

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515591
Decision Date:	2/3/2026	Hearing Date:	12/18/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Hector Rivera, Springfield
Roxana Noriega, 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:	Premium Assistance
Decision Date:	2/3/2026	Hearing Date:	12/18/2025
MassHealth's Reps.:	Hector Rivera, Roxana Noriega	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center 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 10/9/25, MassHealth determined that health insurance is available through the appellant's employer, and she must enroll by 12/8/25 or her MassHealth benefits will end. The notice also states that employer-sponsored insurance meets the rules for Premium Assistance. (130 CMR 503.007, and Exhibit 1). The appellant filed this appeal in a timely manner on 10/24/25. (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 12/8/25, or her benefits will end.

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, and that if she does not enroll in ESI, her MassHealth benefits will end.

Summary of Evidence

The appellant is a single individual under the age of [REDACTED]. The MassHealth representative testified that MassHealth issued the notice on appeal because the appellant has access to employer-sponsored insurance (ESI). The MassHealth representative testified that the appellant reported an income of \$3,200.66 a month, which is 240.42% of the federal poverty level. The MassHealth representative testified that the appellant is enrolled in MassHealth CommonHealth with a monthly premium of \$72.00. The Premium Assistance representative testified that MassHealth will pay 100% of the premium for either the EPO or PPO plans offered by the appellant's employer after the appellant enrolls in the plan and notifies Premium Assistance of her enrollment.¹ The MassHealth representative testified that the appellant's CommonHealth coverage will end on 12/27/25 if she does not enroll in the ESI. The MassHealth representative testified that MassHealth is the payer of last resort and that MassHealth will be the secondary insurer after appellant enrolls in the ESI plan.

The appellant testified that she suffered a stroke in November and is now not working and is receiving FMLA for approximately \$550.00 a month. The appellant testified that her prognosis is not positive and that she may not return to work. The appellant testified that she has an appointment with the Social Security Administration in January to apply for disability. The appellant testified that she cannot afford the ESI.

The premium assistance representative testified that MassHealth will pay 100% of the premium in advance for either the EPO or PPO plans.

The appellant testified that she did not think she could get enrolled in ESI before 12/27/25.

The MassHealth representative testified that until the appellant is no longer employed, she will be required to enroll in the available ESI. The MassHealth representative testified that FMLA is through an employer, so technically, the appellant is still employed. The MassHealth representative testified that the appellant's FMLA puts her income at 177% of the FPL, which is still above the limit of 133% required to qualify for MassHealth.

Findings of Fact

¹ EPO - Exclusive Provider Organization and PPO - Preferred Provider Organization.

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

1. The appellant is a single individual under the age of [REDACTED].
2. MassHealth issued the notice on appeal on 10/9/25, which states it determined that health insurance is available through the appellant's employer, and she must enroll by 12/8/25 or her MassHealth benefits will end.
3. The appellant reported an income of \$3,200.66 a month, which is 240.42% of the federal poverty level.
4. The appellant is enrolled in MassHealth CommonHealth with a monthly premium of \$72.00.
5. MassHealth will pay 100% of the premium for either the EPO or PPO plans offered by the appellant's employer after the appellant enrolls in the plan and notifies Premium Assistance of her enrollment.
6. The appellant's CommonHealth coverage will end on 12/27/25 if she does not enroll in the ESI.
7. MassHealth will be the secondary insurer after the ESI plan.
8. The appellant suffered a stroke in November and is now not working and is receiving FMLA of approximately \$550.00 a month.
9. FMLA is through an employer, so the appellant is still employed and must enroll in ESI.
10. The appellant's FMLA puts her income at 177% of the FPL, which is still above the limit of 133% required to qualify for MassHealth.

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 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 either the EPO or PPO plans offered by the appellant's employer after the appellant enrolls in the insurance plan and notifies MassHealth. The appellant is not enrolled in the available ESI. MassHealth correctly applied the above-cited regulations where the appellant is eligible for ESI, failed to enroll, and, therefore, her MassHealth benefits will terminate on 12/27/25. 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 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: Dori Mathieu, Springfield MassHealth Enrollment Center

cc: MassHealth premium assistance unit