

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Dismissed	Appeal Number:	2101608
Decision Date:	9/22/2021	Hearing Date:	04/05/2021
Hearing Officer:	Samantha Kurkijy	Record Open:	04/06/2021

Appellant Representative:

[REDACTED]

[REDACTED]


MassHealth Representative:

Francisco Canales—Chelsea 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:	Dismissed	Issue:	Eligibility
Decision Date:	9/22/2021	Hearing Date:	04/05/2021
MassHealth Rep.:	Francisco Canales	Appellant Rep.:	
Hearing Location:	Chelsea MassHealth Enrollment Center		

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 February 22, 2021, MassHealth informed the appellant that she does not qualify for MassHealth benefits because her income exceeds the MassHealth program limits. (Exhibit 1.) The appellant submitted a timely appeal on March 3, 2021. (130 CMR 610.015(B); Exhibit 2.) Denial of assistance is a valid ground for appeal. (130 CMR 610.032.) The hearing officer has taken some medical leave due to a serious illness, which extends the deadline for rendering a hearing decision pursuant to 130 CMR 610.015(D)(4)(b).

Action Taken by MassHealth

MassHealth informed the appellant that she does not qualify for MassHealth benefits because her income exceeds the MassHealth program limits.

Issue

Whether MassHealth was correct in determining the appellant does not qualify for benefits.

Summary of Evidence

As a result of an update to the appellant's income, on February 22, 2021, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income exceeds the

MassHealth program limits. The appellant submitted an appeal on March 3, 2021. The MassHealth representative testified that the appellant, who is under 65-years-old and has a household of two, needs to update her income with MassHealth. He testified that the appellant is eligible for the Health Connector as of January 15, 2020. He testified that the appellant is currently enrolled in a Health Connector plan and has no premium.

The appellant and her son attended the hearing. The appellant testified that she does not have a fixed income, as her pay depends on the number of hours she works. She testified that she sometimes works 80 hours over a two-week period. The Hearing Officer asked the appellant to provide the amounts of her last two paychecks, and she testified that she earns \$15.43 per hour and her last biweekly paycheck was \$986.¹ The appellant testified that while her employer offers health insurance, the cost of the insurance is too expensive for her, as it is \$400 biweekly.

Taking the appellant's hourly income into account, the MassHealth representative determined that the appellant's gross income is \$1,234.40 by multiplying \$15.43 by 40 hours and dividing² that amount by 2. The MassHealth representative testified that the income limit for MassHealth benefits is \$1,911³ per month for a household of 2. He testified that the income the appellant provided at hearing matches the income that MassHealth has in its system. The income for the other person in the household was not discussed. The MassHealth representative testified that while the appellant remains eligible for a Health Connector plan, the income she reported at the hearing will cause her to have a monthly premium of \$20.56. He testified that if the appellant is contesting a premium bill, she needs to speak to MassHealth Premium Billing.

The appellant responded that she was informed she had a monthly premium of \$45. When she received her insurance policy, the documents showed she was a premium of \$431 per month. The appellant testified that she is unable to pay that amount. She testified that she called MassHealth and was told that MassHealth cannot help her. She testified that her first bill was for \$400, her second bill was for \$800, and her third bill (for February 2021) was \$1,725.08. The appellant testified that she requested a hearing because she is challenging the bill she received. She testified that a document she received stated that if she wanted to continue with the insurance she had the previous year, she would have to pay \$431. She testified that she only paid for dental coverage, as that was the only insurance she was using. She testified that she paid \$20 for the dentist and \$45 for the medical coverage, which she was not using. The appellant testified that her son told her that if she did not want to continue with her medical coverage she should not pay, so she kept receiving a bill. She questioned why she was still being charged, as she did not renew her policy. The appellant's son testified that the appellant paid her bills on time the previous year. However, at the beginning of 2021, she received a bill stating that she owes \$400. The appellant and her son thought that the appellant needed to pay the bill in order to enroll in insurance and she did not pay the bill because it was too much money.

¹ It is unknown whether this is a gross or net amount.

² Presumably, the MassHealth representative intended to say that he multiplied the amount by 2.

³ This is the 2020 income standard, which was in effect when the appellant updated her income on or about February 22, 2021.

