

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407421
Decision Date:	8/22/2024	Hearing Date:	07/02/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearances for MassHealth:
Hajar Bantour (Quincy 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/Obligation to Enroll in ESI
Decision Date:	8/22/2024	Hearing Date:	07/02/2024
MassHealth's Reps.:	Hajar Bantour; Roxana Noriega	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 April 3, 2024, MassHealth notified the appellant that it had determined that the appellant's family had health insurance available through an employer and that two of his children had to be enrolled in that insurance by June 2, 2024 or they could lose their assistance. (See 130 CMR 506.012 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on May 9, 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).

In a letter dated May 20, 2024, the Board of Hearings scheduled the hearing for June 12, 2024 at 9:45 a.m. (Ex. 4). On May 31, 2024, the appellant contacted the Board, requesting that the hearing be rescheduled because his daughter was graduating on the morning of [REDACTED] and he did not want to miss her graduation. (Ex. 5). The Board granted the appellant's request, and the hearing was rescheduled to July 2, 2024. (Ex. 5; Ex. 6).

Action Taken by MassHealth

MassHealth notified the appellant that since his family had access to employer sponsored insurance, two of his children would need to be enrolled in that insurance no later than June 2,

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 two of the appellant's children were required to be enrolled in employer sponsored health insurance.

Summary of Evidence

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

The MassHealth representative testified to the following. The appellant is under the age of [REDACTED] years old and is the head of a household of five, which includes his spouse and three children. (Testimony; Ex. 3). The appellant's two eldest children are over the age of [REDACTED] years old, and his youngest child is under the age of [REDACTED] years old. (Testimony). The household's gross monthly income (GMI) totals \$9,853.83. (Testimony). The income is from employment and consists of the incomes of the appellant, \$2,004.42, his spouse, \$4,813.25, the eldest child, \$1,645.00, and the middle child, \$1,391.33. (Testimony). The household's income places them at 318.26% of the federal poverty limit (FPL). (Testimony).

At the time MassHealth sent the appellant the notice under appeal, both the middle and youngest children were eligible for MassHealth Family Assistance. (Testimony). MassHealth closed their coverage on June 8, 2024 because they were not enrolled in employer sponsored insurance. (Testimony). After MassHealth sent the appellant the notice under appeal, but prior to the hearing, the middle of the appellant's three children turned [REDACTED] years old and is no longer eligible for Family Assistance. (Testimony). The middle child is now receiving a Type 3C ConnectorCare Plan. (Testimony).

Despite the family's income exceeding 300% of the FPL, the appellant's youngest child is still eligible for Family Assistance. (Testimony). According to MassHealth policy¹, children under the age of [REDACTED] have continuous eligibility for 12 months after the household's income exceeds the income limit. (Testimony). October 31, 2024 marks the end of 12 months since the household's income first exceeded the income limit and therefore the appellant's youngest child's is still eligible to receive Family Assistance until that date. (Testimony).

¹ Despite not being explicitly cited, the MassHealth representative is referring to the policy contained in Eligibility Operations Memo 24-02, which states that "[a]s of January 1, 2024, MassHealth has provided 12 months of continuous eligibility for children younger than the age of [REDACTED] enrolled in Medicaid and CHIP programs. Even if a child or household experiences a change in circumstances that would otherwise make the child ineligible for benefits, their 12-month continuous eligibility period will not be affected, except as outlined in this EOM."

The Premium Assistance representative testified next. The Premium Assistance Unit sent a Qualifying Event letter to the appellant on April 3, 2024 with a list of seven plans that MassHealth would cover at 100%. (Testimony; Ex. 1). The letter informed the appellant that the youngest and middle children needed to be enrolled. (Testimony; Ex. 1). MassHealth does pay premium assistance one month in advance, and the employee sponsored insurance would be the covered child's primary insurance. (Testimony). Anything that the employer's insurance did not cover, MassHealth would pick up. (Testimony). The Premium Assistance Unit does offer the option of payment of the premium check by direct deposit. (Testimony). The Premium Assistance Unit is also able to issue a paper check. (Testimony). Since there was no evidence submitted indicating that either of the children were enrolled in the employer sponsored insurance, their Family Assistance terminated. (Testimony).

