

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2204933
Decision Date:	9/20/2022	Hearing Date:	08/02/2022
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Jennifer Vitt (Charlestown MEC) *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:	Dismissed	Issue:	CommonHealth – Medicare Part B coverage
Decision Date:	9/20/2022	Hearing Date:	08/02/2022
MassHealth’s Rep.:	Jennifer Vitt	Appellant’s Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center		

Jurisdiction

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Through a notice dated June 15, 2022, MassHealth notified the appellant that his monthly premium for CommonHealth would change to \$72.00 effective June 15, 2022. (See Exhibit (Ex.) 1; 130 CMR 506.011). The appellant filed this appeal in a timely manner on June 30, 2022. (See 130 CMR 610.015(B) and Ex. 2). A MassHealth determination concerning a premium is valid grounds for appeal. (See 130 CMR 610.032).

The appellant has a household of one and has been determined to be disabled by the Social Security Administration. The appellant receives Medicare Part A and Part D. As of December 8, 2019, the appellant is getting Health Safety Net Full and MassHealth CommonHealth. The appellant’s premium increased to \$72 effective July 1, 2022 as stated in the June 15, 2022 MassHealth notice. (Ex. 1). The appellant is employed and has earned income of \$4,640 per year. The appellant also earns \$1,333 per month from self-employment. The appellant’s total income of \$30,220.20 per year. This places him at 248.04% of the Federal Poverty Level (FPL). MassHealth verified his income through pay stubs as well as profit and loss statements.

The appellant testified that he did not submit the appeal to address the increase in his CommonHealth premium but because he needed assistance paying for Medicare Part B. The appellant made reference to a May 1, 2019 letter from the Social Security Administration stating that his “Medicare...Part B starts March 2019” and “[t]he State of Massachusetts will pay your Medicare medical insurance premium beginning March 2019.” (Ex. 2, p. 3; Ex. 5, p. 4). The appellant stated that this occurred when he lost his disability benefit in 2019. (Ex. 5, pp. 6-12). The appellant was perplexed as to why MassHealth seemed to be disobeying the Social Security decision.

The fair hearing regulations (130 CMR 610.000 *et seq.*) state that the Board of Hearings will dismiss a request for a hearing when, amongst other reasons, the stated reason for the hearing request is outside the scope of 130 CMR 610.000 as set forth in 130 CMR 610.003. (130 CMR 610.035(A)(5)). 130 CMR 610.003 is entitled Scope and states the following:

130 CMR 610.000 sets out the processes for fair hearing requests and proceedings started by applicants or members to review certain **actions or inactions by the MassHealth agency...relating to programs administered by the MassHealth agency...**(Emphasis added).

The record shows that the appellant has not appealed an action or an inaction on the part of MassHealth. Although the appellant did appeal a MassHealth notice, and did so in a timely manner, the appellant, by his own admission, was not contesting the MassHealth action detailed in that notice. The appellant was contesting MassHealth's failure to act on a notice from 2019 from an entirely different agency. MassHealth had no obligation to act on the notice from that agency in any case. The appellant asserted that MassHealth was required to assist in paying for his Medicare Part B. Medicare Part B is not a program that MassHealth administers. MassHealth does administer some programs that do assist program members in paying for Medicare Part B, but there is no evidence that the appellant is qualified for those programs.

For the above stated reasons, the appeal is DISMISSED.

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:

Jennifer Vitt, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