The Hearing Officer asked the appellant whether the bills to which she was referring represented monthly premiums. The appellant testified that they were not premium bills, and her son testified he thought that they were premium bills but was uncertain. Because it was not clear whether the bills were premium bills, the Hearing Officer left the record open for the appellant to submit copies of the bills by April 6, 2021 with the understanding that the hearing would be continued with Premium Billing. The appellant submitted the requested information, which showed that the bills were in fact for Health Connector premiums. The first bill was for \$431.27 and was due by December 23, 2020. The second bill was for \$862.54 (representing two months of premiums) and was due by January 23, 2021. The third document was a notice dated February 1, 2021 which informed the appellant that her benefits were terminated but could be reinstated without a coverage gap if the appellant pays \$1,725.08. This notice was also from the Health Connector.

Findings of Fact

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

1. As a result of an update to the appellant's income, on February 22, 2021, MassHealth notified the appellant that she does not qualify for MassHealth benefits because her income exceeds the MassHealth program limits.
2. The appellant submitted a timely appeal on March 3, 2021.
3. MassHealth determined that the appellant is eligible for the Health Connector as of January 15, 2020.
4. The appellant is currently enrolled in a Health Connector plan and has no premium.
5. The appellant is under 65-years-old and has a household of two.
6. The appellant does not have a fixed income, as her pay depends on the number of hours she works. She sometimes works 80 hours over a two-week period.
7. The Hearing Officer asked the appellant to provide the amounts of her last two paychecks, and the appellant only provided the amount of her last biweekly paycheck: \$986. The appellant earns \$15.43 per hour.
8. The MassHealth representative determined that the appellant's gross income is \$1,234.40 by multiplying \$15.43 by 40 hours and multiplying that amount by 2.
9. The income limit for MassHealth benefits is \$1,911 per month for a household of 2.
10. The income for the other person in the appellant's household was not discussed.
11. The appellant's employer offers health insurance at a cost of \$400 biweekly.

12. The income the appellant reported at the hearing will cause her to have a monthly premium of \$20.56 for her Health Connector plan.
13. The appellant testified that she was informed she had a monthly premium of \$45. She paid \$20 for dental coverage, which she was using, and \$45 for medical coverage, which she was not using.
14. When she received her insurance policy, the documents showed she has a premium of \$431 per month. She was informed that if she wanted to continue with the insurance she had the previous year, she would have to pay \$431.
15. The appellant and her son thought that the appellant needed to pay the bill in order to enroll in insurance and she did not pay the bill because it was too much money.
16. The appellant's first bill was for \$400, her second bill was for \$800, and her third bill (for February 2021) was \$1,725.08. The appellant and her son were not certain if these bills are premium bills.
17. The appellant requested a hearing because she is challenging the bill she received.
18. The hearing record was left open for the appellant to submit copies of the bills by April 6, 2021. The appellant submitted the requested information, which showed that the bills were in fact for Health Connector premiums. The first bill was for \$431.27 and was due by December 23, 2020. The second bill was for \$862.54 (representing two months of premiums) and was due by January 23, 2021. The third document, also from the Health Connector, was a notice dated February 1, 2021 which informed the appellant that her benefits were terminated but could be reinstated without a coverage gap if the appellant pays \$1,725.08.

Analysis and Conclusions of Law

MassHealth regulations found at 130 CMR 505.000 explain the financial standards and categorical requirements for MassHealth coverage types. The MassHealth coverage types are listed in 130 CMR 505.001(A):

- (A) The MassHealth coverage types are the following:
 - (1) Standard – for pregnant women, children, parents and caretaker relatives, young adults, 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.

The financial requirements for the MassHealth coverage types listed above are found in 130 CMR 506.000. While the appellant appealed a MassHealth denial relating to her financial eligibility for MassHealth benefits, the testimony she offered at hearing indicates that her concern is with her Health Connector plan. Due to some confusion over what the bills the appellant received represented, the record was left open for her to submit the relevant paperwork. The paperwork confirms that the bills at issue are for Health Connector premiums. Accordingly, MassHealth Premium Billing cannot address these premiums, as suggested by the MassHealth representative at hearing. The premiums must be addressed by the Health Connector.

As the issue on appeal does not relate to MassHealth, the appeal is denied. The appeal will be sent to the Health Connector, the entity responsible for the current actions.

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.

Samantha Kurkly
Hearing Officer
Board of Hearings

Cc: Nancy Hazlett, MEC at Chelsea

