

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313425
<b>Decision Date:</b>	01/18/2024	<b>Hearing Date:</b>	01/08/2024
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Dominique Correa, Springfield  
Karishma Raja, Maximus Premium Billing



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility – under 65 and Premium Billing
<b>Decision Date:</b>	01/18/2024	<b>Hearing Date:</b>	01/08/2024
<b>MassHealth's Reps.:</b>	Dominique Correa Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Telephonic		

### 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 11/13/23, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that his income is too high. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 12/6/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). The record was reopened until 1/16/23 to obtain complete copies of notices dated 8/29/23 and 1/3/24. (Exhibit 6).

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth.

### Issue

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.000, in determining that the appellant was over the income limit for MassHealth.

## Summary of Evidence

The MassHealth representative testified that on 8/29/23 the appellant, who is under the age of 65, submitted a renewal application by phone. The MassHealth representative testified that MassHealth electronically verified the appellant's income of \$4,966 per month. The MassHealth representative testified that the appellant's gross income is 402.32% of the Federal Poverty Level. The MassHealth representative testified that the appellant self-attested to a disability on his application. An 8/29/23 MassHealth CommonHealth eligibility notice indicated the appellant's premium was \$141.40, and that eligibility was for a limited time because MassHealth needed additional information from the appellant. (Exhibit 5, pp. 8-10).<sup>1,2</sup>

The MassHealth representative testified that the CommonHealth premium was 70% of the total premium of \$202 because the appellant is enrolled in Medicare. The MassHealth representative testified that on 10/30/23, the appellant's self-attested disability was removed from his file because he had not returned the MassHealth Disability Supplement. The MassHealth representative testified that the Disability Supplement is required so DES can verify that the appellant's disability status had not changed. The MassHealth representative testified that without being considered disabled, the appellant no longer qualified for any MassHealth program because he was over the income limit. A termination notice was issued on 10/30/23 stating the appellant's coverage would be terminated on 11/13/23 for this reason. (Exhibit 7). On 11/13/23, the notice on appeal was issued stating the appellant was over income for MassHealth benefits.

The Premium Billing representative testified that on 11/22/23 the appellant's MassHealth case was administratively closed for failing to pay his premiums for September 2023 and October 2023. The Premium Billing representative testified that the appellant has an outstanding balance of \$282.80 and will not be reinstated with MassHealth, even if DES receives his DES update form and determines he is disabled, until his past due premiums are paid or a payment plan is set up. A notice was issued on 1/3/24, stating the appellant has a past due balance and his coverage will not be reinstated until the balance is paid, or a payment plan is set up with MassHealth. (Exhibit 5, p.6).

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<sup>1</sup> 8/29/23 notice states **"We have approved the person listed above for a limited time only! We need more information to decide if they can keep these benefits.** You will also get a **Request for More Information** letter and the **List of Acceptable Documents** for you and your family. Read this to find out what information we need, the due date and how you can send it to us. This will help you keep the benefits that you have now."

<sup>2</sup> 8/29/23 notice states "If you are required to pay a MassHealth premium, you must pay the premium on time so these benefits do not end. If you do not want to pay the premium, you must tell us to cancel your benefits within 60 days from the date you were notified of a new or changed premium. If you do not cancel your benefits by that date, you will need to pay any premium bills you get."

The appellant testified that he has been disabled his whole life and thought he would always get MassHealth for free. The appellant testified that he saw the bills and letters, but he ignored them because insurance is hard to understand. The appellant testified that the income listed is not the amount he gets to take home. The appellant testified that he moved from western Massachusetts to Boston for a job and everything is more expensive, and he cannot afford his premiums. The appellant testified that he received a bill from the Social Security Administration seeking \$40k in overpayments of the appellant's Social Security Disability payments. The appellant testified that he received a tax bill because he had not had enough taxes taken out of his paychecks. The appellant testified that he recently submitted the DES form.

The Premium Billing representative testified that the appellant could apply for a Hardship Waiver of his past-due balance.

The record was reopened until 1/16/23 to obtain all pages of notices issued between 8/29/23 and 1/3/24. (Exhibit 6). All pages of the notices were submitted. (Exhibit 7).

## **Findings of Fact**

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

1. On 8/29/23, the appellant submitted a renewal application by phone.
2. The appellant is under the age of 65.
3. MassHealth electronically verified the appellant's income of \$4,966 per month.
4. The appellant's gross income is 402.32% of the Federal Poverty Level.
5. The appellant self-attested to a disability on his application.
6. On 8/29/23, a MassHealth CommonHealth eligibility notice was issued which indicated the appellant's premium was \$141.40, and that eligibility was for a limited time because MassHealth needed additional information from the appellant and a list of those documents would be sent in a different letter.
7. The CommonHealth premium was 70% of the total premium of \$202 because the appellant is enrolled in Medicare.
8. On 10/30/23, the appellant's self-attested disability was removed from his file because he had not returned the MassHealth Disability Supplement.

9. The Disability Supplement is required so DES can verify that the appellant's disability status has not changed.
10. On 10/30/23, a termination notice was issued stating the appellant's coverage would be terminated on 11/13/23 because without being considered disabled, the appellant no longer qualified for any MassHealth program because he was over the income limit.
11. On 11/13/23, MassHealth issued the notice on appeal denying his MassHealth application.,
12. On 11/22/23, the appellant's MassHealth case was administratively closed for failing to pay his premiums for September 2023 and October 2023.
13. The appellant has an outstanding balance of \$282.80 and his MassHealth will not be reinstated, even if DES determines he is disabled until his past due premiums are paid or a payment plan is set up.
14. The appellant can apply for a Hardship Waiver of his past-due premium balance.

## **Analysis and Conclusions of Law**

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. And 130 CMR 505.001 lists the different MassHealth coverage types.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and

- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in)-for certain Medicare beneficiaries.

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly gross income with the applicable income standards for the specific coverage. (130 CMR 506.007(A)). The income limit for MassHealth CarePlus is less than or equal to 133% of the federal poverty level. (130 CMR 505.008 (A)(2)(c)).<sup>3</sup> The appellant is single, between 19 and 64 years of age, and has a gross monthly income of \$4,966, which is 402.32% of the federal poverty level. The appellant is over the income limit for MassHealth CarePlus. There is no evidence the appellant meets the categorical requirements for CommonHealth or Standard because he did not submit the disability supplement.

Therefore, this appeal is denied.<sup>4</sup>

## 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

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<sup>3</sup> 133% of the federal poverty level equals \$1,616 per month.

<sup>4</sup> The 1/3/24 notice regarding the appellant's past-due premiums was not appealed, and the appellant has 60 days from the date of the notice to appeal. Regardless of whether the appellant is deemed disabled, he must pay his past-due premiums or set-up a payment plan with MassHealth or apply for a Hardship Waiver. See 130 CMR 506.011 MassHealth Standard, CommonHealth and Family Assistance Premium (D) Delinquent Premium Payments. (1) Termination for Delinquent Premium Payments. If the MassHealth agency has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. The member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member (a) pays all delinquent amounts that have been billed; (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount; (c) is eligible for a nonpremium coverage type; (d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G).

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Christine Therrien  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue.

cc: Karishma Raja, Maximus Premium Billing and Transportation, 200 Newport Avenue, 2<sup>nd</sup> Floor, Quincy, MA 02171.