


**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Denied | Appeal Number: | 2510540 |
| Decision Date: | 10/31/2025 | Hearing Dates: | 08/22/2025, 09/22/2025 |
| Hearing Officer: | Emily Sabo | | |

Appearances for Appellant:

Pro se and her employer's human resources representative, 

Appearances for MassHealth:

Jeffrey Pamphile, (Day 1), Charlestown MEC;
Odila Ruiz Rocha, (Days 1 & 2), Premium Assistance;
Tenzin Sungrab, (Day 2), Charlestown MEC



*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

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|----------------------------|---|--------------------------|--------------------------------|
| Appeal Decision: | Denied | Issue: | Community Eligibility—under 65 |
| Decision Date: | 10/31/2025 | Hearing Dates: | 08/22/2025; 09/22/2025 |
| MassHealth's Reps.: | Jeffrey Pamphile, Tenzin Sungrab, Odila Ruiz Rocha | Appellant's Rep.: | Pro se |
| Hearing Location: | Charlestown MassHealth Enrollment Center (Telephone) | 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 July 2, 2025, MassHealth informed the Appellant that she has health insurance available through a job that meets the rules for MassHealth Premium Assistance, and she needs to enroll herself and her child in the plan by August 31, 2025, or their MassHealth benefits may end. Exhibit 1. The Appellant filed this appeal in a timely manner on July 16, 2025. 130 CMR 610.015(B) and Exhibit 2. Challenging the scope of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth informed the Appellant that she has insurance available through her job that meets the rules for MassHealth Premium Assistance and she needs to enroll herself and members of her household in the plan by August 31, 2025 or their MassHealth benefits may end.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant has insurance available through her job that meets the rules for MassHealth Premium Assistance and must enroll in available employer sponsored insurance.

Summary of Evidence

The hearing was held over the course of two days. All parties appeared at hearing via telephone. MassHealth was represented by an eligibility worker¹ (hereinafter, the MassHealth representative or MassHealth) from the Charlestown MassHealth Enrollment Center and a Premium Assistance worker (hereinafter, the Premium Assistance representative or Premium Assistance).

The MassHealth representative testified that the Appellant is an adult between the ages of 21-64, a U.S. citizen, who is not disabled, and that she has a household size of two, which includes her minor child. The MassHealth representative testified that the household income is \$37,159.72/annually, which equals 176.8% of the federal poverty level for a household of two after the 5% income disregard.² The MassHealth representative testified that although the Appellant's income now exceeds 133% of the federal poverty level, she had an extended eligibility for MassHealth Standard under transitional medical assistance until September 30, 2025.

The Premium Assistance representative explained that the July 2, 2025, notice under appeal informed the appellant that she needed to enroll in her available employer-sponsored insurance which was eligible for Premium Assistance. The Premium Assistance representative testified that this was a qualifying event allowing the Appellant to enroll regardless of her employer's open enrollment deadlines.

The Appellant verified her identity and was also represented by her employer's human resources representative. The Appellant testified that she was frustrated because she had called MassHealth and Premium Assistance several times to try and understand what Premium Assistance reimburses and whether it covers deductibles or copays. The Appellant testified that she lives paycheck to paycheck and that with her existing bills, she cannot afford additional costs. The Appellant testified that her child may need surgery soon. The Appellant testified that situation has been very stressful and increased her anxiety. The Appellant testified that she makes \$19/hour and with this additional health insurance related cost, she wondered if she would be better off not working. The Appellant's human resources representative testified that it would take her several months to get the Appellant and her child enrolled in the employer-sponsored insurance and asked if the Appellant could continue to receive MassHealth in the meantime.

¹ Different MassHealth eligibility workers appeared on the first and second days of hearing.

² The Appellant did not dispute the income information but stated that MassHealth failed to consider her bills and expenses.

Findings of Fact

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

1. The Appellant is an adult over the age of 21 and under the age of 65 with a household size of two, consisting of herself and her minor child (Testimony and Exhibits 1 and 4).
2. Through a notice dated July 2, 2025, MassHealth informed the Appellant that she has health insurance available through a job that meets the rules for MassHealth Premium Assistance and she needed to enroll the household in the plan by August 31, 2025 or their MassHealth benefits may end (Testimony and Exhibit 1).
3. The household's most recently verified gross monthly income is 176.8% of the federal poverty level for a household of two (Testimony).
4. The Appellant has access to health insurance through her job that meets the requirements of Premium Assistance and she was required to enroll in the employer-sponsored plan by August 31, 2025 to maintain her MassHealth benefits (Testimony and Exhibit 1).
5. The Appellant did not enroll herself and her child in the available employer-sponsored health insurance by August 31, 2025 (Testimony).

Analysis and Conclusions of Law

The MassHealth regulations provide as follows:

130 CMR 503.007: Potential Sources of Health Care

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*.

130 CMR 505.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F).

....

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care in the case of a parent who is separated or divorced, has custody of their children, or have children who are absent from home to attend school; or
2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care, if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

....

(L) Extended Eligibility.

