

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|----------------|------------------------|-----------|
| Appeal Decision: | Denied | Appeal Number: | 2500870 |
| Decision Date: | 06/10/2025 | Hearing Date: | 2/12/2025 |
| Hearing Officer: | Patrick Grogan | Record Open to: | 3/28/2025 |

Appearance for Appellant:



Appearance for MassHealth:

Stella Mudanya, MassHealth Charlestown,
Roxana Noriega, Premium Assistance

Interpreter:

N/A



*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: | Premium Assistance, Enrollment in Employer-Sponsored Insurance |
| Decision Date: | 06/10/2025 | Hearing Date: | 2/12/2025 |
| MassHealth's Reps.: | Stella Mudanya Roxana Noriega | Appellant's Rep.: | |
| Hearing Location: | Remote (Tel) | 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 December 17, 2025, MassHealth determined that the Appellant had not enrolled in the required employer-sponsored health insurance and the coverage was ending on December 31, 2024. (Exhibit 1, 130 CMR 503.007, 130 CMR 506.012). The Appellant filed this appeal in a timely manner on January 15, 2025. (Exhibit 2). Denial of assistance/modification of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the Appellant had not enrolled in the required employer-sponsored health insurance and the coverage was ending on December 31, 2024. (Exhibit 1, 130 CMR 503.007, 130 CMR 506.012).

Issue

Was MassHealth correct, pursuant to 130 CMR 503.007 and 130 CMR 506.012 in determining that the Appellant has access to health insurance through the Appellant's employer that meets the requirements for MassHealth Premium Assistance and that the Appellant must enroll in this insurance.

Summary of Evidence

A MassHealth worker (MassHealth) and a representative of Premium Assistance (PA) appeared via phone at hearing and were sworn. Premium Assistance explained that because the Appellant's employer's health insurance meets the criteria for Premium Assistance payments, the Appellant must enroll in this insurance. Premium Assistance stated that once the Appellant enrolls in the employer-sponsored insurance, MassHealth Premium Assistance would cover the cost of the premium. Premium Assistance had sent a Qualifying Event Letter to the Appellant's employer. (Testimony).

In the Request for Fair Hearing, the Appellant wrote that she could not afford to pay for insurance through the employer-sponsored insurance, and it was not cost effective for the Appellant and her family to have to pay every month (Exhibit 2). The Appellant confirmed this position through testimony (Testimony). Premium Assistance explained that enrollment was a requirement, and Premium Assistance would make payments. (Testimony)

The Record was left open for the Appellant until March 14, 2025 to furnish proof of enrollment in the employer-sponsored health insurance and until March 28, 2025 for MassHealth and Premium Assistance to confirm enrollment. (Exhibit 5). After expiration of the Record Open period, in response to inquiry posed, Premium Assistance confirmed that the Appellant never sent proof of enrollment in the employer sponsored insurance. (Exhibit 6)

Findings of Fact

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

1. Through a Notice dated December 17, 2025, MassHealth determined that the Appellant had not enrolled in the required employer-sponsored health insurance and the coverage was ending on December 31, 2024. (Exhibit 1, 130 CMR 503.007, 130 CMR 506.012).
2. The Appellant's employer's health insurance meets the criteria for Premium Assistance payments. (Testimony).
3. Once the Appellant enrolls in the employer-sponsored insurance, MassHealth Premium

Assistance would cover the cost of the premium.

4. Premium Assistance had sent a Qualifying Event Letter to the Appellant's employer. (Testimony).
5. The Record was left open for the Appellant until March 14, 2025 to furnish proof of enrollment in the employer-sponsored health insurance and until March 28, 2025 for MassHealth and Premium Assistance to confirm enrollment. (Exhibit 5).
6. After expiration of the Record Open period, in response to inquiry posed, Premium Assistance confirmed that the Appellant never Appellant never sent proof of enrollment in the employer sponsored insurance. (Exhibit 6)

Analysis and Conclusions of Law

The requirements of utilizing potential sources of health care are codified within the Regulations:

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.

Criteria related to Premium Assistance are likewise codified within the Regulations at 130

CMR 506.012:

506.012: Premium Assistance Payments

(B) Criteria. MassHealth may provide a premium assistance payment to an eligible member when all of the following criteria are met.

(1) The health insurance coverage meets the Basic Benefit Level (BBL) as defined in 130 CMR 501.001: Definition of Terms. Instruments including, but not limited to, Health Reimbursement Arrangements, Flexible Spending Arrangements, as described in IRS Pub. 969, or Health Savings Accounts, as described at IRC § 223(c)(2), cannot be used to reduce the health insurance deductible in order to meet the basic-benefit level requirement.

(2) The health insurance policy holder is either

(a) in the PBF; or

(b) resides with the individual who is eligible for the premium assistance benefit and is related to the individual by blood, adoption, or marriage.

(3) At least one person covered by the health insurance policy is eligible for MassHealth benefits as described in 130 CMR 506.012(A) and the health insurance policy is a policy that meets the criteria of the MassHealth coverage type for premium assistance benefits as described in 130 CMR 506.012(C)

(C) Eligibility. Eligibility for MassHealth premium assistance is determined by the individual's coverage type and the type of private health insurance the individual has or has access to. MassHealth has three categories of health insurance for which it may provide premium assistance.

(1) Employer-sponsored Insurance (ESI) 50% Plans are employer-sponsored health insurance plans to which the employer contributes at least 50% towards the monthly premium amount. MassHealth provides premium assistance for individuals with ESI 50% Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A)

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). Here, the Appellant was sent a Notice indicating that MassHealth determined that the Appellant has access to health insurance through the Appellant's employer that meets the requirements for MassHealth Premium Assistance. (Exhibit 1, Testimony) The Notice indicated that the Appellant had not enrolled in the required employer-sponsored health insurance and the coverage was ending on December 31, 2024. (Exhibit 1, 130 CMR 503.007, 130 CMR 506.012).

Despite the Record having been left open for the Appellant to furnish proof of enrollment in the employer-sponsored health insurance (Exhibit 5), the Appellant never Appellant never sent proof of enrollment in the employer-sponsored insurance. (Exhibit 6). The Appellant, having failed to fulfill the requirement to enroll in employer-sponsored insurance, has not met the burden to demonstrate MassHealth's administrative determination is invalid. MassHealth's administrative determination comports with the controlling regulatory requirements. (130 CMR 503.007, 130 CMR 506.012) Accordingly, 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.

Patrick Grogan
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Premium Assistance