

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2413723
Decision Date:	10/16/2024	Hearing Date:	10/10/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Adriel Torres, Quincy MEC



*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:	10/16/2024	Hearing Date:	10/10/2024
MassHealth's Rep.:	Adriel Torres	Appellant's Rep.:	[REDACTED]
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 July 31, 2024, MassHealth notified the appellant that he is required to enroll in his employer-sponsored health insurance by September 29, 2024, or his MassHealth benefits may end. See 130 CMR 503.007 and Exhibit 1. The appellant filed this appeal in a timely manner on September 3, 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 notified the appellant that he is required to enroll in his employer-sponsored health insurance by September 29, 2024, or his MassHealth benefits may end.

Issue

Whether MassHealth was correct in its determination that the appellant was required to enroll in his employer-sponsored health insurance. See 130 CMR 503.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center. The appellant appeared with his appeal representative and verified his 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 MassHealth representative stated that the appellant has had MassHealth coverage since birth through his parents. Once that coverage ended, the appellant submitted an initial application to MassHealth on his own behalf on June 12, 2024. On the same day, he was approved for MassHealth CommonHealth. On July 19, 2024, the appellant submitted an employer-sponsored insurance form. The appellant's employer offers an employer-sponsored health insurance plan that meets the minimum credible coverage (MCC) requirements. The MassHealth representative testified that through a notice dated July 31, 2024, MassHealth notified the appellant that he must enroll in this insurance by September 29, 2025, or risk losing his MassHealth benefits. The appellant did not enroll in his employer-sponsored health insurance. On October 4, 2024, a termination notice for failure to enroll in the required employer-sponsored health insurance was issued by MassHealth.

The appellant testified that an employer-sponsored health insurance is in fact available through his employer. However, he stated that his employer has been uncooperative, making it difficult for him to obtain the necessary information. In particular, he stated that he has been unable to get clear information regarding his employer-sponsored health insurance coverage types and the enrollment process. He stated that he was informed that MassHealth is pursuing legal action against his employer. During the hearing, and in a letter he submitted, the appellant argued that it is unreasonable to expect him to enroll in his employer-sponsored health insurance because the employer is not compliant with "assisting in the health insurance process with MassHealth." See Exhibit 5.

The appellant's representative stated that it is extremely difficult to contact anyone in the human resources department, but she added that she will do her best to assist the appellant.

Findings of Fact

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

1. The appellant is under the age of 65. (Testimony and Exhibit 2).
2. The appellant has had MassHealth coverage since birth through his parents. (Testimony and Exhibit 4).

3. The appellant submitted an initial application to MassHealth on June 12, 2024. On the same day, he was approved for MassHealth CommonHealth. (Testimony).
4. The appellant is employed and has access to employer-sponsored health insurance plan that meets the MCC requirements. (Testimony).
5. On July 31, 2024, MassHealth notified the appellant that he must enroll in his employer-sponsored health insurance by September 29, 2025, or risk losing his MassHealth benefits. (Testimony and Exhibit 1).
6. The appellant did not enroll in his employer-sponsored health insurance. (Testimony).
7. The appellant filed this appeal in a timely manner on September 3, 2024. (Exhibit 2).
8. On October 4, 2024, a termination notice for failure to enroll in the required employer-sponsored health insurance was issued by MassHealth. (Testimony).
9. As of the hearing date, the appellant had not enrolled in his 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 [REDACTED] 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 505.004(B), persons eligible for MassHealth CommonHealth which provides coverage to disabled working adults between [REDACTED] years of age must use potential health insurance benefits in accordance with 130 CMR 503.007. See 130 CMR 505.004(J). Accordingly, MassHealth may conduct an investigation for individuals who are eligible for MassHealth CommonHealth in the following manner:

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

(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 CommonHealth while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance.

1. If MassHealth determines that the health insurance that 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 CommonHealth Premium Assistance as described at 130 CMR 506.012: Premium Assistance Payments.

2. If MassHealth determines that the health insurance that the individual is enrolled in does not meet the criteria at 130 CMR 506.012: Premium Assistance Payments, the individual continues to be eligible for MassHealth CommonHealth.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines that the individual has access to employer-sponsored health insurance, 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 allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides 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 [REDACTED] the individual is [REDACTED], and has household income less than or equal to 150% of the federal poverty level, or is pregnant.

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

See 130 CMR 505.004(K).

Based on this record, the appellant is an adult between the ages of [REDACTED] See Exhibit 4. The MassHealth representative stated that the appellant has an available employer-sponsored health insurance which meets the MCC requirements. See 130 CMR 505.004(K)(1).

The appellant admitted that an employer-sponsored health insurance is available to him but

complained that his employer has been uncooperative, making it difficult for him to obtain the necessary information. He added that he has been unable to get clear information regarding his employer-sponsored health insurance coverage types and the enrollment process. The appellant posits that it is therefore unreasonable for him to be forced to enroll in his employer-sponsored insurance because they are “noncompliant with assisting in the health insurance process with MassHealth.” This argument fails.

The appellant has access to employer-sponsored health insurance. This insurance meets the MCC requirements. It is the appellant’s obligation to enroll in this insurance. See 130 CMR 503.007(A)(every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000). Thus, the appellant’s argument lacks any support under the relevant regulations and fails to meet the burden of proof required. 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”). Accordingly, MassHealth correctly determined that the appellant was required to enroll in his employer-sponsored health insurance.

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

[REDACTED]

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