The appellant testified to the following. The insurance would be through his spouse's employer, which is a hospital. (Testimony). The appellant's spouse is a 24 hour a week part time employee. (Testimony). Although she may actually work more than 24 hours per week, she would not generally be eligible for benefits from the employer. (Testimony). Holding this aside, however, the appellant's spouse would only be eligible for one of the seven health insurance plans. (Testimony). The other six plans are only offered to members of the Massachusetts Nurses Association (MNA). (Testimony). The appellant's spouse is not a nurse and therefore cannot be a member of the MNA. (Testimony). She is not eligible for six of the plans the employer offers. (Testimony). She is only eligible for the one remaining health plan, which is the most expensive of all the employer's plans. (Testimony). It would require that she and the appellant's daughter only use the employer's medical providers. (Testimony). The appellant's family had been on this health plan in the past and not had good results. (Testimony). It would cost the appellant's spouse around \$330 per week for her own coverage. (Testimony). The appellant stated that at this time, the entire family other than his youngest child are on the same health plan through the Connector. (Testimony). They did not want to give that plan up. (Testimony).

Findings of Fact

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

1. The appellant is under the age of [REDACTED] years old and is the head of a household of five that also includes his spouse and three children. (Testimony; Ex. 3).
2. As of the date of the hearing, the appellant's eldest two children are over the age of [REDACTED] years old, and his youngest child is under the age of [REDACTED] years old. (Testimony).
3. The household's GMI totals \$9,853.83. (Testimony).
4. The household's income places them at 318.26% of the FPL. (Testimony).
5. The Premium Assistance Unit sent a Qualifying Event letter to the appellant on April 3,

2024 with a list of seven plans that MassHealth would cover at 100%. (Testimony).

6. Employer sponsored insurance is offered through the appellant's spouse's employer. (Testimony).
7. The letter informed the appellant that the youngest and middle children needed to be enrolled. (Testimony).
8. At the time MassHealth sent the notice under appeal, both the middle and youngest children were eligible for MassHealth Family Assistance. (Testimony).
9. MassHealth closed their coverage on June 8, 2024 because they were not enrolled in employer sponsored insurance. (Testimony).
10. After MassHealth sent the appellant the notice under appeal, but prior to the hearing, the middle of the appellant's three children turned ■ years old and is no longer eligible for Family Assistance. (Testimony).
11. The middle child is now receiving a Type 3C ConnectorCare Plan. (Testimony).
12. The appellant's youngest child is still eligible for Family Assistance, but this is slated to end on October 31, 2024. (Testimony).
13. Children under the age of ■ have continuous eligibility for 12 months after the household income exceeds the income limit and October 31 marks the end of that 12 months. (Testimony).
14. MassHealth does pay premium assistance one month in advance, and the employee sponsored insurance would be the covered child's primary insurance. (Testimony).
15. Anything that the employer's insurance did not cover, MassHealth would pick up. (Testimony).
16. The Premium Assistance Unit does offer the option of payment of the premium by direct deposit or paper check. (Testimony).

Analysis and Conclusions of Law

MassHealth determined that two of the appellant's children were categorically and financially eligible for Family Assistance. A criterion for receiving 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)). Pursuant to this regulation, 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 record shows that MassHealth determined that two of the appellant's children had access to health insurance through the appellant's spouse's employer. MassHealth sent the appellant a qualifying event letter on April 3, 2024. The letter informed the appellant that in order to continue receiving Family Assistance, the two children needed to be enrolled in one of seven plans sponsored by the spouse's employer within the next 60 days. The record shows that at the close of those 60 days, neither of the children had been enrolled in one of the employer sponsored plans. Although the appellant argued that his spouse was really eligible for only one of the seven plans, this did not obviate the requirement to enroll the children in at least that one plan. Furthermore, despite the fact that that the appellant argued that that plan was both expensive and insufficient, he presented no evidence that the plan did not meet the criteria contained in 130 CMR 506.012.

For the above stated reasons, 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

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