

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501888
<b>Decision Date:</b>	3/7/2025	<b>Hearing Date:</b>	02/25/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Katelyn Costello (Quincy MEC); Roxana Noriega (the Premium Assistance Unit) *via* telephone

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Premium Assistance
<b>Decision Date:</b>	3/7/2025	<b>Hearing Date:</b>	02/25/2025
<b>MassHealth's Reps.:</b>	Katelyn Costello; Roxana Noriega	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 3, 2024, MassHealth informed the appellant's mother that it would terminate the appellant's MassHealth coverage on December 17, 2024, because he "had been getting benefits based on MassHealth's continuous coverage rules. Our records show that [you] no longer meet these rules as they are described in Massachusetts regulation 130 CMR 505.000: MassHealth: Coverage Types.". (See 130 CMR 505.005 and Exhibit (Ex.) 8). Through a notice dated January 28, 2025, MassHealth informed the appellant's mother that it was denying the appellant's MassHealth application stating that he did not qualify for MassHealth coverage because he had not been enrolled, as required, in the employer-sponsored health insurance. (See 130 CMR 503.007(A) and Ex. 1). The appellant's mother filed this appeal in a timely manner on January 29, 2025. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance and denial of a request for assistance are both valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant was not eligible for MassHealth coverage because he was not enrolled in his mother's employer-sponsored health insurance.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 503.007, in determining that the appellant's mother was required to enroll the appellant in a health insurance plan sponsored by her employer.

## Summary of Evidence

The MassHealth representative testified first and stated the following. The appellant, who is a citizen under the age of 19 years old, received MassHealth Family Assistance from October 18, 2023 through December 17, 2024. (Testimony). On December 3, 2024, MassHealth sent the appellant written notification that his Family Assistance would end on December 17, 2024, because he had been getting benefits based on MassHealth's continuous coverage rules and MassHealth's records showed that he no longer met those rules. (Testimony; Ex. 8).

Prior to the hearing, the MassHealth representative spoke with the appellant's mother. (Testimony). The MassHealth representative confirmed that the appellant's mother had a household of two, consisting of herself and the appellant, who is under the age of 19 years old. (Testimony). The MassHealth representative also confirmed that the appellant's mother works full time, with gross monthly income (GMI) of \$3,348.02, placing the household at 191.56% of the federal poverty level (FPL). (Testimony). MassHealth terminated the appellant's Family Assistance because his mother did not enroll him in an insurance plan with her employer. (Testimony; Ex. 8). MassHealth subsequently denied the son's request for services because his mother did not enroll him in an insurance plan with her employer. (Testimony; Ex. 1).

The Premium Assistance representative testified next. In mid-2024, the Premium Assistance Unit spoke to the appellant's mother's employer, which confirmed that they offer health insurance to their employees. (Testimony). MassHealth concluded that the employer offered four plans eligible for premium assistance reimbursement to the appellant's mother. (Testimony). MassHealth then sent the appellant's mother and her employer a qualifying event letter on July 25, 2024, informing the appellant's mother that she needed to enroll the appellant in one of four listed plans within 60 days. (Testimony; Ex. 6). The appellant's mother did not enroll the appellant in one of her employer's health insurance plans within 60 days. (Testimony). MassHealth then terminated the appellant's Family Assistance on December 17, 2024. (Testimony; Ex. 3; Ex. 8). On January 28, 2025, MassHealth notified the appellant's mother that it had determined that the appellant remained ineligible for MassHealth coverage because he had not been enrolled in his mother's employer's health insurance. (Testimony; Ex. 1).

The Premium Assistance representative continued by stating that on February 11, 2025, the Premium Assistance Unit sent the appellant's mother and her employer another qualifying event letter. (Testimony; Ex. 7). The Premium Assistance representative spoke with the appellant's mother on February 17, 2025 and explained how premium assistance works, as well as the

appellant's mother's obligations to enroll the appellant in her employer's insurance plan. (Testimony). The appellant's Family Assistance could be reinstated as soon as the appellant's mother enrolled him in one of the four qualifying plans. (Testimony). The appellant's mother and her employer would just need to submit proof of his enrollment, and MassHealth would immediately begin covering the premium. (Testimony). The Premium Assistance representative then named the four plans, their respective costs, and stated that, again, MassHealth would reimburse the appellant's mother for the cost of the premiums. (Testimony). She also stated that MassHealth pays premium assistance a month in advance of the month that the premiums would be taken from the appellant's mother's paycheck. (Testimony).

The appellant's mother testified to the following. Initially, she was unaware that MassHealth would fully cover the cost of her employer's health plan. (Testimony). Believing she was responsible for the entire cost, she was concerned that she would not be able to afford it. (Testimony). After speaking with the Premium Assistance Unit, she learned that certain amounts would be deducted from her paycheck to cover the cost of the coverage, with the expectation of later reimbursement. (Testimony). Managing this system would be difficult for the appellant's mother, as she lives paycheck to paycheck. (Testimony). The deductions from her paycheck each month would cause her significant concern, as she could not afford these expenses. (Testimony).

