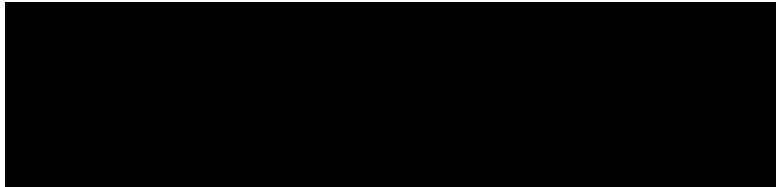


Date: September 13, 2024



Re: Notice sent to [Redacted]

Dear [Redacted]

We're writing to let you know that the person listed below does not qualify for payment of their Medicare premium under Medicare Savings Programs (MSP).

Name: [Redacted]

Member ID: [Redacted]

Date of Birth: [Redacted]

SSN: [Redacted]

**Your MassHealth CommonHealth is not changing. You are still eligible for MassHealth CommonHealth and will not lose any services, like Personal Care Attendants, that are covered by CommonHealth.**

MassHealth has determined that you are no longer eligible for a Medicare Savings Program (MSP) because your countable income is over the limit. Starting October 1, 2024, MassHealth will no longer pay your Medicare premium. See the regulations at 130 CMR 519.012(D). This is because the federal government does not allow MassHealth to offer an MSP to CommonHealth members with incomes above 135% of the federal poverty Level (FPL).

**What else do you need to know?**

MassHealth will not take back any Medicare Part B premiums that we already paid for you.

You may be able to get an MSP only if you have countable income under the income limits in the table. To qualify for MSP only, you would need to cancel your MassHealth CommonHealth first. If you cancel CommonHealth, you may have to pay out-of-pocket Medicare costs, and some services may no longer be covered.

If you are	And your monthly income is*	You may be able to get
Single	Below \$2,385	QMB
	Between \$2,386 and \$2,824	SLMB/QI
A married couple	Below \$3,237	QMB
	Between \$3,238 and \$3,833	SLMB/QI

\*Income limits change each year on March 1.

The best way to decide whether to keep MassHealth or apply for an MSP only is to think about the type and cost of medical care you receive. Each person will have different options and decisions based on their own care needs.

You can find more information on our website at [www.mass.gov](http://www.mass.gov). You can also call MassHealth at (800) 841-2900, TDD/TTY: 711.

### MassHealth Disability Accommodation Ombudsman

MassHealth has an ombudsman to help members and applicants with disabilities get the accommodation they need. This office can also provide personal assistance by

- explaining MassHealth processes and requirements, and
- helping you fill out forms over the telephone.

MassHealth Disability Accommodation Ombudsman  
100 Hancock Street, 1st Floor  
Quincy, MA 02171  
Phone: (617) 847-3468 TTY: (617) 847-3788  
Email: [ADAaccommodations@state.ma.us](mailto:ADAaccommodations@state.ma.us)

### You can give us information in the following ways.



**Mail:** Commonwealth of Massachusetts  
PO Box 4405  
Taunton, MA 02780-0419



**Fax:** (857) 323-8300



**Call:** (800) 841-2900, TDD/TTY: 711



**Make an Appointment:** Visit our website to schedule a call or video call with a MassHealth representative at: [www.mass.gov/masshealthappointment](http://www.mass.gov/masshealthappointment)



**In person:** Call MassHealth to find a MassHealth Enrollment Center (MEC) near you. You can also find a list of MEC addresses in the *Senior Guide to Health Care Coverage*. Call us or go to [mass.gov/lists/masshealth-member-guides-and-handbooks](http://mass.gov/lists/masshealth-member-guides-and-handbooks) to get a copy.

### What if you do not agree with our decision?

You can ask for a fair hearing if you do not agree with our decision. For more information, please see How to Ask for a Fair Hearing.

### What if you have questions?

If you have questions or need more information, go to [www.Mass.gov/MassHealth](http://www.Mass.gov/MassHealth) or call MassHealth at (800) 841-2900, TDD/TTY: 711.

