

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510986
Decision Date:	10/21/2025	Hearing Date:	09/05/2025
Hearing Officer:	Christine Therrien		


Appearance for Appellant:
Pro se

Appearances for MassHealth:
[Redacted] Quincy MEC
[Redacted] 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:	Eligibility – Under 65
Decision Date:	10/21/2025	Hearing Date:	09/05/2025
MassHealth’s Reps.:		Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South Telephonic		

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 7/10/25, MassHealth determined that health insurance is available through the appellant’s employer and apprised her that she must enroll by 9/8/25 or her MassHealth benefits will end. The notice also states that employer insurance meets the rules for Premium Assistance. (130 CMR 503.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 7/25/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined the appellant has access to employer-sponsored insurance and must enroll by 9/8/25.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 503.007, in determining that the appellant has access to employer-sponsored insurance.

Summary of Evidence

The appellant is under the age of 65. The appellant lives in a household with two minor children who are also covered by MassHealth. The MassHealth representative testified that the children would remain enrolled in MassHealth under continuous eligibility until at least 2/28/26. The MassHealth representative testified that on 7/10/25, MassHealth notified the appellant that she must enroll in insurance through her employer by 9/8/25. MassHealth notified the appellant that the insurance through her employer qualifies for Premium Assistance through MassHealth.

The Premium Assistance representative testified that the appellant's employer offers one plan that MassHealth Premium Assistance will cover 100%.

The appellant testified that she is enrolled in a Health Connector Plan for \$99. The appellant testified that she previously enrolled in a plan through her employer, but she was never reimbursed.

The Premium Assistance representative testified that Premium Assistance was not notified that the appellant was ever enrolled in an employer-sponsored insurance plan. The Premium Assistance representative testified that after the appellant enrolls in a plan through her employer, she must notify Premium Assistance that she is enrolled, and then Premium Assistance will start to reimburse her for 100% of the cost of the plan.

Findings of Fact

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

1. The appellant is under the age of 65 with two minor children.
2. The children will remain enrolled in MassHealth under continuous eligibility until at least 2/28/26.
3. On 7/10/25, MassHealth notified the appellant that she must enroll in insurance through her employer by 9/8/25 or her MassHealth benefits will be terminated.
4. The 7/10/25 notice stated that the appellant's insurance through her employer qualifies for Premium Assistance through MassHealth.
5. The appellant's employer offers one plan that MassHealth Premium Assistance will cover 100%.
6. Premium Assistance was not notified that the appellant was ever enrolled in an employer-sponsored insurance plan.

7. After the appellant enrolls in a plan through her employer, she must notify Premium Assistance that she is enrolled, and then Premium Assistance will start to reimburse her for 100% of the cost of the plan.

Analysis and Conclusions of Law

According to MassHealth regulation 130 CMR 503.007, “[t]he MassHealth agency is the payor 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.”

130 CMR 503.007(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.

130 CMR 506.012 Family Assistance Premium Assistance Payments:

(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).

The appellant has employer-sponsored insurance available to her that meets the criteria in 130 CMR 506.012(B) for Premium Assistance. The Premium Assistance representative testified that

MassHealth would pay 100% of the premium for the employer-sponsored insurance after the appellant enrolls in the insurance plan and notifies MassHealth. The appellant is still not enrolled in the available employer-sponsored insurance. MassHealth correctly applied the above-cited regulations where the appellant is eligible for employer-sponsored insurance and failed to enroll, and, therefore, her MassHealth benefits were correctly terminated.

For this reason, 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 the 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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator