Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2507418
Decision Date:	8/20/2025	**Hearing Date:**	06/12/2025
Hearing Officer:	Kimberly Scanlon	**Record Open to:**	06/27/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Eva Zoledziewski, Springfield MEC;
Karishma Raja, 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

Appeal Decision:	Denied	**Issue:**	Eligibility; Under 65; Termination
Decision Date:	8/20/2025	**Hearing Date:**	06/12/2025
MassHealth's Reps.:	Eva Zoledziewski; Karishma Raja	**Appellant's Rep.:**	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Room 2 (Remote)	**Aid Pending:**	Yes

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 April 8, 2025, MassHealth notified the appellant that his benefits were being terminated on May 31, 2025, because MassHealth determined that his income is too high (Exhibit 1). The appellant filed a timely appeal of this notice on May 13, 2025 (Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that his benefits were terminating on May 31, 2025 because MassHealth determined that his income is too high.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that his benefits would terminate on May 31, 2025 because his income is too high.

Summary of Evidence

MassHealth was represented at the hearing by an eligibility representative and a representative from the Premium Billing Unit; both parties participated virtually. The record establishes the following: The appellant is an adult between the ages of 21 and 64 and he resides in a household of one. Previously, the appellant received CommonHealth benefits based on his verified disability status at that time. On January 17, 2025, MassHealth sent the appellant a Disability Supplement renewal, which was due back to the Disability Evaluation Services (DES) unit by March 18, 2025. DES did not receive the appellant's Disability Supplement. On April 8, 2025, MassHealth notified the appellant that his benefits were being terminated on May 31, 2025, because his income is too high. (Exhibit 1). The appellant's gross weekly income from employment is $1,500, or $6,499.50 per month, which equates to 493.26% of the federal poverty level (FPL). To qualify for CommonHealth benefits, the appellant must first be deemed disabled. To qualify for MassHealth benefits without a verified disability status on file, the appellant's income must be at or below 133% of the FPL, or $1,735 per month for a household of one. On or about May 9, 2025, DES received the appellant's Disability Supplement and determined that its decision is pending receipt of additional information from all his medical providers listed on the Supplement.

The Premium Billing representative testified that the appellant has an account balance due in the amount of $604. (Exhibit 6, pp. 11-12). She explained that on February 18, 2025, MassHealth notified the appellant that he was approved for MassHealth CommonHealth coverage beginning on June 8, 2024, with a $312 monthly premium assessed starting in March 2025. (Exhibit 6, pp. 9-10). On March 26, 2025, MassHealth notified the appellant that he was approved for MassHealth CommonHealth coverage beginning on June 8, 2024, with a $292 monthly premium assessed starting in April 2025. (Exhibit 6, pp. 7-8). The Premium Billing representative stated that the appellant was not billed a premium for May 2025 because his coverage was not active.

The appellant appeared at the hearing virtually and testified as follows: He has been in frequent contact with MassHealth since January 2025. He was never informed during his telephone calls that his Disability Supplement required renewal until April 29, 2025. On April 29th, the appellant printed out the Disability Supplement, completed it, signed it on May 1, 2025, and submitted it to DES. (See, Exhibit 7, pp. 17-30). He argued that he keeps all MassHealth-related notices that were mailed to him this year and he never received the January 17th notice of renewal. In support of his position, the appellant submitted copies of the following MassHealth notices: April 15, 2025 – MassHealth sent the appellant a denial notice, notifying him that he does not qualify for MassHealth benefits because his income is too high; April 8, 2025 - MassHealth sent the appellant a termination notice, notifying him that his coverage is ending on May 31, 2025 because his income is too high; April 8, 2025 – Health Connector notified him that he qualifies for a Health Connector Plan with Advance Premium Tax Credit; March 30, 2025 – MassHealth's Premium Assistance Unit (PAU) notified him that he may qualify for Employer Sponsored Insurance (ESI) and

additional information is needed to see if he qualifies; and on March 26, 2025 – MassHealth notified him that he was approved for CommonHealth coverage starting on June 8, 2024, with a $292 monthly premium assessed starting in April, 2025. (Exhibit 7, pp. 5-11 and 15-16). The appellant stated that had he received a Disability Supplement in January 2025, he would have timely submitted it to DES. He argued that he requires health insurance given his medical diagnoses and losing his CommonHealth coverage has exacerbated his current health conditions.