## FAIR HEARING REQUEST FORM

See instructions on back for instructions on how to ask for a fair hearing.

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip:

Phone Number:

Member ID:

Date of Birth:

### REASON FOR YOUR APPEAL (Check any reasons that apply.)

- Income  Citizenship or immigration status  Access to other insurance  Family size  Residency  Incarceration status  
 Other \_\_\_\_\_

### WHY ARE YOU APPEALING?

Attach any documents that support your reason.

### OTHER INFORMATION (Check all that apply.)

- During the appeal process, I want to keep the benefits that I was receiving before. If I check this line and lose my appeal, I may have to pay back the cost of the benefits I received during my appeal.
- During the appeal process, I accept the proposed change in my benefits. If I check this line and win my appeal, MassHealth will restore my original level of benefits.
- I choose prehearing resolution (PHR). PHR is available for eligibility decisions only. See reverse for more details.

### TYPE OF HEARING AND ACCOMMODATIONS (Check all that apply.)

I want my hearing to be held

- In person
- By phone. My phone number is \_\_\_\_\_
- By video. My email is: \_\_\_\_\_
- I need an interpreter. My language is \_\_\_\_\_ (MassHealth will provide the interpreter for the hearing at no cost.)
- I need an assistive device to communicate at a hearing. Describe the type of device you need. We will provide an assistive device for the hearing.
- \_\_\_\_\_
- I need another accommodation for a disability. Describe the accommodation you need.
- \_\_\_\_\_

### NAME OF APPEAL REPRESENTATIVE, IF YOU HAVE ONE

Appeal Representative Name:

Phone number:

Mailing Address:

City:

State:

Zip:

### SIGNATURE

The information on this form is true and accurate, to the best of my knowledge. For the purpose of this appeal, I authorize MassHealth to provide me and my representative, if I have one, with my individual information, including federal and state tax information used to determine my eligibility.

Signature:

Date:

First & Last Name (Print):

If this is signed by someone other than an appellant 18 years of age or older who has authority to file, attach a copy of your authority to file the appeal on behalf of the appellant. Examples include a copy of your power of attorney document or evidence of court appointment as a personal representative.

## HOW TO ASK FOR A FAIR HEARING

**Your Right to Appeal:** You have the right to ask for a hearing before an impartial hearing officer and to appeal an action taken by MassHealth in the following cases:

1. You disagree with an action taken by MassHealth, or
2. Mass-Health did not act on your request in a reasonable time.

**How to Appeal: You may file an appeal in any of the following ways:**

- Filling out this hearing request form and sending it with a copy of the notice you are appealing to  
**The Board of Hearings  
Office of Medicaid  
100 Hancock Street, 6th floor  
Quincy, MA 02171**
- Faxing or efaxing these materials to the Board of Hearings at **(617) 887-8797**.
- Calling the MassHealth Customer Service Center at **(800) 841-2900, TDD/TTY: 711**, to fill out your request for a fair hearing form by phone.

**Questions:** If you have a question about your hearing, contact the Board of Hearings at (617) 847-1200 or (800) 655-0338.

**Time Restrictions:** The Board of Hearings must receive your completed, signed request within 60 calendar days from the date you received the notice of our action. If you did not receive a written notice of the action, or if MassHealth did not take an action on your application, you must file your request no later than 120 calendar days from the date the action takes place or the date of the application.

**Prehearing Resolution (PHR):** This option is for eligibility appeals only. You may choose this option if you would like to resolve a matter before holding a formal fair hearing. If you select a PHR, MassHealth will contact you. In some situations, the Board of Hearings may schedule you before MassHealth contacts you. You may select a PHR to resolve eligibility-related matters such as incorrect contact information, submission of missing documents or renewal, explanation of income verification, or an eligibility decision. The PHR option is not for non-eligibility related decisions.

**Fair Hearing:** If a matter cannot be resolved by prehearing resolution, you will continue to a full hearing scheduled by the Board of Hearings. A hearing officer will decide if the actions taken by MassHealth were appropriate. You will then be notified of that decision.

