

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2415382
<b>Decision Date:</b>	1/3/2025	<b>Hearing Date:</b>	11/04/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Elizabeth Nickoson, Taunton MEC  
Roxanna 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Premium Assistance
<b>Decision Date:</b>	1/3/2025	<b>Hearing Date:</b>	11/04/2024
<b>MassHealth's Rep.:</b>	Elizabeth Nickoson Roxanna Noriega	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Appellant received notice dated September 29, 2024 that he does not qualify for MassHealth because he did not enroll in the required employer-sponsored health insurance. (Ex. 1). The appellant filed an appeal timely on October 7, 2024 (Ex. 2). The termination of benefits is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified appellant his MassHealth coverage is ending October 13, 2024 because he did not enroll in his employer-sponsored health insurance plan.

### Issue

In accordance with 130 CMR 130 CMR 503.007, was MassHealth correct in terminating the appellant's coverage for failure to enroll in his employer-sponsored health insurance?

## Summary of Evidence

Appellant appeared pro se by phone. The MassHealth worker (worker) and the Premium Assistance representative also appeared by phone. The hearing commenced, all were sworn and exhibits 1-6 were marked as evidence. The worker stated appellant is in a household of 2 with a monthly income from employment of \$4,581.49. She stated MassHealth calculates gross income. Appellant is disabled and has the MassHealth CommonHealth benefit with a monthly premium. The worker testified if appellant chose not to join his employer-sponsored insurance he would no longer be eligible for MassHealth as MassHealth is the payor of last resort. The worker stated aid pending had been applied. (Testimony).

The Premium Assistance representative stated they contacted appellant's employer and the employer did offer employer sponsored insurance. Premium Assistance sent a Qualifying Event Letter with 1 plan listed to appellant and informed appellant MassHealth would cover 100% of the monthly premium. They calculated a monthly premium for 52 weeks a year at \$410.64 and Premium Assistance pays one month in advance. The Premium Assistance representative stated the monthly premium appellant pays for CommonHealth would be deducted from his Premium Assistance payment and therefore, appellant would not have an extra premium payment. As of the hearing date, Premium Assistance had not heard back from appellant as to whether he had enrolled in the plan and the Premium Assistance representative stated the case was in a pending status. (Testimony).

Appellant stated he had no questions for the worker or the Premium Assistance Representative. Appellant did not disagree with the monthly income MassHealth stated in their testimony. He testified he has monthly bills and taxes that are not being taken into consideration.

## Findings of Fact

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

1. Appellant received notice dated September 29, 2024 that he does not qualify for MassHealth because he did not enroll in the required employer-sponsored health insurance. (Ex. 1).
2. Appellant's employer's health insurance meets the criteria for Premium Assistance payments. (Testimony).
3. Appellant is over the age of 21 and is currently receiving MassHealth CommonHealth benefits. (Testimony).
4. MassHealth Premium Assistance would cover the entire cost of the appellant's share of

the employer's health insurance premium. (Testimony).

5. Appellant was sent a Qualifying Event Letter by Premium Assistance. (Testimony).
6. The monthly premium appellant pays for CommonHealth would be deducted from his Premium Assistance payment. (Testimony).
7. Aid pending has been applied. (Ex. 5).

## **Analysis and Conclusions of Law**

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

### **503.007: Potential Sources of Health Care**

The 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.

(A) Health Insurance. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. 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 old or pregnant.

(B) Use of Benefits. 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.

(C) Employer-sponsored Health Insurance. The MassHealth agency may enroll MassHealth members in available employer-sponsored health insurance if that insurance meets the criteria for payment of premium assistance under 130 CMR 506.012(B): Criteria.

Here, appellant was sent a Qualifying Event Letter by Premium Assistance. At hearing, appellant stated that after he pays his taxes and various other bills, he could not afford the employer-sponsored insurance. Premium Assistance informed appellant that Premium Assistance would reimburse him fully for any premium and the worker told appellant MassHealth calculates eligibility by gross earnings. Based upon the evidence in the record, I find MassHealth was correct in determining appellant must enroll in his employer sponsored health insurance. Pursuant to 130 CMR 503.007(A), MassHealth correctly moved to terminate his MassHealth coverage due to his failure to enroll in that insurance. The appeal is therefore denied.

## **Order for MassHealth**

None, other than to end aid pending.

## **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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Thomas Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616