

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516140
Decision Date:	12/05/2025	Hearing Date:	12/02/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearances for MassHealth:

Via telephone:

Ana Duverge, Springfield MEC

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:	12/05/2025	Hearing Date:	12/02/2025
MassHealth's Reps.:	Ana Duverge; Roxana Noriega	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center, 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 October 22, 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 her child in the plan by December 21, 2025 or her MassHealth benefits may end (Exhibit 1). The appellant filed this appeal in a timely manner on November 3, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Challenging the scope of assistance is valid grounds for appeal (see 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 her child in the plan by December 21, 2025 or her 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 her child in available employer sponsored insurance.

Summary of Evidence

All parties appeared at hearing via telephone. MassHealth was represented by an eligibility worker (hereinafter, the MassHealth representative or MassHealth) from the Springfield MassHealth Enrollment Center, and a Premium Assistance worker (hereinafter, the Premium Assistance representative or Premium Assistance). The MassHealth representative testified that the October 22, 2025 notice under appeal 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 her child in the plan by December 21, 2025 or her MassHealth benefits may end. The appellant, who is an adult under the age of 65, has a household size of two which includes the appellant and her child under the age of 19. Her most recently verified gross weekly income is about \$700 (or \$3,033 gross monthly), which is 165.41% of the Federal Poverty Level (FPL) for a household of two. The income was verified by a paystub received on November 20, 2025. Based on this income and household size, the appellant is over the income limit for MassHealth benefits and her child is eligible for MassHealth Family Assistance. The child's MassHealth Family Assistance benefits are currently active, but set to terminate on December 21, 2025. The appellant reported a potential disability for the child and the MassHealth representative recommended that she complete a MassHealth Child Disability Supplement.

The Premium Assistance representative explained that if a member has access to employer-sponsored health insurance, she must enroll. Premium Assistance sent a qualifying event letter to the appellant and her employer on October 22, 2025 which allows the appellant to enroll even if the open enrollment period has closed. She has 60 days from the date of the qualifying event letter to enroll in the employer-sponsored plan. She explained that Premium Assistance would reimburse 100% of the appellant's monthly premium by sending a check every month, prior to the premium being taken out of her paycheck. Additionally, MassHealth, as her child's secondary insurance, would cover all co-pays, deductibles, and any other MassHealth covered services that her employer-sponsored plan did not cover.

The appellant confirmed her income was accurate but noted her hours can vary from 35-40 hours per week, which affects her paycheck. She stated that the employer-sponsored insurance plan is very pricey (\$175 per week) and she cannot afford the extra expense. Her child has severe mental health issues and an Individual Education Program (IEP) at school. She has been with her company for ten years, but its Human Resources (HR) department is unreliable and she didn't feel comfortable enrolling with them. When she asked HR about Premium Assistance and enrolling in

the employer-sponsored insurance plan, she gets a different answer every time. She said that HR wasn't familiar with Premium Assistance and told her that open enrollment was closed.

The Premium Assistance representative explained that it is state law and her company must allow her to enroll based on the qualifying event letter. Premium Assistance sent the qualifying event letter to the Florida corporate office and she suggested that the appellant contact that office if she is having issues. Additionally, she noted that based on information submitted by the appellant, the most expensive plan is bi-weekly and the total cost per month would be \$379.16. But she would be reimbursed 100% by Premium Assistance.

Findings of Fact

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

1. The appellant is an adult under the age of 65 with a household size of two, including herself and her child younger than 19 (Testimony and Exhibits 1 and 4).
2. Through a notice dated October 22, 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 her child in the plan by December 21, 2025 or her MassHealth benefits may end (Testimony and Exhibit 1).
3. On November 3, 2025, the appellant timely appealed the notice (Exhibit 2).
4. The household's most recently verified gross monthly income is about \$3,033, or 165.41% of the FPL for a household of two (Testimony).
5. The appellant is over the income limit to qualify for MassHealth benefits; however, her child is eligible for MassHealth Family Assistance benefits (Testimony).
6. The appellant has access to health insurance through her job that meets the requirements of Premium Assistance and she must enroll her child in the employer-sponsored plan by December 21, 2025 to maintain her MassHealth benefits (Testimony and Exhibit 1).
7. The appellant's child's MassHealth Family Assistance benefits are currently active, but set to terminate on December 21, 2025 unless she enrolls in the employer-sponsored insurance plan (Testimony and Exhibit 1).

Analysis and Conclusions of Law

At issue is whether the appellant must enroll her child in health insurance available to her family through her employer in order to maintain her child's MassHealth benefits. To determine that, it is necessary to first address whether MassHealth correctly determined the family's MassHealth benefits.

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,¹ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

¹ "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

Categorically, the appellant, as a parent to a child under age 19, is eligible for MassHealth Standard. Categorically, the appellant's child, as a non-disabled child aged one through eighteen, is eligible for MassHealth Standard or MassHealth Family Assistance. Under 130 CMR 505.002(C)(1), the income limit for Standard is 133% of the FPL for a parent of a child younger than 19 years old. Under 130 CMR 505.002(B)(2), the income limit for Standard is 150% of the FPL for a child aged one through eighteen. Under 130 CMR 505.005(A)(1), the income limit for Family Assistance is greater than 150% and less than or equal to 300% of the FPL for a child. For a household of two, 133% of the FPL is \$2,345 gross monthly; 150% of the FPL is \$2,644 gross monthly; and 300% of the FPL is \$5,288 gross monthly. As the appellant's income (about \$3,033 gross monthly, or 165.41% of the FPL, after five percentage points of the current FPL is subtracted from the applicable household total countable income pursuant to 130 CMR 506.007(A)) exceeds that limit, MassHealth correctly determined that the appellant and her child do not qualify for MassHealth Standard benefits; however, her child would be eligible for MassHealth Family Assistance benefits.

Pursuant to 130 CMR 505.002(M), applicants and members **must** use potential health insurance benefits in accordance with 130 CMR 503.007, which states 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 has access to other health insurance through her employer. For these reasons, MassHealth's determination that the appellant must enroll her child in the employer-sponsored insurance to continue to receive MassHealth benefits is correct.

Through its Premium Assistance program, MassHealth provides financial assistance to eligible members that have access to private health insurance, to help cover the cost of their health insurance premiums. See 130 CMR 506.012(C). Eligibility for this benefit is based on "the individual's coverage type and the type of private health insurance the individual has or has access to." See 130 CMR 506.012(C). Premium Assistance is available to MassHealth members younger than 19 who are eligible for MassHealth Family Assistance. See 130 CMR 506.012(A)(8). Once enrolled, MassHealth issues "premium assistance payments" to the policyholder of the plan. The premium assistance payment is the amount MassHealth contributes to the cost of health insurance coverage for the member. See 130 CMR 501.001. MassHealth's determination that the appellant's child is eligible for Premium Assistance is correct based on her eligibility for MassHealth Family Assistance and access to private health insurance.

For these reasons, MassHealth's determination is correct and 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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104