

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2515083
Decision Date:	11/14/2025	Hearing Date:	11/12/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Alana Murray, Springfield 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

Appeal Decision:	DENIED	Issue:	Community Eligibility – under 65
Decision Date:	11/14/2025	Hearing Date:	11/12/2025
MassHealth’s Rep.:	Alana Murray	Appellant’s Rep.:	██████
Hearing Location:	Remote	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 September 19, 2025, MassHealth notified the appellant that she is required to enroll herself and her children in her employer-sponsored health insurance by November 18, 2025, or their MassHealth benefits may end. See 130 CMR 503.007 and Exhibit 1. The appellant filed this appeal in a timely manner on October 15, 2025. See 130 CMR 610.015(B) and Exhibit 2. 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 notified the appellant that she is required to enroll herself and her children in her employer-sponsored health insurance by November 18, 2025, or their MassHealth benefits may end.

Issue

Whether MassHealth was correct in determining that the appellant and her children are required to enroll in the appellant’s employer-sponsored health insurance. See 130 CMR 503.007.

Summary of Evidence

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

The MassHealth representative testified that the appellant is the head of household. Her household consists of five people, including her four children who are all under the age of 21. The appellant and her children have MassHealth Standard coverage. In September 2025, MassHealth determined that the appellant has an employer-sponsored insurance (ESI) plan available to her and her children which meets the minimum credible coverage (MCC) requirements. The MassHealth representative explained that this plan qualifies for premium assistance payments and that MassHealth will pay all or part of the appellant's premiums. Through a notice dated September 19, 2025, MassHealth notified the appellant that she must enroll herself and her children in this insurance plan by November 18, 2025, or risk losing their MassHealth benefits.

The appellant testified that an ESI plan is in fact available through her employer. She stated that she is a single parent and is responsible for her household expenses. She expressed concern about her ability to make ends meet, noting that her children require immunizations and frequent doctor visits. In response, the MassHealth representative said that once they are enrolled in her ESI plan as their primary insurer, they would still have MassHealth as a secondary insurer to cover anything not covered by the ESI insurance. The appellant insisted that she is currently facing many personal challenges, and this requirement imposes a hardship on her at this time.

Findings of Fact

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

1. The appellant is the head of household. Her household consists of five people, including her four children who are all under the age of 21. (Testimony).
2. The appellant and her children have MassHealth Standard coverage. (Testimony and Exhibit 4).
3. In September 2025, MassHealth determined that the appellant has an ESI plan available to her and her children which meets the MCC requirements. (Testimony).
4. MassHealth will pay for all or part of the appellant's premiums. (Testimony and Exhibit 1).
5. Through a notice dated September 19, 2025, MassHealth notified the appellant that she must enroll herself and her children in this insurance plan by November 18, 2025, or risk

losing their MassHealth benefits. (Testimony and Exhibit 1).

6. The appellant filed this appeal in a timely manner on October 15, 2025. (Exhibit 2).

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. There is no dispute that an ESI plan that meets the MCC requirements is available through the appellant's employer for her and her children. Additionally, this plan qualifies for premium assistance payments and MassHealth will pay the appellant's premiums in part or in full. See 130 CMR 506.012. As such, MassHealth correctly identified an available ESI plan and requested that the appellant enroll herself and her children in that plan. See 130 CMR 505.004(K).

The appellant expressed concern about her ability to make ends meet, noting that her children require immunizations and frequent doctor visits. She argued that she is currently facing many personal challenges, and this requirement poses a hardship for her at this time. The appellant has access to employer-sponsored health insurance. 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). Thus, the appellant's argument lacks any support under the relevant regulations and fails to meet the burden of proof required. 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"). Accordingly, MassHealth's issuance of a qualifying event letter is upheld and this appeal is DENIED.

Having said that, since MassHealth has not terminated the appellant's children's MassHealth

Standard coverage, I am unable to render a decision on that matter as it is not yet ripe for review.¹ However, the agency may not terminate the children's Standard coverage solely on the basis that the appellant has failed to enroll her children in her ESI plan because the children are receiving MassHealth Standard and are all younger than 21 years of age. See 130 CMR 503.007(A).

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: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186

¹ Any subsequent notices issued by MassHealth will carry their own appeal rights.