

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516635
Decision Date:	02/03/2026	Hearing Date:	12/10/2025
Hearing Officer:	Scott Bernard		

Appearances for Appellant:

Pro se via telephone;



Appearances for MassHealth:

 *via telephone*

Roxana Noriega (the Premium Assistance Unit)
via telephone



*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:	02/03/2026	Hearing Date:	12/10/2025
MassHealth's Reps.:	Katelyn Costello; Roxana Noriega	Appellant's Reps.:	[REDACTED]
Hearing Location:	Quincy Harbor South	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 31, 2025, MassHealth notified the appellant that it had determined that he had employer-sponsored health insurance (ESI) available and that three of his children had to be enrolled in that insurance by December 30, 2025 or they could lose their MassHealth coverage. (See 130 CMR 506.012 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on November 12, 2025. (See 130 CMR 610.015(B) and Ex. 1, p. 1). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that since his family had access to ESI, three of his children would need to be enrolled in that insurance no later than December 30, 2025 or their MassHealth coverage could end.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.005 and 506.012, in determining that the appellant's children were required to be enrolled in ESI.

Summary of Evidence

A benefits eligibility representative from the Quincy MassHealth Enrollment Center (MEC) and a representative from the MassHealth Premium Assistance Unit represented MassHealth. The appellant and his spouse appeared at the hearing, and the appellant's spouse spoke on the appellant's behalf. All witnesses attended the hearing by telephone.

The MassHealth representative testified first that this appeal concerns a MassHealth notice dated October 31, 2025, which informed the appellant that MassHealth had determined that ESI was available through the appellant's employment and that such insurance met the requirements for MassHealth Premium Assistance. (Testimony; Ex. 1). The notice identified the appellant's three children as household members required to enroll in the ESI by December 30, 2025, and stated that their MassHealth benefits could end if they did not do so. (Id.).

The MassHealth representative next stated that the appellant's household consists of five individuals, all under the age of 65, the appellant, his spouse, and their three children. (Testimony). The three children are all [REDACTED]. (Testimony; Ex. 1). The appellant reported employment income, and the appellant's spouse had additional income on file, including self-employment or other reported income, resulting in a total household income placing them at 224.94% of the federal poverty level (FPL).¹ (Testimony). In response to questions regarding the basis for the October 31, 2025 notice, the MassHealth representative stated that MassHealth recorded no specific income or household changes at that time and identified information obtained by the Premium Assistance Unit regarding access to ESI as the basis for issuing the notice. (Testimony).

The Premium Assistance representative spoke next. The Premium Assistance Unit received information indicating that the appellant was employed and had access to ESI. (Testimony). The Premium Assistance Unit contacted the appellant's employer and confirmed that the employer offered health insurance meeting the Basic Benefit Level (BBL) requirements for Premium Assistance. (Testimony). Based on that confirmation, MassHealth issued the qualifying event notice dated October 31, 2025, requiring enrollment of the appellant's children in the ESI. (Testimony; Ex. 1).

The Premium Assistance representative described the applicable Premium Assistance requirements, stating that when ESI meets program standards, MassHealth requires eligible children to enroll in that insurance, with the ESI plan serving as primary coverage and MassHealth serving as secondary coverage. (Testimony). Premium Assistance payments are issued prospectively, and upon enrollment, MassHealth pays the applicable Premium Assistance amount toward the cost of the employer-sponsored family plan. (Testimony). Because the appellant's

¹ The MassHealth representative did not provide a gross monthly income figure at the hearing. Based on the stated FPL percentage for a household of five, the household's gross monthly income would be approximately \$7,215.52 if the reported percentage was calculated correctly.

children qualify for MassHealth Family Assistance, failure to enroll them in qualifying ESI may result in termination of their MassHealth coverage. (Testimony).

The Premium Assistance representative next addressed the cost of the ESI plans available through the appellant's employer. The employer offered multiple plans with monthly premium amounts of approximately \$312.86 or \$350.17. (Testimony). The Premium Assistance Unit would reimburse 100% of the premium attributable to the children. (Testimony). The ESI would cover the entire family under a family plan, while Premium Assistance eligibility derives from the children's MassHealth eligibility, with MassHealth remaining secondary coverage for the children. (Testimony).

With the appellant's permission, the appellant's spouse spoke on behalf of the household and addressed the household's position regarding enrollment in ESI. The household was concerned about continuity of care and potential out-of-pocket costs associated with the ESI plans. (Testimony). The children currently receive care from providers who do not accept the plans offered by the appellant's employer and that enrollment in ESI would require the household to find the children new providers. (Testimony). The children had existing specialist appointments, some scheduled months in advance, and that a change in insurance coverage could affect those appointments. (Testimony).