In response, the MassHealth eligibility representative noted that the appellant contacted MassHealth on April 15, 2025 regarding the April 8th termination notice that he received. She stated that, accordingly, the appellant was informed at that time that a Disability Supplement renewal was required. She stated that the appellant's telephone call prompted the April 15th denial notice, because a notice will automatically issue when a member makes a change to his or her account. The appellant argued that on March 26th, he received an approval notice for CommonHealth coverage and inquired how MassHealth determined that he was eligible for CommonHealth benefits in March 2025 and was then terminated in April 2025. The MassHealth eligibility representative stated that the appellant contacted MassHealth on March 26, 2025 to update his address. At that time, the appellant was still active with CommonHealth coverage, and, as noted above, his address change or update prompted the March 26th approval notice to be issued. The appellant argued that an address change does not affect an applicant's eligibility. Rather, it only proves that he lives in the Commonwealth of Massachusetts. He disagreed that is the reason that MassHealth generated the March 26th approval notice. The MassHealth representative stated that according to the notations made on the appellant's account, the appellant updated his address on March 26th as he was previously listed as homeless. The appellant argued that he had had the same address for 11 years and therefore had no reason to make any changes to his address. The appellant did not dispute his income and stated that he would follow up with DES to see if he could obtain additional information regarding the status of his Disability Supplement.

The appellant further argued that his $604 balance with Premium Billing is erroneous. He argued that he made a payment on March 26, 2025 and was told at that point that he was no longer in arrears. He argued that he previously logged into Premium Billing's payment portal, which shows a $0 balance. In response, the Premium Billing representative explained that the payment portal shows a $0 balance because he requested and was approved for a payment plan. The appellant argued that he should not have been billed $292 for June, 2025 since his coverage ended in April, 2025. He stated that he feels disrespected and questioned the competency of the Premium Billing department.

Post hearing, the appellant submitted additional documentation for review and the record was re-opened for Premium Billing to review the appellant's submission (Exhibit 8, pp. 3-7). On June 16, 2025, Premium Billing responded that the appellant's account does not show a balance due in the payment portal because he was already on an active payment plan. Because a payment plan resolves past due invoices and creates new invoices dated in the future, the appellant was current

with payments, and the payment portal shows that he has no current balance due. (Exhibit 8, p. 2). Further, to resolve any confusion, Premium Billing reversed the appellant's payment plan so that he has complete visibility into his unpaid premiums*. Id.* The appellant argued that he received an invoice in March 2025 for $292, which states that there is no past due balance. *Id.* (See, also Exhibit 7, pp. 12-13).[1] On June 16, 2025, the Director of the Premium Billing unit stated that the appellant requested a second payment plan on February 14, 2025, and his account balance was $1,219 at the time of his request. On February 14, 2025, the appellant made a payment in the amount of $365. The appellant's $365 payment was applied to his balance before his request for a payment plan was processed, which brought his account balance to $854. The appellant's request for a payment plan was approved, and his account balance included $230 from his December 2024 premium invoice, $312 for his January 2025 premium invoice and $312 for his February 2025 premium invoice (312 + 312 + 230 = 854). (Exhibit 8, p. 1). The Director of the Premium Billing unit explained that once a payment plan is processed, it adjusts all past due invoices to $0, essentially resolving the past due balance and bringing the account current for eligibility purposes. However, the debt is still owed, and new payment plan invoices are generated, spreading out the past due balances over new invoices in the future. *Id*. In addition to the $854 balance, the appellant was billed $312 for March 2025, $292 for April 2025, and $292 for June 2025 for a total of $1750. Premium Billing received payments from the appellant in February 2025 through present, as follows: $427 on February 19, 2025, $427 on February 19, 2025, and $292 on April 6, 2025, totaling $1,146. *Id*. The appellant's remaining balance is $604 (1750-1146 = 604).

The appellant argued that the only premium billing invoices that he received indicated that his account was credited $448 for the month of April 2025 and he was credited $401 for the month of May 2025. (See, Exhibit 7, pp. 12-13). He further argued that he did not receive a packet from Premium Billing prior to the hearing, detailing a list of his payments made and his current balance. (Exhibit 8, p. 8). In response, the Director of the Premium Billing unit confirmed that the requested documentation was remailed to the appellant at the address on file. *Id.*

Findings of Fact

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

1. The appellant is between the ages of 21 and 64 and he resides in a household of 1.

2. The appellant's monthly household income equals 493.26% of the federal poverty level.

3. Previously, the appellant received CommonHealth benefit based on his verified disability status at that time.

[1] MassHealth's Monthly Premium Bills that were sent to the appellant for April and May 2025 further indicate that he is currently on an 18-month payment plan and that his monthly payment is $100. (Exhibit 7, pp. 12-13).

