

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502247
Decision Date:	4/14/2025	Hearing Date:	03/06/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Sunnatra Son, MEC; and 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

Appeal Decision:	Denied	Issue:	Community Eligibility – Under 65 - Income
Decision Date:	4/14/2025	Hearing Date:	03/06/2025
MassHealth's Reps.:	Sunnatra Son, MEC; and Roxana Noriega, Premium Assistance Unit	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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

On 01/13/2025, MassHealth informed the appellant that it determined he has health insurance available through his employer that meets the rules for MassHealth Premium Assistance. The appellant's two children must enroll in this insurance by 3/14/2025 or their MassHealth benefits may end (Exhibit 1). On 02/03/2024, the appellant filed a timely appeal (130 CMR 610.015; Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth informed the appellant that he is required to enroll in employer-sponsored health insurance (ESHI) with his two children, or the children may lose MassHealth coverage.

Issue

Is MassHealth correct to require the appellant to enroll in the employer sponsored health insurance?

Summary of Evidence

The representative from the MassHealth Premium Assistance Unit testified telephonically and stated that MassHealth received information that the appellant's employer offers employer sponsored health insurance (ESHI) to the appellant and his family. This health insurance meets MassHealth's requirements of minimum creditable coverage. The appellant currently has health insurance through the Health Connector. His wife has MassHealth CommonHealth benefits as a disabled adult, and the two children receive MassHealth Standard benefits. MassHealth will pay a portion of, or all of the ESHI premiums every month and it will act as a secondary insurance for the children. The appellant had 60 days from the date of the notice to enroll in the ESHI, or the family's MassHealth benefits may terminate. Premium Assistance will issue a payment to the family for a portion of the full premium of the ESHI in the month prior to the effective date of coverage, for example, the family will receive a payment in March for April's coverage.

The MassHealth representative from the MassHealth Enrollment Center testified that the appellant verified his family's gross monthly income as \$3,862.90, comprised of \$934.90 from his wife's social security plus his earned income of \$2,928.00. The family's income is 144% of the federal poverty level (FPL) for a household of four people.

There are two children under 19 years of age in the household. For them to be eligible for MassHealth Standard benefits, the income must be under 150% of the FPL, or \$3,900.00 per month. Because the income is under 150% of the FPL, the two children are eligible for MassHealth Standard benefits.

In order for the parent(s) of a child under 19 years of age to be financially eligible for MassHealth benefits, the household's income must be below 133% of the FPL, or \$3,458.00. Because the income exceeds 133% of the FPL, the appellant is not eligible for MassHealth benefits. He is eligible for a Connector Care program. The appellant's wife has been determined to be disabled. She is eligible for MassHealth CommonHealth benefits.

Because MassHealth has determined that the appellant has access to employer-sponsored health insurance, MassHealth requires that he enroll in that insurance plan with his two children. MassHealth will act as a secondary insurance for the children.

The appellant appeared at the fair hearing and testified telephonically. He explained that he has chronic health problems, and he is satisfied with the coverage that he is able to obtain through the

Health Connector. He expects that changing to his employer-sponsored health insurance will cost him at least an extra \$850.00 for his out-of-pocket medical expenses. He is also concerned about changing the children's and his primary care physicians because he "is concerned about finding a doctor in my area."

The MassHealth representative from the premium assistance unit testified that the regulations require that the family enroll in the employer-sponsored health insurance plan because MassHealth is the payer of last resort. The appellant's wife is not included as a member who must enroll. She concluded by stating that MassHealth Premium Assistance will cover most, if not all, of the employer sponsored health insurance premiums every month. The payments will be made in the month prior to the payroll deductions, so the appellant will not have to pay out of pocket.

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant, a man between 21 and 64 years of age, lives in the community with his wife and two children who are under 19 years of age.
2. The appellant's children are both under the age of 19 and they are eligible for and receive MassHealth Standard benefits.
3. The appellant is enrolled in a Health Connector plan.
4. The appellant's wife, having been determined to be disabled, is eligible and receiving MassHealth CommonHealth benefits.
5. Through an investigation of the appellant's employer, it was determined that the appellant has access to employer-sponsored health insurance (ESHI) that meets MassHealth
6. On 01/13/2025, MassHealth informed the appellant that requires that he enroll in the ESHI for the two children.
7. MassHealth will pay most, if not all, of the ESHI premium for the family in the month before the premiums are deducted from the appellant's paycheck.
8. The appellant did not dispute that he has access to ESHI that meets the rules for MassHealth Premium Assistance.

Analysis and Conclusions of Law

MassHealth Regulations at 503.007 address potential sources of health care as follows:

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.

(Emphasis added.)

Regulations at 130 CMR 506.012 address criteria for premium assistance benefits as follows:

(B) 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).

(2) Other Group Insurance Plans are employer-sponsored health insurance plans to which the employer contributes less than 50% towards the monthly premium amount, Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, and Other Group Health insurance. MassHealth provides premium assistance for individuals with Other Group Health Insurance Plans who are eligible for MassHealth coverage types as described in 130 CMR 506.012(A), except for individuals described in 130 CMR 506.012(A)(8).

(3) Non-group unsubsidized Health Connector individual plans for children only, provided that such plans shall no longer be eligible for premium assistance as of January 1, 2019, and the last premium assistance payment for these plans shall be for coverage through December 31, 2018.

(4) Members enrolled in any of the following types of health insurance coverage are not eligible for premium assistance payments from MassHealth:

- (a) Medicare supplemental coverage, including Medigap and Medex coverage;
- (b) Medicare Advantage coverage;
- (c) Medicare Part D coverage; and
- (d) Qualified Health Plans (QHP).

(5) The following MassHealth members are not eligible for premium assistance payments as described in 130 CMR 506.012(C) from MassHealth:

- (a) MassHealth members who have Medicare coverage. However, for those members who meet the eligibility requirements set forth in 130 CMR 505.002(O), Medicare Savings Program benefits may be available

Undisputed is that the appellant's two children are currently eligible for MassHealth Standard benefits. The appellant is not financially eligible for MassHealth benefits. He is enrolled in a Health Connector plan. The appellant has access to ESHI, which meets the criteria for payment of premium assistance benefits. MassHealth has requested that the appellant and her husband enroll in the ESHI for the family. MassHealth will pay most, if not all, of the ESHI premiums. MassHealth will be a secondary insurer for the children.

The appellant is currently receiving health insurance through the Health Connector. The appellant

stated he is concerned that the benefits available through the ESHI might not sufficiently cover his medical expenses, which are affordably covered by the Health Connector. The appellant has not disputed that the ESHI meets the above criteria for Premium Assistance payments. Although the appellant is concerned about the health care he and his children will receive as beneficiaries of the ESHI, there is no exception to the MassHealth regulation requiring enrollment. Accordingly, MassHealth's determination that the ESHI meets the regulatory criteria is supported by the facts in the hearing record as well as the above regulations. 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957