

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407241
<b>Decision Date:</b>	6/21/2024	<b>Hearing Date:</b>	06/06/2024
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Tenzin Sungrab, Charlestown MEC  
Carmen Fabery, 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>	Premium Billing; Community Eligibility – under 65; Income
<b>Decision Date:</b>	6/21/2024	<b>Hearing Date:</b>	06/06/2024
<b>MassHealth's Rep.:</b>	Tenzin Sungrab Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote		

### 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 March 11, 2024, MassHealth downgraded the appellant's MassHealth benefits from MassHealth Standard to MassHealth CommonHealth starting on March 1, 2024, with a premium of \$46.80 per month. See 130 CMR 505.002; 506.011; and Exhibit 1. The appellant filed this appeal in a timely manner on May 6, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to suspend, reduce, terminate, or restrict a member's assistance as well as assessment of a monthly premium are valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth downgraded the appellant's benefits from MassHealth Standard to MassHealth CommonHealth starting on March 1, 2024, with a premium of \$46.80 per month. See 130 CMR 506.011 and Exhibit 1.

### Issue

Whether MassHealth was correct in downgrading the appellant's benefits and assessing a monthly premium of \$46.80 pursuant to 130 CMR 505.002; 505.004; 506.011(C)(1); and 506.011(C)(3).

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). The appellant appeared pro se and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant who is under the age of 65 lives in a household of one. The appellant has had MassHealth coverage since 2023. On March 11, 2024, MassHealth verified the appellant's income and issued a notice downgrading her MassHealth coverage from MassHealth Standard to MassHealth CommonHealth starting on March 1, 2024. MassHealth assessed a monthly premium of \$46.80 starting in April 2024. In a subsequent notice dated March 18, 2024, MassHealth again approved the appellant for MassHealth CommonHealth but decreased her premium to \$9.00 per month starting in April 2024. The MassHealth representative testified that the appellant's household income is \$2054.00 per month. This figure equates to 158.67% of the federal poverty level for a household of one, which exceeds the limit for MassHealth Standard. The MassHealth representative stated that the income limit to be eligible for MassHealth Standard is 133% of the federal poverty level, or \$1670.00 per month. The appellant has neither made a premium payment nor canceled her coverage.

The PBU representative corroborated the MassHealth representative's testimony and added that the appellant owes a total of \$18.00 for April 2024 and May 2024 premiums.

The appellant verified her income and her household size. She did not dispute the amount of the adjusted premium. The appellant testified that after paying her rent and all her other expenses, she cannot afford to pay her MassHealth premium. She said that although she does not have an eviction notice or utility shut-off notice, she is struggling to make ends meet.

The PBU representative offered to mail out an application for waiver of premiums for undue financial hardship to the appellant. She advised the appellant to fill out the application and return it with supporting documents for a determination by MassHealth. The appellant agreed.

## Findings of Fact

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

1. The appellant is under the age of 65, and lives in a household of one. (Testimony).

2. The appellant has had MassHealth benefits since 2023. (Testimony).
3. On March 11, 2024, MassHealth downgraded the appellant's coverage from MassHealth Standard to CommonHealth with a monthly premium of \$46.80 starting in April 2024. (Testimony and Exhibit 1).
4. On March 18, 2024, a subsequent notice was sent out by MassHealth adjusting the appellant's premium to \$9.00 per month starting in April 2024, due to verification of income. (Testimony and Exhibit 5).
5. The appellant has neither made a premium payment nor canceled her coverage (Testimony).
6. At the hearing, the appellant verified that she receives \$2,054.00 per month from Social Security Disability Insurance. (Testimony).
7. According to the Federal Poverty Guidelines, 133% of the federal poverty level is \$1,670.00 a month for a household of one. (Testimony; Federal Poverty Guidelines).
8. The appellant filed this appeal in a timely manner on May 6, 2024. (Exhibit 2).
9. MassHealth premium is not disputed. (Testimony).

## Analysis and Conclusions of Law

Generally, MassHealth regulations at 130 CMR 505.000 explains the categorical requirements **and** financial standards that must be met to qualify for a particular MassHealth coverage type. To establish eligibility for MassHealth benefits, applicants must meet both the categorical requirements **and** financial standards.

The coverage types are set forth at 130 CMR 505.001(A) as follows: (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults<sup>1</sup>, 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) 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 of age 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, CommonHealth, or CarePlus; (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in

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<sup>1</sup> "[Y]oung adults" are defined as those aged 19 and 20. See 130 CMR 501.001.

130 CMR 504.003: *Immigrants*; and (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

An individual is eligible for MassHealth Standard if they are, “...(1) children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F). (2) Persons who receive Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible for MassHealth Standard. (3) Persons who receive Transitional Aid to Families with Dependent Children (TAFDC) cash assistance from the Department of Transitional Assistance (DTA) are eligible for MassHealth Standard....See 130 CMR 505.002(A).

