.
6. Once enrolled, the two children will continue to have MassHealth as a secondary insurer.
7. Appellant's husband may remain on the Health Connector and is not required to enroll in the employer-sponsored plans.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

On this record, Appellant has not met her burden of demonstrating that the agency's action of requiring her and her two children to enroll in qualified employer-sponsored health insurance is in any way invalid.

MassHealth regulation 130 CMR 505.002 (M) (emphasis supplied) states:

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.

There has been no showing by Appellant that each of the six employer plans available to her do not meet the minimum benefit level or that enrolling in them will be more costly to her. This record shows that MassHealth Premium Assistance will cover 100% of the premiums and the children will continue to have MassHealth as a secondary insurer.

On this record, there is no basis in fact or law to overturn MassHealth's action. Accordingly, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171