The appellant's spouse also addressed financial considerations for herself and the appellant. The ESI plans had higher copayments and deductibles than the household's current coverage and the resulting costs for therapy, medical visits, and prescription medications would be difficult for the household to pay. (Testimony). Furthermore, both she and the appellant receive ongoing medical and mental health treatment, and changes in cost-sharing or medication coverage could affect their ability to continue that medical and mental health treatment. (Testimony).

Findings of Fact

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

1. The appellant's household consists of five individuals: the appellant and his spouse, both under the age of 65, and their three children, all [REDACTED]. (Testimony; Ex. 1).
2. The appellant reported employment income to MassHealth, and the appellant's spouse had additional income on file with MassHealth, including self-employment or other reported income. (Testimony).
3. The household's income place it at 224.94% of the FPL at the time relevant to the notice under appeal. (Testimony).
4. The children were eligible for MassHealth Family Assistance at the time MassHealth issued the notice under appeal. (Testimony).

5. Prior to the issuance of the notice under appeal, the Premium Assistance Unit verified that the appellant had access to ESI meeting the BBL requirements for MassHealth Premium Assistance. (Testimony).
6. The employer offered multiple family ESI plans with monthly premiums of approximately \$312.86 or \$350.17. (Testimony).
7. Based on confirmation of qualifying ESI, MassHealth issued the October 31, 2025 qualifying event notice. (Testimony; Ex. 1).
8. The qualifying event notice informed the appellant that health insurance plans available through his employer met the requirements for MassHealth Premium Assistance, requiring the appellant's three children to enroll in that insurance by December 30, 2025, and stating that their MassHealth benefits could end if they did not do so. (Testimony; Ex. 1).
9. When children enroll in qualifying ESI, the Premium Assistance Unit reimburses 100% of the premium amount attributable to the children, and Premium Assistance payments are issued prospectively. (Testimony).
10. When Premium Assistance applies, ESI serves as primary coverage and MassHealth serves as secondary coverage for the children. (Testimony).

Analysis and Conclusions of Law

MassHealth Family Assistance is available to eligible children who meet the requirements set forth at 130 CMR 505.005, including compliance with rules governing access to ESI. (130 CMR 505.005). When MassHealth determines that a child eligible for Family Assistance has access to ESI, MassHealth may require enrollment in that insurance if it meets the criteria for Premium Assistance. (130 CMR 505.005(B)(2)). MassHealth must notify the household in writing when enrollment in ESI is required and must allow up to 60 days to complete enrollment. (130 CMR 505.005(B)(2)(a)). Failure to enroll in required ESI results in loss or denial of eligibility for MassHealth Family Assistance. (130 CMR 505.005(B)(2)(b)).

Premium Assistance payments are governed by 130 CMR 506.012 and may be provided when the ESI meets the BBL, at least one covered individual is eligible for MassHealth, and the policyholder resides with or is part of the Premium Billing Family Group. (130 CMR 506.012(B); 130 CMR 501.001). When Premium Assistance applies, the ESI serves as the primary payer and MassHealth serves as the secondary payer. (130 CMR 506.012(F)(1)). Premium Assistance payments are issued prospectively to assist with the cost of coverage for the following month. (130 CMR 506.012(F)(1)(e)). The MassHealth regulations do not provide an exception to required enrollment based on cost considerations or concerns regarding continuity of care when ESI otherwise meets program requirements. (130 CMR 505.005(B)(2); 130 CMR 506.012).

The appellant's three children were categorically and financially eligible for MassHealth Family Assistance at the time MassHealth issued the notice under appeal, and eligibility for that coverage is conditioned on compliance with requirements governing access to ESI when such insurance is available. Prior to issuing the notice, MassHealth, through the Premium Assistance Unit, verified that the appellant had access to ESI meeting the BBL requirements for MassHealth Premium Assistance. Because the children had access to qualifying ESI, MassHealth was authorized to require enrollment in that insurance as a condition of continued Family Assistance eligibility.

MassHealth satisfied its notice obligations by issuing a written qualifying event notice dated October 31, 2025, directing enrollment of the children by December 30, 2025, and advising that failure to enroll could result in termination of MassHealth benefits. When children enroll in qualifying ESI, MassHealth reimburses the premium amount attributable to the children, issues payments prospectively, and serves as secondary coverage, with the ESI acting as primary coverage. The MassHealth regulations do not provide an exception to required enrollment based on cost considerations or concerns regarding continuity of care. Accordingly, MassHealth correctly applied its regulations in issuing the October 31, 2025 notice requiring enrollment of the appellant's children in ESI.

For the above reasons, 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: 

cc: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

cc: The Premium Assistance Unit