The appellant's mother also stated that she was not provided with adequate information about the four available coverage plans. (Testimony). She was unaware of the specifics of each plan and urgently needed this information. (Testimony). Waiting for reimbursement after the deductions was not feasible for her. (Testimony). She emphasized that she could not handle having money deducted from her paycheck without the means to cover it up front. (Testimony).

Additionally, the appellant's mother's employer informed her that dental and vision coverage, along with disability insurance, would require separate payments. (Testimony). While she understood this, she expressed concern over the added financial burden, as she would need to cover the costs of glasses and braces for the appellant, as well as other medical expenses, on her own. (Testimony). This created a financial strain she felt ill-equipped to manage. (Testimony).

The appellant's mother further clarified that her employer had told her that dental and vision insurance needed to be paid separately, but she felt MassHealth did not fully understand this. (Testimony). Although the appellant's mother admitted that she was informed that MassHealth would pay for coverage one month in advance, she sought clarification on the monthly payment structure, as she still did not fully understand how the premium assistance payments worked. (Testimony).

The appellant's mother's primary concern was what would happen if she could not afford to pay these costs. (Testimony). Specifically, she worried whether the appellant would still have coverage in the event of an emergency, such as needing to go to the emergency room. (Testimony). This was a major concern for her, as she was already struggling to manage her finances. (Testimony). Given her current situation, where every dollar counted, she made it clear that she could not

afford to cover the necessary costs. (Testimony). The payment structure and the way deductions were set up were not manageable for her. (Testimony). If she were unable to pay, the appellant would not have the coverage he needed, nor would she be able to afford healthcare through her current plan. (Testimony).

The Premium Assistance representative responded by explaining that the law mandates individuals enrolled in MassHealth to also be enrolled in their employer's health insurance plan. (Testimony). The Premium Assistance representative confirmed that the employer's coverage would only include medical benefits, not dental or vision. (Testimony). To qualify for MassHealth, individuals must be enrolled in their employer's health insurance plan, which would serve as the primary insurance. (Testimony). MassHealth would remain as secondary insurance and would not be terminated. (Testimony). Any medical expenses not covered by MassHealth would be paid under the employer's plan, but MassHealth would not cover dental or vision benefits. (Testimony).

The Premium Assistance representative continued by stating that MassHealth terminated the appellant's coverage because the appellant's mother did not enroll him in her employer's health insurance plan. (Testimony). The Premium Assistance representative admitted that MassHealth did not cover dental and vision benefits, which may be available through a supplemental plan with the employer that the appellant's mother would pay for separately. (Testimony). The Premium Assistance representative stated, however, that the only requirement for continued MassHealth eligibility was enrollment in the medical portion of the employer's plan. (Testimony). There was no alternative to enrolling in ESI in order for MassHealth coverage to continue. (Testimony).

The Premium Assistance representative further explained that if the appellant's mother enrolled on the day of the hearing (February 25), coverage would be retroactive to the beginning of the month. (Testimony). MassHealth would pay premium assistance for February (which under normal circumstances would have been issued in January) and the appellant's mother would receive another premium assistance payment in February to pay for the March 2025 premiums. (Testimony). Premium assistance payments are made a month in advance. (Testimony). The Premium Assistance representative confirmed that if the appellant's mother did not enroll in ESI, the appellant could not receive MassHealth coverage. (Testimony). The importance of enrolling in ESI was reiterated, as it was necessary for MassHealth to function as secondary coverage. (Testimony).

## **Findings of Fact**

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

1. The appellant, who is under the age of 19 years old, lives in a household of two with his mother. (Testimony; Ex. 3).
2. The appellant's household has a GMI of \$3,348.02 from his mother's full time employment, which places the household at 191.56% of the FPL. (Testimony).

