

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306484
Decision Date:	09/15/2023	Hearing Date:	09/08/2023
Hearing Officer:	Radha Tilva		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Hajar Bantour, Quincy MEC rep.

Karishma Raja, Premium Billing Rep.



*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:	Eligibility – under 65 – CH premium start date
Decision Date:	09/15/2023	Hearing Date:	09/08/2023
MassHealth’s Rep.:	Hajar Bantour; Karishma Raja	Appellant’s Rep.:	Pro se
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 June 15, 2023, MassHealth determined that appellant is eligible for MassHealth CommonHealth coverage effective June 10, 2023 with a monthly premium of \$262.00 a month commencing July 2023 (Exhibit 1). The appellant filed this appeal in a timely manner on August 2, 2023 (see 130 CMR 610.015(B) and Exhibit 2)¹. Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that appellant is no longer eligible for MassHealth Standard and will receive MassHealth CommonHealth effective June 5, 2023 with a monthly premium of \$262.00 a month.

Issue

¹ Per Eligibility Operations Memo 23-11 (April 2023), appellant receive 60 days to request a fair hearing for concerns related to member eligibility.

The appeal issue is whether MassHealth was correct in determining the eligibility start date of June 5, 2023, for MassHealth CommonHealth benefits.

Summary of Evidence

MassHealth was represented by an eligibility case worker and premium billing specialist who both appeared via video conference. The appellant also appeared via video conference. On June 15, 2023, MassHealth completed a renewal over the telephone with the appellant. During the renewal it was determined that based on a household size of 3 (appellant reported a spouse and child) and a gross weekly income of \$1,500.00 appellant was over 465% of the federal poverty level. On that date an approval/downgrade notice issued as well as a request for verifications requesting proof of income (Exhibit 1). The appellant argues that he did not receive the June 15, 2023 downgrade notice. The June 15, 2023, downgrade notice states that appellant is no longer eligible for MassHealth Standard, but can receive MassHealth CommonHealth with an eligibility start date of June 5, 2023 and a monthly premium of \$262.00.

The MassHealth case worker stated that she contacted the appellant on September 5, 2023 and learned that appellant was no longer living with his spouse and child. A new eligibility notice was issued based on that information changing the household size to 1 with a federal poverty level of 529.94%. The MassHealth case worker explained that in order to be eligible for MassHealth Standard for a household size of 1 the monthly income has to be less than \$1,616.00 a month.

The premium billing specialist testified that appellant was approved for MassHealth CommonHealth and assessed a premium of \$262.00 for the months of July, August, and September. The amount total that was due at the time of the hearing was \$786.00. The premium billing specialist confirmed appellant's address on file and stated that the July bill did not go out until the 7th or 8th of July and that the August bill was mailed on the 10th. The specialist further testified that the bill sent in July was for the premium for the month of July and that no premium was due for June. Lastly, the specialist testified that there was no record of appellant calling to terminate MassHealth coverage.

The appellant stated that he never received the June 15, 2023 notice explaining that he was downgraded to MassHealth CommonHealth coverage. The appellant testified that he was first alerted of the MassHealth CommonHealth premium on July 31, 2023 when he got a bill. He waited until August 2, 2023 to contact MassHealth to ask what the bill was for which is when he learned that he had MassHealth CommonHealth coverage with a premium. MassHealth then mailed him downgrade notice, but it was dated July 31, 2023 (appellant testimony). The appellant further testified that he was given until September 13, 2023 to submit income verification so did not understand why MassHealth was able to make an eligibility determination and downgrade coverage without proof of the income that was requested. The appellant testified that he never received the August 2023 premium bill and also did not receive the scheduling notice for the hearing. The appellant stated that his mail is sent to his former home where his wife resides, but

that he gets all of his other mail which includes the house and car bills, etc....Thus, other than MassHealth notices appellant has no other issues with mail (appellant testimony).

The appellant testified that he is not disputing the amount of the CommonHealth premium, but was contesting the start date of the coverage. The appellant stated that he wants the coverage effective September 13, 2023 which is the date that the income verification is due to MassHealth. The appellant claims that MassHealth should not be able to change coverage without that information as they are asking for income verification.