4. In January 2025, DES initiated the process of reviewing the appellant's case to determine if he continues to meet the agency's definition of disability. The appellant's Disability Supplement was due back to DES by March 18, 2025.

5. On February 18, 2025, MassHealth notified the appellant that his approval for CommonHealth benefits, which began on June 8, 2024, would continue with a monthly premium of $312 starting in March 2025; it appears this premium was the same premium determined for January and February, 2025.

6. On March 26, 2025, MassHealth notified the appellant that his approval for CommonHealth benefits, which began on June 8, 2024, would continue but the monthly premium was lowered to $292 starting in April 2025.

7. DES did not receive the appellant's Disability Supplement in a timely manner.

8. On April 8, 2025, MassHealth notified the appellant that his benefits were terminating on May 31, 2025 because his income is too high.

9. On or about May 9, 2025, DES received the appellant's Disability Supplement, and its decision is pending receipt of additional documentation from his medical providers.

10. The appellant made payments towards his premium bills in February and in April 2025, totaling $1,146. Additionally, he requested and was approved for a payment plan with the Premium Billing Unit.

11. The appellant owes a balance of $604.

12. The appellant timely appealed the MassHealth notices dated March 26 and April 8, 2025.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq*. set forth the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

> (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.

(130 CMR 505.001(A)).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant meets the categorical requirements for MassHealth CarePlus benefits.[2] The question then remains as to whether he meets the income requirements to qualify.

An applicant is financially eligible for MassHealth CarePlus benefits if "the 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(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

> (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

[2] The appellant previously qualified for CommonHealth benefits based on his verified disability status at that time.

> (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
> (b) the taxpayer's spouse, if living with him or her regardless of filing status;
> (c) all persons the taxpayer expects to claim as tax dependents; and
> (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that he resides in a household of one.

130 CMR 506.007 describes how an applicant's modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

> (A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.
> (B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.
> (C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.
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> > (1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
> > (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
> > (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is $6,499.50.[3] This amount exceeds 133% of the FPL for a household

[3] In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "the total amount of taxable

of one, which is $1,735. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations.[4] Thus, the appeal is denied as to this issue.[5] The appellant's disability determination is still pending at DES. If DES determines that the appellant is currently disabled, his MassHealth CommonHealth benefits will be reinstated.

The appellant also disputes MassHealth Premium Billing's calculation of his monthly premium, specifically, that he should not be responsible to pay $292 billed for June 2025. The appellant's May 13th request for hearing is a timely appeal of MassHealth's March 26th notice that established this premium beginning in April 2025 (130 CMR 610.015). The appellant argues that he only received bills in April and May 2025. Further, he argues that the payment portal indicates a $0 balance, and that recent invoices indicate that credit was applied to his account. (Exhibit 7, pp. 12-13). These arguments are not persuasive. The appellant submitted no documentation to refute the appellant's verified income that resulted in the monthly premium of $292.00. Though the appellant's CommonHealth benefits were scheduled to terminate on May 31, 2025, his coverage remained open due to his request for "aid pending." The appellant's CommonHealth coverage has remained open and active, and he is thus responsible for all accurate premiums as long as his coverage remains open. The appellant owes a $20 premium balance for the month of March, and $292.00 for each of the months of April and June 2025. It is unclear why the appellant was not billed a premium for the month of May 2025, as his CommonHealth benefits remained active for that month. Nevertheless, because this MassHealth determination was beneficial to the appellant, this fair hearing decision will not disturb it. MassHealth's determination that the appellant's CommonHealth premium balance for CommonHealth coverage through June 2025 is $604.00 is upheld and the appeal is denied as to this issue as well.

Order for MassHealth

Remove aid pending. If DES determines that the appellant is currently disabled, MassHealth will establish the appellant's CommonHealth start date 10 days prior to the date the appellant's Disability Supplement was received by DES.

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

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compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

[4] The appellant may qualify for MassHealth CommonHealth in the future, pending MassHealth's review of the Adult Disability Supplement that he submitted. However, that determination is outside the scope of this appeal.

[5] The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186

MassHealth Representative: Premium Billing Unit