

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505785
Decision Date:	9/15/2025	Hearing Dates:	05/15/2025 and 07/23/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:

Pro se

Interpreters:



Appearances for MassHealth:

Jacob Sommer, Charlestown MEC
(05/15/2025);

Jeffrey Pamphile, Charlestown MEC
(07/23/2025);

Roxana Noriega, PAU (05/15/2025);
Odilia Ruiz Rocha, PAU (07/23/2025)



*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:	Eligibility; Under 65; Premium Assistance
Decision Date:	9/15/2025	Hearing Date:	05/15/2025 and 07/23/2025
MassHealth's Reps.:	Jacob Sommer; Jeffrey Pamphile; Roxana Noriega; Odilia Ruiz Rocha	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	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 March 11, 2025, MassHealth notified the appellant that he has health insurance available through his job that meets MassHealth Premium Assistance rules. The notice informs the appellant that he must enroll in this insurance by May 10, 2025 or his benefits may end. (Exhibit 1). The appellant filed a timely appeal for this notice on or about March 26, 2025. (Exhibit 2). The scope of assistance is valid grounds for appeal. (130 CMR 610.032). A hearing took place on May 15, 2025. (Exhibit 5). The hearing was then continued and reconvened on July 23, 2025, for additional testimony. (Exhibits 6-7).

Action Taken by MassHealth

MassHealth notified the appellant if he did not enroll in his employer-sponsored health insurance by May 10, 2025, his benefits may end.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant must enroll in his employer-sponsored health insurance.

Summary of Evidence

MassHealth was represented at the hearing by an eligibility representative and a representative from the Premium Assistance Unit (PAU); both parties participated by telephone. The record establishes the following: The appellant is an adult male who resides with his spouse and his two disabled children in a household of 4. The appellant and his two children are [REDACTED] citizens. The appellant's countable yearly income from employment totals \$34,437.00,¹ which is equal to 111.45% of the federal poverty level for his family size. The appellant and his two children currently receive MassHealth Standard benefits. On March 11, 2025, MassHealth sent the appellant a notice it refers to as a qualifying event letter. That notice informed the appellant that he has health insurance available through his job that meets MassHealth Premium Assistance rules. The notice states that the appellant must enroll in this insurance [REDACTED] by May 10, 2025, or his MassHealth benefits may end. (Exhibit 1).

The PAU representative explained that because the appellant has employer-sponsored health insurance (ESI) that meets MassHealth Premium Assistance rules, he is required to enroll in this health insurance plan. She confirmed that PAU would cover the entire cost of the premium. The ESI would be his primary insurer, and MassHealth would be the secondary insurer (and would cover all deductibles and co-payments).

The appellant appeared at the hearing telephonically and testified through an interpreter. He testified that he does not wish to enroll in the ESI because it does not cover the costs of his children's medical appointments. The PAU representative explained that only he needs to enroll in the ESI, not his children. The appellant stated that he feels like he is being forced to enroll in the ESI, which he has been advised is not a good health plan. He testified that the ESI will not cover his vision and dental expenses.

The PAU representative explained that in accordance with the regulations, MassHealth is the payor of last resort. Therefore, if a MassHealth member has active MassHealth coverage and his or

¹ The MassHealth representative testified that the appellant's two children receive \$943 each per month from Social Security.

her employer offers health insurance, the member must enroll in the ESI. She stated that MassHealth would become his secondary insurance and would cover the costs of his vision and dental expenses. The appellant then stated that he was not feeling well and must terminate the telephone call to go to the hospital.

The hearing was continued and reconvened on July 23, 2025 to obtain additional testimony. At the reconvened hearing, MassHealth was represented by an eligibility representative and a representative from the PAU; both parties participated by telephone. The MassHealth representative confirmed the appellant's household size and income. The appellant stated that one of his children's monthly benefits from Social Security has decreased in amount. The MassHealth representative explained that the appellant can update any changes in his household income by contacting MassHealth. The appellant stated that he feels he is being singled out.

Findings of Fact

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

1. The appellant is an adult male who resides with his spouse and two children.
2. The appellant's countable monthly income is equal to 111.45% of the federal poverty level for his family size.
3. The appellant and his two children receive MassHealth Standard benefits.
4. On March 11, 2025, MassHealth notified the appellant that he has health insurance available through his job that meets MassHealth Premium Assistance rules. The notice informs the appellant that he must enroll in this insurance by May 10, 2025 or his benefits may end.
5. The appellant timely appealed this MassHealth action.

Analysis and Conclusions of Law

The issue in this appeal is the MassHealth determination, through its PAU, that the appellant must enroll in his ESI because it meets MassHealth Premium Assistance rules. The appellant argues that he feels pressured to enroll in a plan that he does not wish to enroll in.

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. Pursuant to 130 CMR 503.007(A), every applicant and member must obtain and maintain available

health insurance, and failure to do so may result in loss or denial of eligibility.² 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* (130 CMR 503.007(C)).

In this case, MassHealth has determined that the appellant has access to health insurance that meets the criteria at 130 CMR 506.012(B). Under 130 CMR 506.012(B), MassHealth may provide a premium assistance payment to an eligible member when all 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 [family group]; 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).

Here, MassHealth's PAU has determined that all the above criteria have been met. This determination is supported by the record. The appellant did not present any evidence to refute PAU's determination that the identified health insurance meets the Basic Benefit Level. Further, the health insurance policy holder here is the appellant. Lastly, the appellant is eligible for and currently receives MassHealth Standard benefits, and the available health insurance, (ESI), is the type of private health insurance for which MassHealth may provide premium assistance. (130 CMR 506.012(B) and (C)). The appellant has not demonstrated that he is excused from enrolling in his ESI, and the appeal is denied.³

Order for MassHealth

² This rule does not apply to members receiving MassHealth Standard or CommonHealth who are younger than [REDACTED] years of age or pregnant.

³ As noted above, per 130 CMR 503.007(A), the appellant's failure to enroll in his ESI will not result in a loss of coverage for his children.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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

MassHealth Represetative: Premium Assistance Unit