

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2512485
Decision Date:	10/17/2025	Hearing Date:	09/25/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nicole Veras, Tewksbury MEC
Roxana Noreiga, 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

Appeal Decision:	DENIED	Issue:	Community Eligibility – under 65; ESI
Decision Date:	10/17/2025	Hearing Date:	09/25/2025
MassHealth’s Rep.:	Nicole Veras; Roxana Noreiga	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	Aid Pending:	Yes

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 August 10, 2025, MassHealth notified the appellant that her coverage would be ending on August 24, 2025, because she did not enroll in the required employer-sponsored health insurance. See 130 CMR 503.007 and Exhibit 1. The appellant filed this appeal in a timely manner on August 25, 2025. See 130 CMR 610.015(B) and Exhibit 2. An aid pending protection was put in place to protect the appellant’s benefits. Any action to suspend, reduce, terminate, or restrict a member’s assistance is valid grounds for appeal to the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth terminated the appellant’s coverage effective August 24, 2025, because she did not enroll in the required employer-sponsored health insurance.

Issue

Whether MassHealth was correct in terminating appellant’s coverage for failure to enroll in the required employer-sponsored health insurance. See 130 CMR 503.007.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center and a worker from the Premium Assistance Unit (PAU). The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The evidence presented showed that the appellant is an adult under the age of 65. The MassHealth representative stated that the appellant had MassHealth Standard coverage from July 2020 to August 24, 2025. In June 2025, a routine system check was performed by MassHealth. The system flagged an available employer-sponsored insurance (ESI) plan for the appellant. The PAU representative confirmed that the appellant's employer offers an ESI plan that meets the minimum credible coverage (MCC) requirements. The representatives explained that this plan qualifies for premium assistance payments and that MassHealth will pay 100% of the appellant's premiums. On June 6, 2025, through a qualifying event letter, MassHealth notified the appellant that she must enroll in this insurance by August 5, 2025, or risk losing her MassHealth benefits. The appellant did not enroll in her employer-sponsored health insurance. On August 10, 2025, a termination notice for failure to enroll in the required employer-sponsored health insurance was issued by MassHealth. An aid pending protection was put in place to protect the appellant's benefits.

The appellant testified that an ESI plan is in fact available through her employer. However, she stated that despite her many attempts to enroll in said plan, her employer has refused to enroll her until the open enrollment period begins. She added that the open enrollment period will begin on October 13, 2025. She stated that she intends to enroll as soon as the system allows her to do so.

The PAU representative stated that she has never encountered this situation. She added that a qualifying event letter should suffice as an exception to the open enrollment period.

Findings of Fact

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

1. The appellant is under the age of 65. (Testimony and Exhibit 4).
2. The appellant had MassHealth Standard coverage from July 2020 to August 24, 2025. (Testimony and Exhibit 4).
3. In June 2025, a routine system check was performed by MassHealth. The system flagged an

available ESI plan that meets the MCC requirements. (Testimony).

4. On June 6, 2025, through a qualifying event letter, MassHealth notified the appellant that she must enroll in this insurance by August 5, 2025, or risk losing her MassHealth benefits. (Testimony).
5. The appellant did not enroll in an ESI plan. (Testimony).
6. On August 10, 2025, a termination notice for failure to enroll in the required employer-sponsored health insurance was issued by MassHealth. (Testimony and Exhibit 1).
7. The appellant filed this appeal in a timely manner on August 25, 2025. (Exhibit 2).
8. An aid pending protection was put in place to protect the appellant's benefits. (Testimony).
9. As of the hearing date, the appellant had not enrolled in an ESI plan. (Testimony).

Analysis and Conclusions of Law

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. See 130 CMR 503.007. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000. See 130 CMR 503.007(A).

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 of age or pregnant. Id. 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. See 130 CMR 503.007(B).

Pursuant to 130 CMR 505.002(M), persons eligible for MassHealth Standard must use potential health insurance benefits in accordance with 130 CMR 503.007. Accordingly, MassHealth may conduct an investigation for individuals who are eligible for MassHealth Standard in the following manner:

- (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 that 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 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.

(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.

See 130 CMR 505.002(N).

Based on this record, the appellant is an adult between the ages of 21 and 65. See Exhibit 4. The MassHealth representative testified, and the appellant agreed that she has available employer-sponsored health insurance which meets the MCC requirements. See 130 CMR 505.002(N). However, the appellant complained that her employer has been uncooperative and has refused to enroll her until the open enrollment period. She stated that she would be able to enroll on October 13, 2025 and that she intends to do so. As such, there is no dispute that the appellant has

access to an ESI plan. This insurance meets the MCC requirements. Thus, it is the appellant's obligation to enroll in this insurance. See 130 CMR 503.007(A)(every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000).

Consequently, MassHealth correctly terminated the appellant's coverage for failure to enroll in the required employer-sponsored health insurance, and the appellant did not present any evidence to prove that MassHealth's decision was incorrect. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("proof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

For the foregoing reasons, this 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290