

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2508967
<b>Decision Date:</b>	09/04/2025	<b>Hearing Date:</b>	07/16/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Darcey Chapdelain (MEC) with Roxana Noriega  
(Premium Assistance)



*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>	09/04/2025	<b>Hearing Date:</b>	07/16/2025
<b>MassHealth's Rep.:</b>	Roxana Noreiga	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MEC		

## 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 May 20, 2025, MassHealth informed Appellant that she must enroll in her employer-sponsored health insurance or lose her MassHealth coverage (Exhibit A). Appellant filed this appeal in a timely manner on June 12, 2025 (see 130 CMR 610.015(B) and Exhibit A). Eligibility determinations constitute valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth determined that Appellant must enroll in her employer-sponsored health insurance or lose her MassHealth coverage.

## Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it determined that Appellant must enroll in her employer-sponsored health insurance or lose her MassHealth coverage.

## Summary of Evidence

Both parties appeared by telephone. MassHealth submitted a packet of documentation (Exhibit B). Appellant filed two one-page, type-written letters from treating physicians dated June 16, 2025 and June 26, 2025 (collectively, Exhibit C).

Masshealth was represented by a worker from a Masshealth Enrollment Center as well as a worker from the MassHealth Premium Assistance Program. The Masshealth representatives testified that Appellant is a disabled adult, who is under the age of 65, resides in the community in a household of one and is a single tax filer with no dependents. Appellant had been receiving MassHealth CommonHealth benefits as a working disabled adult whose income exceeds the applicable income limit for Masshealth Standard benefits. Appellant had been paying a CommonHealth monthly premium of \$96.00. Appellant's most recent gross countable monthly income was last verified to be \$1,966.00 bi-weekly which equals 276.81% of the federal poverty level (FPL) for a household of one. The Masshealth representatives further testified that it had determined that Appellant has access to Masshealth qualifying employer-sponsored health insurance (ESI) which she must enroll with by July 19, 2025 when her current CommonHealth benefits will terminate. The Masshealth representatives also testified that Appellant would receive Premium Assistance benefits to help pay the cost of her ESI.

Appellant appeared on her own behalf and did not disagree with the MassHealth representatives' testimony. Appellant testified that she would be paying \$104 for her ESI. Appellant testified that she needs to remain on CommonHealth because none of her current doctors accept her ESI. Appellant testified that she has been disabled for years and has been treating with the same doctors for 30 years. Appellant asserted that it is important to her treatment that she continues with her current doctors.

The two letters submitted by Appellant verify that Appellant has been treating with each of the two physician authors for 30 and 19 years, respectively, for multiple sclerosis (Exhibit C). Both physicians state that Appellant should continue to treat within their practices (Id).

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant is a disabled adult, who is under the age of 65, resides in the community in a household of one and is a single tax filer with no dependents.
2. Appellant had been receiving MassHealth CommonHealth benefits as a working disabled adult whose income exceeds the applicable income limit for Masshealth Standard benefits.
3. Appellant has access to Masshealth qualifying employer-sponsored health insurance (ESI).

4. Masshealth informed Appellant that she must enroll with her ESI by July 19, 2025 when her current CommonHealth benefits will terminate.
5. Appellant would receive Premium Assistance benefits to help pay the cost of her ESI.
6. Appellant has been receiving treatment from the same two physicians for 30 and 19 years, respectively, for multiple sclerosis (Exhibit C).

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

This matter is controlled by regulation 130 CMR 505.004(K)(2)(b) which states:

*If MassHealth determines that 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 in 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that **they must enroll in this employer-sponsored coverage.** MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides premium assistance payments as described in 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 for all individuals unless the individual is younger than 19 years old, the individual is 19 or 20 years old, and has household income less than or equal to 150% of the federal poverty level, or is pregnant.***

(Emphasis supplied).

The above-cited regulation is clear that Appellant must enroll with her available, qualifying ESI. The regulation contains no exceptions, including for continuity of care. This record presents no reasonable basis to conclude that the subject action by Masshealth is based on an error of fact and/or law. Accordingly, there is no basis to overturn the action.

For the foregoing reasons, the appeal is DENEID.

## 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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representatives:

Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186

Premium Assistance, UMASS – Schraft’s Center, 529 Main St., 3<sup>rd</sup> Floor, Charlestown, MA 02129.