Findings of Fact

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

1. On June 15, 2023, MassHealth completed a renewal over the telephone with the appellant.
2. Appellant reported a household size of 3 (spouse and child) and a gross weekly income of \$1,500.00, which put appellant at over 465% of the federal poverty level.
 - a. On September 5, 2023 appellant has updated the household size to 1 and MassHealth issued a new eligibility notice.
3. The limit for MassHealth Standard is 133% of the federal poverty level.
4. On June 15, 2023 MassHealth issued a notice indicating that appellant was no longer eligible for MassHealth Standard coverage and would be downgraded to MassHealth CommonHealth effective June 5, 2023 with a monthly premium of \$262.00 a month effective July 2023.
 - a. MassHealth also requested verification of proof of income which was due on or around September 13, 2023.
5. Appellant stated that he did not receive that notice, but did receive a MassHealth CommonHealth premium bill at the end of July 2023 for which he spoke to someone at MassHealth about on or around August 2, 2023.
6. On August 2, 2023 appellant submitted a request for a fair hearing to the Board of Hearings.
7. Appellant would like to remain on MassHealth Standard and not be assessed a premium for the MassHealth CommonHealth coverage until September 13, 2023.

Analysis and Conclusions of Law

Under 130 CMR 502.007(A) MassHealth reviews eligibility once every 12 months. Eligibility may

also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility through an update of the member's circumstances in person, by telephone, or on the MAHealthConnector.org account (130 CMR 502.007(A)(3)).

Appellant completed the renewal on June 15, 2023 on the phone and was subsequently downgraded from MassHealth Standard to CommonHealth coverage due to being over the income limit. At the time of the renewal appellant reported a household size of 3 and income of \$1,500.00 per week which put appellant at over 465% of the federal poverty level and over the income limit for MassHealth Standard. The federal poverty level limit for a member on MassHealth Standard is 133% which equates to \$2,756.00 per month (130 CMR 505.002(E)(1)(b)).² Thus, MassHealth did not err in downgrading appellant's MassHealth Standard coverage.

Appellant's issue at hearing was that he wanted MassHealth CommonHealth coverage to be effective September 13, 2023, the date that his verifications were due. MassHealth can update eligibility based on information received on a review, as described above at 130 CMR 502.007(A). 130 CMR 520.006(B) addresses MassHealth coverage dates:

(B) Coverage Dates for Existing Members who Have a Change in Benefits.

The date of coverage for existing members whose MassHealth coverage type changes due to a change in circumstances are:

- (1) for existing members when an eligibility determination results in a more comprehensive benefit, except as described at 130 CMR 502.006(C), the start date of the new coverage is ten days prior to
 - (a) the receipt of the requested verifications;
 - (b) the receipt date of the annual renewal;
 - (c) the date of the eligibility determination for reported changes that do not result in request for verification; or
 - (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;
- (2) for existing members when an eligibility determination results in a less comprehensive benefit, the end date of the existing coverage is no sooner than 14 days from the date of the notice unless the MassHealth member files an appeal in a timely manner and requests continued MassHealth benefits pending such an appeal or reinstatement of benefits as described at 130 CMR 610.036: Continuation of Benefits Pending Appeal and the start date of the new coverage is ten days prior to**

² See <https://www.mass.gov/doc/2023-masshealth-income-standards-and-federal-poverty-guidelines-0/download> (last visited September 9, 2023).

- (a) the receipt of the requested verifications;
 - (b) the receipt date of the annual renewal;**
 - (c) the date of the eligibility determination for reported changes; or
 - (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file;
- (3) for existing members, effective dates for changes in premium payments are described at 130 CMR 506.011(C).

Thus, as appellant completed the annual renewal on June 15, 2023 over the telephone, MassHealth was correct in approving the MassHealth CommonHealth coverage 10 days retroactive to June 5, 2023. Although appellant argued that he did not receive the June 15, 2023 downgrade until July 31, 2023, he nonetheless filed a timely appeal. Thus, this delay did not prejudice the appellant in any way. Based on the above analysis this 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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171