

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2500793
<b>Decision Date:</b>	04/01/2025	<b>Hearing Date:</b>	03/19/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**




**Appearances for MassHealth:**

Monica Ramirez, Quincy MassHealth  
Enrollment Center; Roxana Noriega, Premium  
Assistance Unit



*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>	Community eligibility – under 65; Premium Assistance
<b>Decision Date:</b>	04/01/2025	<b>Hearing Date:</b>	03/19/2025
<b>MassHealth's Reps.:</b>	Monica Ramirez; Roxana Noriega	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South 3 (Telephone)	<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

Through a notice dated January 2, 2025, MassHealth informed the appellant that her minor child's MassHealth benefits were ending on January 16, 2025, because the minor child "had been getting benefits based on MassHealth's continuous coverage rules. Our records show that this person no longer meets the rules as they are described in Massachusetts regulation 130 CMR 505.000." *See* 130 CMR 505.000 and Exhibit 1. The Appellant filed this appeal in a timely manner on January 13, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Termination of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth informed the appellant that her minor child's MassHealth benefits were being terminated.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.000, in determining that it was appropriate to terminate the minor child's MassHealth coverage.

## Summary of Evidence

The appellant appeared telephonically; she verified her identity and her minor child's identity. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center and a worker from the Premium Assistance unit; they both appeared telephonically. The following is a summary of the testimony and documentary evidence presented at the hearing:<sup>1</sup>

The MassHealth representative stated that the appellant is appealing the January 2, 2025, termination notice that was sent to her minor child. The appellant resides in a household of two, which consists of the appellant and her minor child. The MassHealth representative explained that the reason for the termination in coverage is because the appellant's minor child had been enrolled in MassHealth Family Assistance pursuant to MassHealth's continuous coverage rules<sup>2</sup>. The minor child was eligible to receive, and did receive, MassHealth Family Assistance beginning in December 2023 through December 2024. In December 2024, the appellant's income was verified as \$56,293.00 annually. For a household of two, this equates to a Federal Poverty Level (FPL) of 270.41%. Testimony.

The MassHealth representative stated that the reason that the minor child's benefits were being terminated is because earlier in 2024, the appellant was notified by MassHealth that she needed to enroll her minor child in her Employer Sponsored Insurance (ESI), and that is a requirement

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<sup>1</sup> Before opening the hearing, the Hearing Officer explained that this is the second scheduled hearing for this appeal. At the previous hearing, on February 13, 2025, a different MassHealth case worker explained to this Hearing Officer that he and the appellant had called MassHealth's Premium Assistance unit together prior to hearing and that the Premium Assistance representative told them that the only way the member's issue could be resolved was at hearing. The appellant then requested that this appeal be rescheduled with a Premium Assistance representative. The appellant also stated that she had requested "Aid Pending" be applied to her case when she called the Board of Hearings to request a Fair Hearing on January 13, 2025. The Fair Hearing Request, Exhibit 2, indicated the appellant had declined Aid Pending. The Hearing Officer agreed to (i) investigate whether Aid Pending should have been applied to this appeal and (ii) reschedule this appeal. The Hearing Officer then closed the previous hearing. No other testimony was taken at the previous hearing. After the hearing concluded, this Hearing Officer requested that Aid Pending protection be applied from the date of the end of the appellant's coverage (January 16, 2025) to this appeal by the Board of Hearings. See Exhibits 5 and 6.

<sup>2</sup> Pursuant to MassHealth Eligibility Operations Memo 24-02, "Continuous Eligibility for Certain MassHealth Members" (March 2024): "As of January 1, 2024, MassHealth has provided 12 months of continuous eligibility for children younger than the age of 19 enrolled in Medicaid and CHIP programs. Even if a child or household experienced 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."

under the regulations for her minor child's MassHealth benefits to continue.<sup>3</sup> The MassHealth representative further stated that the appellant's household is eligible for Premium Assistance; a qualifying event letter was sent to the household in 2024 and her employer has fifteen (15) eligible plans for the appellant to enroll in. The appellant is eligible to have MassHealth cover 100% of the cost of the premiums for her household once she enrolls in her employer sponsored insurance plan.

The appellant agreed with MassHealth's calculation of her income and household's FPL. The appellant testified that her child's pediatrician does not take any of the health insurance plans offered by her employer, that she has been waiting for a neuropsychiatric evaluation for her son for a year, and that is why she did not enroll in one of her employer's plans. Neither her child's current pediatrician, nor the neuropsychiatric provider take any of the 15 employer sponsored insurance plans and she does not want to change these doctors. The Premium Assistance representative responded that unfortunately, there is nothing in the regulations that will allow Premium Assistance to consider continuity of providers for the appellant. According to the Premium Assistance representative, if a member is receiving MassHealth benefits and MassHealth determines you have ESI available, you must enroll in the ESI or you will lose your MassHealth benefits. Testimony. The appellant expressed concern that the enrollment period for her employer's health plan had already ended. The Premium Assistance representative agreed to have another qualifying event letter sent to the appellant's employer so that she could enroll in one of her employer's 15 eligible health plans.

## 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 who resides in a household of two comprised of the appellant and her minor child. Testimony.
2. On January 2, 2025, MassHealth informed the appellant that her minor child's MassHealth benefits were being terminated on January 16, 2025. Exhibit 1.
3. The appellant filed a timely appeal on January 13, 2025. Exhibit 2.
4. The appellant's minor child was entered into the continuous eligibility period from December 2023 through December 2024, pursuant to EOM 24-02, and was enrolled in MassHealth Family Assistance.

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<sup>3</sup> The appellant did not dispute receiving several notices from MassHealth in late 2024 informing her that she must enroll in her employer sponsored insurance. The Hearing Officer was unable to locate any records at the Board of Hearings that indicated that the appellant had appealed such a previous notice in 2024. The only notice on appeal is the January 2, 2025 notice terminating the minor child's Family Assistance benefit.

5. The household's income is 270.41% of the federal poverty level. Testimony.

## Analysis and Conclusions of Law

The financial eligibility criteria for Family Assistance for minor children are outlined as follows:

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level. Children younger than 19 years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

**(1) Eligibility Requirements. A child is eligible if**

- (a) the child is younger than 19 years old;**
- (b) the child's modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL);**
- (c) the child is ineligible for MassHealth Standard or CommonHealth;**
- (d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;
- (e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:**

- 1. the child is uninsured; or
- 2. **the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments.***

(2) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Family Assistance. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance

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

1. Investigations for Individuals Who Are Enrolled in Health Insurance.

- a. 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 Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*.
- b. 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 continues to be eligible for MassHealth Family Assistance.

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

a. If MassHealth determines 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 at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Premium Assistance* and 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.**

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

130 CMR 505.005(B)(emphasis added in bold).

Here, there is no dispute that the appellant's minor child financially qualifies for MassHealth Family Assistance; at the hearing, the appellant agreed with MassHealth's calculation of her annual income and household FPL of 270.41%. However, the appellant also acknowledged receiving notices from MassHealth in 2024 that directed her to enroll in one of her employer's health insurance plans, and the appellant testified that she did not enroll her household in her employer sponsored insurance when she was directed to do so by MassHealth.

Therefore, MassHealth did not err when it determined that the appellant's household no longer meets the rules under the regulations for continuous coverage, and MassHealth did not err when it sent the January 2, 2025 notice to the appellant informing her that her minor child's Family Assistance benefit would end on January 16, 2025. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss of eligibility. See 130 CMR 505.005(B)(2).

For these reasons, this appeal is DENIED.

## **Order for MassHealth**

Remove 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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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

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