(1) Members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the household became ineligible if they are

(a) terminated from EAEDC or TAFDC and are determined to be potentially eligible

for MassHealth; or

(b) terminated from TAFDC because of receipt of, or an increase in, spousal or child support payments.

(2) Members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if

(a) the household continues to include a child;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(3) Members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL) if

(a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;

(b) a parent or caretaker relative continues to be employed;

(c) the parent or caretaker relative complies with 130 CMR 505.002(M); and

(d) the member is a citizen or a qualified noncitizen.

(4) MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3).

(5) If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if

(a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;

(b) a parent or caretaker relative continues to be employed; and

(c) the parent or caretaker relative complies with 130 CMR 505.002(M).

(6) If a MassHealth MAGI household's modified adjusted gross income decreases to 133% of the FPL or below during its extended eligibility period, and the decrease is timely reported to MassHealth, the MassHealth MAGI household's eligibility for MassHealth Standard may be redetermined. If the MassHealth MAGI household's gross income later increases above 133% of the FPL, the MassHealth MAGI household is eligible for a new extended eligibility period.

(M) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased

by MassHealth in accordance with 130 CMR 505.002(O) or 130 CMR 506.012: *Premium Assistance Payments*. Members must access other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

(N) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Standard.

(1) MassHealth may perform an investigation to determine if individuals receiving MassHealth Standard

(a) have health insurance that MassHealth may help pay for; or

(b) have access to employer-sponsored health insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.

(2) The individual receives MassHealth Standard while MassHealth investigates the insurance.

(a) Investigations for Individuals Who Are Enrolled in Health Insurance.

1. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Standard Premium Assistance Payments as described at 130 CMR 506.012: *Premium Assistance Payments*.

2. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is eligible for MassHealth Standard Direct Coverage.

3. Individuals described at 130 CMR 505.002(F)(1)(d) will not undergo an investigation.

(b) Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance.

1. If MassHealth determines the individual has access to employer-sponsored health insurance and 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. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Standard 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 21 years old or is pregnant.

2. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual is eligible for MassHealth Standard Direct Coverage.

3. Individuals described at 130 CMR 505.002(F) and (G) will not undergo an

Investigation.

130 CMR 506.012: Premium Assistance Payments

(A) Coverage Types. Premium assistance payments are available to MassHealth members who are eligible for the following coverage types:

- (1) MassHealth Standard, as described in 130 CMR 505.002: *MassHealth Standard*, with the exception of those individuals described in 130 CMR 505.002(F)(1)(d);
- (2) MassHealth Standard for Kaileigh Mulligan, as described in 130 CMR 519.007: *Individuals Who Would Be Institutionalized*;
- (3) MassHealth CommonHealth, as described in 130 CMR 505.004: *MassHealth CommonHealth*;
- (4) MassHealth CarePlus, as described in 130 CMR 505.008: *MassHealth CarePlus*;
- (5) MassHealth Family Assistance for HIV-positive adults and HIV-positive young adults, as described in 130 CMR 505.005(E): *Eligibility Requirements for HIV-positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200% of the Federal Poverty Level*;
- (6) MassHealth Family Assistance for disabled adults whose Disabled Adult MassHealth household income is at or below 100% of the FPL and who are qualified noncitizens barred, nonqualified individuals lawfully present, and nonqualified PRUCOLs, as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level*;
- (7) MassHealth Family Assistance for children younger than 19 years old and young adults 19 through 20 years old whose household MAGI is at or below 150% of the FPL and who are nonqualified PRUCOLs, as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level*; and
- (8) MassHealth Family Assistance for children younger than 19 years old whose household MAGI is between 150% and 300% of the FPL and who are citizens, protected noncitizens, qualified noncitizens barred, nonqualified individuals lawfully present, and nonqualified PRUCOLs, as described in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level*.

(B) Criteria. 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;

(b) all nondisabled nonqualified PRUCOL adults, as described in 130 CMR 505.005(D): *Eligibility Requirements for Adults and Young Adults 19 and 20 Years of Age Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the*

MassHealth MAGI Household at or below 300% of the Federal Poverty Level; and (c) disabled nonqualified PRUCOL adults with MassHealth Disabled Adult household income above 100% of the FPL, as described in 130 CMR 505.005(F): Eligibility Requirements for Disabled Adults Who Are Qualified Noncitizens Barred, Nonqualified Individuals Lawfully Present, and Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth Disabled Adult Household at or below 100% of the Federal Poverty Level.

130 CMR 506.012(A), (B), (C).

Here, the Appellant is a parent and lives with her minor child. At the time of July 2, 2025 notice, while the Appellant was no longer income-eligible for MassHealth Standard, she continued to be eligible for the benefit for a period of time under 130 CMR 505.002(L)(5). This extended eligibility requires that the member follow 130 CMR 505.002(M) and 130 CMR 503.007, which state that MassHealth 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. Here, there is no dispute that the Appellant and her family have access, through her employer, to other health insurance that meets the required basic benefit level. Accordingly, MassHealth did not err in issuing the July 2, 2025, notice directing the Appellant to enroll her and her child in employer-sponsored health insurance.

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.

Emily Sabo
Hearing Officer
Board of Hearings

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

cc: Premium Assistance Unit