**Expedited Hearing:** In limited cases, an expedited hearing may be provided. The Board of Hearings will automatically schedule an expedited hearing when needed.

**If You are Now Getting MassHealth Benefits:** You may be eligible to keep your benefits between the time you appeal and the time that the Board of Hearings makes a decision to approve or deny your appeal. If you decide to keep your benefits while the appeal is pending, and then you lose your appeal, you may have to pay back the cost of the benefits you received. If you do not get benefits, and then you win your appeal, MassHealth will restore your benefits. You will keep your benefits if the hearing form is received either before the benefits stop or within 10 calendar days from the date you receive the MassHealth notice, whichever is later. Please mark your choice in the Other Information section of the form.

**Date of Fair Hearing:** At least 10 days before the hearing, the Board of Hearings will send you a notice telling you the date, time, and place of the hearing. Your hearing may be conducted by phone. You can ask us to reschedule a hearing, but you must have good cause. If you do not reschedule or appear on time to the hearing without documented good cause, your appeal will be dismissed.

**Your Right to Be Helped at the Hearing:** At the hearing, you may have a lawyer or other person represent you, or you may represent yourself. MassHealth will not pay for anyone to represent you. You may contact a local legal aid service or community agency to see if you can receive advice or representation at no cost. A hearing request can also be filed on your behalf by a person authorized to act on your behalf. If someone other than a lawyer is acting on your behalf, please attach a copy of any documents authorizing that person to do so, such as power of attorney, guardian, or invoked health care proxy.

**If You Need an Interpreter, Assistive Device, or Other Accommodation:** If you do not understand English or if you are hearing or sight impaired, MassHealth will provide an interpreter or assistive device at the hearing at no cost to you. We will also make other reasonable accommodations that a person with a disability may need to participate in the hearing. Please tell us what you need in the Type of Hearing and Accommodations section of the form.

**Your Right to Review Your Case File:** You or your representative can review your case file before the hearing. If you wish to review your case file, call the MassHealth Customer Service Center at **(800) 841-2900, TDD/TTY: 711**.

**Your Right to Ask to Subpoena Witnesses and Your Right to Question:** You or your representative may write the Board of Hearings to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and ask questions of witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the hearing.

**Impact on Other Household Members:** An appeal decision for one household member may change eligibility for other household members. If that happens, affected household members will receive a new eligibility notice explaining the changes.

**This information is important. It should be translated right away.  
We can translate it for you free of charge.  
Call us at (800) 841-2900. TDD/TTY: 711.**

Esta información es importante y debe ser traducida inmediatamente. Podemos traducirla para usted gratuitamente. Llámenos al (800) 841-2900 o por TDD/TTY: 711. (Spanish)

Esta informação é importante. Deverá ser traduzida imediatamente. Nós podemos traduzi-la para você gratuitamente. Entre em contato conosco no (800) 841-2900. TDD/TTY: 711. (Brazilian Portuguese)

此處的資訊十分重要，應立即翻譯。我們可以免費為您翻譯。請撥打電話號碼 (800) 841-2900 (TDD/TTY: 711)，與我們聯繫。(Chinese)

Enfòmasyon sa enpòtan. Yo fèt pou tradwi li tou swit. Nou kapab tradwi li pou ou gratis. Rele nou nan (800) 841-2900. TDD/TTY: 711. (Haitian Creole)

Những tin tức này thật quan trọng. Tin tức này cần phải thông dịch liền. Chúng tôi có thể thông dịch cho quý vị miễn phí. Xin gọi cho chúng tôi tại số (800) 841-2900. TDD/TTY: 711. (Vietnamese)

Эта информация очень важна. Ее нужно перевести немедленно. Мы можем перевести ее для вас бесплатно. Позвоните нам по телефону (800) 841-2900. TDD/TTY: 711. (Russian)