3. The appellant received MassHealth Family Assistance from October 18, 2023 through December 17, 2024. (Testimony).
4. In mid-2024, the Premium Assistance Unit spoke to the appellant's mother's employer, which confirmed that they offer health insurance to their employees. (Testimony).
5. The Premium Assistance Unit concluded that the employer offered four plans eligible for premium assistance reimbursement to the appellant's mother. (Testimony).
6. On July 25, 2024, MassHealth sent the appellant's mother and her employer a qualifying event letter, informing the appellant's mother that she needed to enroll the appellant in one of the four listed plans within 60 days. (Testimony; Ex. 6).
7. The appellant's mother did not enroll the appellant in one of her employer's health insurance plans within 60 days. (Testimony).
8. On December 3, 2024, MassHealth sent the appellant's mother written notification that the appellant's Family Assistance would end on December 17, 2024, because the appellant had been getting benefits based on MassHealth's continuous coverage rules and MassHealth's records showed that he no longer met those rules. (Testimony; Ex. 8).
9. On January 28, 2025, MassHealth notified the appellant's mother that it had determined that the appellant remained ineligible for MassHealth coverage because he had not been enrolled in the appellant's mother's employer's insurance. (Testimony; Ex. 1).
10. On February 11, 2025, the Premium Assistance Unit sent the appellant's mother and her employer another qualifying event letter. (Testimony; Ex. 7).
11. The Premium Assistance representative spoke with the appellant's mother on February 17, 2025, and explained how premium assistance works as well as the appellant's mother's obligations to enroll the appellant in her employer's insurance plan. (Testimony).
12. The appellant's Family Assistance could be reinstated as soon as the appellant's mother enrolled him in one of the four qualifying plans. (Testimony).
13. The appellant's mother and her employer would just need to submit proof of the appellant's enrollment, and MassHealth would immediately begin covering the premium. (Testimony).
14. MassHealth would reimburse the appellant's mother for the cost of the premiums a month in advance of the month that the premiums would be taken from the appellant's mother's pay check. (Testimony).

## Analysis and Conclusions of Law

MassHealth “is the payer of last resort and pays for health care and related services only when no other source of payment is available ... .” (130 CMR 503.007.) One requirement of MassHealth coverage is that “member must obtain and maintain available health insurance in accordance with 130 CMR 505.000 ... Failure to do so may result in loss or denial of eligibility unless the applicant or member is” covered by “MassHealth Standard or MassHealth CommonHealth; and ... younger than 21 years old or pregnant.” (130 CMR 503.007(A)).

Children under 19 years old may qualify for MassHealth Family Assistance coverage if they meet several eligibility criteria. (130 CMR 505.005(B)). The child must be under 19 years old, have a Modified Adjusted Gross Income (MAGI) for the MassHealth household that is greater than 150% and less than or equal to 300% of the Federal Poverty Level (FPL), and be ineligible for MassHealth Standard or CommonHealth. (130 CMR 505.005(B)(1)(a)-(c)). Additionally, the child must be a U.S. citizen or a lawfully present immigrant, or a nonqualified PRUCOL (Person Residing Under Color of Law). (130 CMR 505.005(B)(1)(d)). Furthermore, the child must either be uninsured or have health insurance that meets the requirements for Premium Assistance Payments, as outlined in 130 CMR 506.012. (130 CMR 505.005(B)(1)(e)).

MassHealth may investigate to determine if individuals potentially eligible for MassHealth Family Assistance have health insurance that MassHealth can help pay for or if they have access to employer-sponsored insurance (ESI) that MassHealth may require them to enroll in and will assist with paying for. (130 CMR 505.005(B)(2)). If an individual has access to ESI where the employer pays at least 50% of the premium and the insurance meets the Premium Assistance Payments criteria outlined in 130 CMR 506.012, they will be required to enroll in the plan within 60 days to receive Premium Assistance Payments. (130 CMR 505.005(B)(2)(b)2.a.). Failure to enroll within 60 days may result in the loss or denial of eligibility. (Id.).

The record shows that the appellant is both categorically and financially eligible for MassHealth Family Assistance. He is a U.S. Citizen who is under 19 years old, with household income that is greater than 150% and less than or equal to 300% of the FPL and is ineligible for MassHealth Standard or CommonHealth. MassHealth’s regulations, however, require individuals to obtain and maintain available health insurance, including enrolling in their employer’s health insurance plan when it is offered and meets the criteria for Premium Assistance Payments. MassHealth determined that the appellant was no longer eligible for coverage because the appellant’s mother did not enroll him in one of four of her employer’s health insurance plans, which is a necessary condition for his continued eligibility for MassHealth Family Assistance.

MassHealth notified the appellant’s mother of the requirement to enroll the appellant in one of the four qualifying employer plans, and despite receiving the notification and being given a 60-day period to enroll, the appellant’s mother did not complete the enrollment process within the required timeframe. As a result, MassHealth was correct in ending the appellant’s coverage on

December 17, 2024, in accordance with its policies.

Prior to and during the hearing the Premium Assistance representative provided further clarification and assistance regarding the appellant's eligibility and the process for reinstating his coverage once enrollment in one of the qualifying plans was completed. The appellant's mother was informed that the appellant's coverage could be reinstated as soon as she enrolled him in one of the employer's plans, and MassHealth would cover the premiums through the Premium Assistance program.

Based on the evidence presented, MassHealth acted in accordance with its regulations and procedures when terminating the appellant's Family Assistance coverage due to failure to enroll him in an available employer sponsored health insurance plan. The appellant's mother's concerns about the financial burden of the premiums and the payment structure, while understandable, do not change the requirements for continued eligibility under MassHealth. MassHealth's decision to deny coverage and require enrollment in the employer's health plan is consistent with the regulations.

For the above stated reasons, the 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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

The Premium Assistance Unit