In this case, the appellant is over the age of 21 but under 65. She is disabled and receives Social Security Disability Insurance. Thus, she is categorically eligible for MassHealth Standard. The question then becomes whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth Standard, as here, can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” 130 CMR 505.002(E)(1)(6); <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines>.

Here, the appellant testified and MassHealth verified that she lives in a household of one. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth Standard for a disabled adult in a household of one is 133% of the FPL, or \$1,670.00 a month. The appellant’s Social Security check is \$2054.00 per month which is over the threshold limit for MassHealth Standard. Thus, she does not meet the income requirement to qualify for MassHealth Standard.

MassHealth regulations at 130 CMR 505.004 sets forth the categorical requirements **and** financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults. Disabled adults, as here, must meet the following requirements: (1) be 21 through 64 years old; (2) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms; (3) be ineligible for MassHealth Standard; (4) be a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; (5) (a) meet a one-time-only deductible in accordance with 130 CMR 506.009: The One-time Deductible; or (b) have modified adjusted gross income of the MassHealth Disabled Adult household that is less than or equal to 200% of the federal poverty level (FPL) and provide verification that they are HIV positive; and (6) comply with 130 CMR 505.004(J).

Accordingly, the appellant meets both the categorical requirements and financial standards for CommonHealth coverage. Thus, I find that MassHealth correctly downgraded the appellant's coverage from MassHealth Standard to MassHealth CommonHealth.

Pursuant to 130 CMR 505.004(I), disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).

Additionally, 130 CMR 506.011(C)(1) states that with the exception of persons described in 130 CMR 505.004(C), MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination. Members whose premium amounts are adjusted due to a reported change, as here, are responsible for the new premium payment beginning with the calendar month following the reported change. See 130 CMR 506.011(C)(3)(b).

In this case, the appellant was assessed a premium of \$46.80 per month for MassHealth CommonHealth to start on April 2024. However, a subsequent notice decreased her premium to \$9.00 per month to start on April 2024. The appellant did not dispute the amount of her adjusted premium. She verified her income and household size. Thus, I find that MassHealth has proved by the preponderance of the evidence that it has correctly assessed an adjusted premium for the appellant's MassHealth coverage. As such, the appellant is responsible for her premium payments.

The appellant's contention that she is unable to financially afford her premium payments is not a basis for relief. The appellant does not have a waiver of premiums due to financial hardship because she has not applied for such waiver. Thus, MassHealth has not made a determination regarding her eligibility for this waiver.<sup>2</sup> However, the PBU representative offered to mail out this

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<sup>2</sup> 130 CMR 506.011(G), states:

(G) Waiver or Reduction of Premiums for Undue Financial Hardship.

(1) Undue financial hardship means that the member has shown to the satisfaction of the MassHealth agency that at the time the premium was or will be charged, or when the individual is seeking to reactivate benefits, the member

(a) is homeless, or is more than 30 days in arrears in rent or mortgage payments, or has received a current eviction or foreclosure notice;

(b) has a current shut-off notice, or has been shut off, or has a current refusal to deliver essential utilities (gas, electric, oil, water, or telephone);

(c) has medical and/or dental expenses, totaling more than 7.5% of the family group's gross annual income, that are not subject to payment by the Health Safety Net, and have not been paid by a third-party insurance, including MassHealth (in this case "medical and dental expenses" means any outstanding medical or dental services debt that is currently owed by the family group or any medical or dental expenses paid by

application to the appellant for future determination. If and when the appellant applies for this waiver, MassHealth will make a new determination which carries with it separate appeal rights.

As for this appeal, for the foregoing 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.

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the family group within the 12 months prior to the date of application for a waiver, regardless of the date of service);

(d) has experienced a significant, unavoidable increase in essential expenses within the last six months;

(e) 1. is a MassHealth CommonHealth member who has accessed available third-party insurance or has no third-party insurance; and

2. the total monthly premium charged for MassHealth CommonHealth will cause extreme financial hardship the family, such that the paying of premiums could cause the family difficulty in paying for housing, food, utilities, transportation, other essential expenses, or would otherwise materially interfere with MassHealth's goal of providing affordable health insurance to low-income persons; or

(f) has suffered within the six months prior to the date of application for a waiver, or is likely to suffer in the six months following such date, economic hardship because of a state or federally declared disaster or public health emergency.

(2) If the MassHealth agency determines that the requirement to pay a premium results in undue financial hardship for a member, the MassHealth agency may, in its sole discretion

(a) waive payment of the premium or reduce the amount of the premiums assessed to a particular family; or

(b) grant a full or partial waiver of a past due balance. Past due balances include all or a portion of a premium accrued before the first day of the month of hardship; or

(c) both 130 CMR 506.011(G)(2)(a) and (b).

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Sharon Dehmand  
Hearing Officer  
Board of Hearings

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

MassHealth Premium Billing