هذه المعلومات هامة. يجب ترجمتها فوراً. يمكننا ترجمتها لك مجاناً. اتصل بنا على الرقم (800) 841-2900. TDD/TTY: 711. (Arabic)

នេះគឺជាព័ត៌មានសំខាន់ៗ វាគួរតែបកប្រែឱ្យបានឆាប់រហ័ស។ យើងអាចបកប្រែវាសំរាប់អ្នក ដោយឥតគិតថ្លៃឡើយ។ សូមទូរស័ព្ទមកយើង តាមលេខ (800) 841-2900។ TDD/TTY: 711។ (Khmer)

Kel informasão li é inportanti. El debe ser traduzidu lógu. Nu pode traduzi-l pa nhos sin kobra nada. Nhos txuma-nu pa (800) 841 2900. TDD/TTY: 711. (Cape Verdean Creole)

Cette information est importante. Prière de la traduire immédiatement. Nous pouvons vous la traduire gratuitement. Appelez-nous au (800) 841-2900. TDD/TTY: 711. (French)

Questa informazione è importante. Si pregha di tradurla immediatamente. Possiamo tradurla per voi gratuitamente. Chiammate all (800) 841-2900. TDD/TTY: 711. (Italian)

이 정보는 중요합니다. 이는 즉시 번역해야 합니다. 저희는 귀하를 위해 이를 무료로 번역해드릴 수 있습니다. 일반 전화인 경우 (800) 841-2900로, TDD/TTY 전화인 경우 711로 연락해 주십시오. (Korean)

Αυτή η πληροφορία είναι σημαντική και πρέπει να μεταφραστεί άμεσα. Μπορούμε να τη μεταφράσουμε για εσάς δωρεάν. Καλέστε μας στον αριθμό (800) 841-2900. TDD/TTY: 711. (Greek)

To jest ważna informacja. Powinna zostać niezwłocznie przetłumaczona. My tłumaczymy dla Państwa bezpłatnie. Prosimy do nas zadzwonić pod nr (800) 841-2900. TDD/TTY: 711. (Polish)

यह जानकारी महत्वपूर्ण है। इसका अनुवाद भलीभांति किया जाना चाहिए। हम आपके लिए इसका अनुवाद नशुल्क कर सकते हैं। हमें (800) 841-2900। TDD/TTY: 711 पर कॉल करें। (Hindi)

આ માહિતી મહત્વની છે. તેનું તરત જ અનુવાદ થવું જોઈએ. અમે વાની મૂલ્યે તમારા માટે તેમ કરી શકીએ છીએ. અમને (800) 841-2900. TDD/TTY: 711 પર કોલ કરો. (Gujarati)

ຂໍ້ມູນນີ້ສຳຄັນ. ມັນມີຄວາມຈຳເປັນຕ້ອງແປເລີຍ. ພວກເຮົາສາມາດຊ່ວຍແປໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາໄດ້ທີ່ (800) 841-2900. TDD/TTY: 711. (Lao)

**This information is available in alternative formats such as braille and large print.  
To get a copy, please call us at (800) 841-2900. TDD/TTY: 711.**





MassHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping). MassHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

MassHealth provides

- free aids and services to people with disabilities to communicate effectively with us, such as:
  - ◆ Qualified sign language interpreters
  - ◆ Written information in other formats (large print, braille, accessible electronic formats, and other formats)
- free language services to people whose primary language is not English, such as:
  - ◆ Qualified interpreters
  - ◆ Information written in other languages

If you need these services, contact us at (800) 841-2900. TDD/TTY: 711.

If you believe that MassHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation, or sex (including gender identity and gender stereotyping), you can file a grievance with: Section 1557 Compliance Coordinator, 1 Ashburton Place, 11th Floor, Boston, Massachusetts 02108, Phone: (617) 573-1704, TTY: (617) 573-1696, Fax: (617) 889-7862, or email at: [Section1557Coordinator@state.ma.us](mailto:Section1557Coordinator@state.ma.us). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or by phone at (800) 368-1019, (800) 537-7697 (TDD).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.