

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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| Appeal Decision: | DENIED | Appeal Number: | 2410651 |
| Decision Date: | 8/19/2024 | Hearing Date: | 08/13/2024 |
| Hearing Officer: | Sharon Dehmand | | |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Joseph Barbuzzi, Charlestown MEC
Roxana Noreiga, Premium Assistance

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

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|---------------------------|-----------------------------------|--------------------------|-------------------------------------|
| Appeal Decision: | DENIED | Issue: | Community Eligibility – under 65 |
| Decision Date: | 8/19/2024 | Hearing Date: | 08/13/2024 |
| MassHealth's Rep.: | Joseph Barbuzzi Roxana Noreiga | Appellant's Rep.: | Pro se |
| Hearing Location: | Remote | 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 May 31, 2024, MassHealth notified the appellant that her coverage will be ending on June 14, 2024, because she did not enroll in the required employer-sponsored health insurance. See 130 CMR 503.007 and Exhibit 1. The appellant filed this appeal in a timely manner on July 8, 2024. See 130 CMR 610.015(B) and Exhibit 2. Any action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant's coverage effective June 14, 2024, because she did not enroll in the required employer-sponsored health insurance.

Issue

Whether MassHealth was correct in terminating appellant's coverage for failure to enroll in the required employer-sponsored health insurance. See 130 CMR 503.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center and a worker from the Premium Assistance Unit (PAU). The appellant appeared pro se and through an interpreter verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The evidence presented showed that the appellant is an adult under the age of 65. The appellant has had MassHealth CarePlus since June 2017. The MassHealth representative testified that through a notice dated May 31, 2024, MassHealth notified the appellant that her coverage will end on June 14, 2024, because she did not enroll in the required employer-sponsored health insurance. Thus, Premium Assistance has placed a hold on her account.

The PAU representative testified that through a letter sent to the appellant's employer, PAU was able to confirm that her employer offers an employer-sponsored health insurance plan that meets the minimum credible coverage (MCC) requirements.

The appellant testified that she has reduced her work hours to 27 hours per week due to her medical condition. She said that her employer does not offer health insurance to employees who work under 30 hours per week. She provided a letter from her employer confirming the reduction in her work hours and argued that MassHealth should provide her with health insurance as her health is failing.

The PAU representative stated that the letter submitted by the appellant's employer does not state that she is not eligible for employer-sponsored health insurance. The PAU representative offered to follow up with the appellant's employer in order to get confirmation regarding the availability of employer-sponsored health insurance. Through an email, the PAU representative was able to confirm with the appellant's employer that she was indeed qualified for an employer-sponsored health insurance. She added that PAU cannot remove the block on the appellant's MassHealth until she enrolls in her employer-sponsored health insurance. Exhibit 6.

Findings of Fact

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

1. The appellant is an adult under the age of 65. (Testimony and Exhibit 2).
2. The appellant has had MassHealth CarePlus since June 2017. (Exhibit 4).
3. The appellant is employed and has access to employer-sponsored health insurance. (Testimony and Exhibit 6).

4. The appellant did not enroll in an employer-sponsored health insurance. (Testimony).
5. On May 31, 2024, MassHealth notified the appellant that her MassHealth coverage will end on June 14, 2024, because she did not enroll in the required employer-sponsored health insurance. (Testimony and Exhibit 1).
6. As of the hearing date, the appellant had not enrolled in her employer-sponsored health insurance. (Testimony).

Analysis and Conclusions of Law

MassHealth agency 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. See 130 CMR 503.007. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000. See 130 CMR 503.007(A).

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 21 years of age or pregnant. Id. The MassHealth agency does not pay for any health care and related services that are available (1) through the member's health insurance, if any; or (2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services. See 130 CMR 503.007(B).

Pursuant to 130 CMR 505.008, persons eligible for MassHealth CarePlus which provides coverage to adults 21 through 64 years old must use potential health insurance benefits in accordance with 130 CMR 503.007. See 130 CMR 505.008(C). Accordingly, MassHealth may conduct an investigation for individuals who are eligible for MassHealth CarePlus in the following manner:

...(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth CarePlus have

- (a) health insurance that MassHealth can help pay for; or
- (b) access to employer-sponsored insurance that MassHealth wants the individual to enroll and for which MassHealth will help pay.

1. Investigations for Individuals Who Are Enrolled in Health Insurance. 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 CarePlus Premium Assistance Payments as described at 130 CMR 506.012: Premium Assistance Payments. 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 CarePlus Direct Coverage.

2. Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance. If MassHealth determines the individual has access to employer-sponsored insurance and the employer is contributing at least 50% of the premium cost and the insurance meets all other criteria described in 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that they must enroll in this employer-sponsored coverage. MassHealth will allow the individual up to 60 days to enroll in this coverage. Once enrolled in the health insurance plan, MassHealth will provide MassHealth CarePlus Premium Assistance Payments as described at 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 loss or denial of eligibility for all individuals.

(2) If MassHealth determines the individual does not have access to employer-sponsored insurance, the individual continues to be eligible for MassHealth CarePlus.

130 CMR 505.008(D).

Based on this record, the appellant is an adult between the ages of 21 and 65. See Exhibit 4. The PAU representative testified that after conducting an investigation, she was able to confirm that the appellant was currently employed, and that her employer offered an employer-sponsored health insurance. See 130 CMR 505.008(D)(1)(MassHealth may perform an investigation to determine if individuals receiving MassHealth CarePlus have access to employer-sponsored health insurance).

Although, the appellant testified that she had reduced her work hours and did not qualify for employer-sponsored health insurance, the letter she submitted from her employer in order to corroborate her testimony was devoid of such assertion. Thus, the appellant did not meet her burden of proof. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(“[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings”).

Additionally, on August 13, 2024, through an email, the PAU representative was able to reconfirm with the appellant’s employer that she was in fact eligible for employer-sponsored health insurance. See Exhibit 6. Accordingly, the appellant’s failure to enroll in an employer-sponsored health insurance correctly resulted in the termination of her MassHealth coverage.

For the foregoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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