

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509530
Decision Date:	9/02/2025	Hearing Date:	July 23, 2025
Hearing Officer:	Stanley Kallianidis	Aid Pending:	No

Appellant Representative:

Pro Se

MassHealth Representatives:

Dominique Correa, Springfield MEC
Roxana Noriega, Premium Assistance



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
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APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Assistance- Failure to Enroll in Employer Insurance
Decision Date:	9/02/2025	Hearing Date:	July 23, 2025
MassHealth Reps.:	Dominique Correa, Springfield MEC Roxana Noriega, Premium Assistance		
Hearing Location:	Telephonically with Springfield MEC and Premium Assistance		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received notice dated June 10, 2025 that MassHealth may stop her children's MassHealth Family Assistance benefits by August 9, 2025 if she did not enroll in her employer's insurance because the insurance meets the guidelines for Premium Assistance payments (Exhibit 1). The appellant filed an appeal timely on June 25, 2025 (Exhibit 2). The termination of benefits is valid grounds for appeal (130 CMR 610.032).

Notice of the hearing was sent to the parties on June 27, 2025 (Exhibit 3).

Action Taken by MassHealth

MassHealth plans on potentially stopping the appellant's children's MassHealth Family Assistance benefits.

Issue

In accordance with 130 CMR 130 CMR 505.005(B) was MassHealth correct in requiring that the appellant enroll in her employer's health insurance in order for her children to continue with their MassHealth Family Assistance benefits?

Summary of Evidence

The MassHealth MEC representative testified that the appellant is on a Connector Care plan. Her three children under age 21 are currently eligible for and receiving MassHealth Family Assistance. She stated that the appellant has health insurance through her job and that she must enroll in this insurance to continue with her MassHealth benefits. According to the June 10, 2025 notice that was sent to her, she must enroll by August 9, 2025 or their benefits may end (Exhibit 1).

The MassHealth Premium Assistance representative explained that, following an investigation, the health insurance offered through the appellant's employer was found to meet the criteria for Premium Assistance payments. Accordingly, she must enroll in this insurance. She stated that once the appellant enrolls in her employer's insurance, MassHealth Premium Assistance would cover the entire cost of her premium. Thus, there would be no cost because she would be reimbursed in full for the cost of the employee's share of the premium. The MassHealth Premium Assistance representative further explained that she would be reimbursed by either check or direct deposit.

The appellant testified that she is afraid that if her employer's health insurance premium is deducted from her pay, she will not have sufficient funds to pay her monthly bills. The MassHealth Premium Assistance representative explained to her that she would be reimbursed in full for the cost of the premium and that payment to the appellant for this the premium is made a month ahead of the deduction from her income. Regardless of the assurances of the Premium Assistance representative, the appellant remained apprehensive about enrolling in her employer's health insurance.

Findings of Fact

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

1. The appellant received notice dated June 10, 2025 that MassHealth may stop her children's MassHealth Family Assistance benefits by August 9, 2025 if she did not enroll in her employer's insurance because the insurance meets the guidelines for Premium Assistance payments (Exhibit 1).

2. The appellant's employer's health insurance meets the criteria for Premium Assistance payments (Exhibit 1 and testimony).
3. The appellant is currently receiving insurance through the Massachusetts Health Connector benefits (testimony).
4. Upon proof of enrollment in her employer's health insurance, MassHealth Premium Assistance would cover the entire cost of the appellant's share of the employer's health insurance premium (testimony).
5. MassHealth Premium Assistance would reimburse the full cost of the premium by either check or direct deposit and that payment to the appellant would be a month ahead of the health insurance deduction from her income (testimony).

Analysis and Conclusions of Law

130 CMR 505.005 (B) (2) states the following with regard to access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Family Assistance.

Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI):

If MassHealth determines 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 at 130 CMR 506.012: Premium Assistance Payments, the individual is notified in writing that they must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: Premium Assistance Payments. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): Premium Assistance and 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.

In this case, the appellant's three children are eligible for and receiving MassHealth Family Assistance benefits. The appellant received notice dated June 10, 2025 that MassHealth may stop her children's MassHealth Family Assistance benefits by August 9, 2025 if she did not enroll in her employer's insurance because the insurance meets the guidelines for Premium Assistance payments.

I have found that the appellant's employer's health insurance does in fact meet the necessary guidelines for Premium Assistance payments. At her hearing, the appellant was informed that Premium Assistance would cover her private health insurance cost in full through a 100% reimbursement and that payment would be made a month ahead of the deduction of the

premium from her income.

Where the appellant's children currently have MassHealth Family Assistance, 130 CMR 505.005(B)(2) cited above covers the need of a head of household to enroll in their employer's insurance or risk having their benefits stop. The appellant has been given the requisite 60 day notice requiring her to enroll according to the notice that was sent to her. In accordance with 130 CMR 505.005(B)(2), MassHealth may stop her family's Family Assistance benefits if she continues to fail to enroll.

The appeal is therefore denied.

Order for MassHealth

MassHealth may terminate the appellant's household's MassHealth Family Assistance benefits if she is not currently enrolled in her employer's insurance and submitted proof of this enrollment to Premium Assistance.

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Springfield MEC

Premium Assistance
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