

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Dismissed (in
appellant's favor)

Appeal Number: 2300535

Decision Date: 3/31/2023

Hearing Date: 02/21/2023

Hearing Officer: Thomas Doyle

Record Open to: 3/14/23

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Nickoson, Taunton MEC

Interpreter:



*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:	Dismissed (in appellant's favor)	Issue:	Waiver monthly fee
Decision Date:	3/31/2023	Hearing Date:	02/21/2023
MassHealth's Rep.:	Elizabeth Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 notices dated January 9, 2023, MassHealth denied and approved appellant's application for MassHealth benefits. (Ex. 1; Ex. 2). The appellant filed this appeal in a timely manner on January 23, 2023. (130 CMR 610.015(B); Ex. 3). Denial of assistance and amount due monthly in premiums are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth issued a denial notice and on the same day issued appellant written notice that he qualified for benefits in addition to having pay a monthly premium.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant had to pay a monthly premium.¹

Summary of Evidence

¹ This is the only issue on appeal because at hearing, the MassHealth representative testified that appellant qualifies for CommonHealth and appellant stated under oath it was the reason he appealed.

On January 9, 2023, MassHealth issued written notice to appellant that he qualified for CommonHealth and he would pay a monthly premium of \$12.00. (Ex. 1). Also on January 9, 2023, MassHealth issued a written notice to appellant stating he did not qualify for MassHealth benefits. (Ex. 2). At hearing, the MassHealth representative testified that appellant did qualify for CommonHealth, there was no gap in coverage and there was a monthly premium fee attached to the benefit that appellant would have to pay.

Appellant testified he was being transferred from department to department and was receiving different answers from different people at MassHealth regarding payment of fees. Some people told him because he is disabled, he should have his monthly fee waived. He stated that nothing was deducted from his monthly payments regarding a monthly fee during the public health emergency. He expressed his frustration at MassHealth Customer Service because of the different answers he was getting regarding the monthly premium.

The record was left open for the MassHealth representative to email her supervisor and premium billing to inquire about the possibility of waiving appellant's monthly fee. The hearing officer received an email from the MassHealth representative, forwarding an email that was received by her manager from MassHealth Customer Service. That email said "due to the public health emergency, appellant's premiums are being reduced to 0. He has not been billed for his monthly premium and his premium will continue to be reduced to 0 through at least April 2023 and will likely to (sic) continue to be reduced to 0 until after he completes his next renewal." (Ex. 6).

Findings of Fact

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

1. Appellant is a MassHealth member in his mid-50's. (Ex. 3).
2. Appellant is blind and has been found to be disabled. (Testimony).
3. Appellant qualifies for and has been approved for CommonHealth. (Ex. 1; Testimony).
4. Appellant is responsible for a required member contribution. (130 CMR 506.012).
5. Due to the public health emergency, appellant's premium is 0. (Ex. 6).
6. Appellant's premium will continue to be 0 through at least April 2023. (Ex. 6).
7. Appellant is not working and is retired. (Testimony).
8. Appellant is on Social Security disability. (Testimony).
9. Appellant's monthly income is \$2,060.00. (Testimony).

Analysis and Conclusions of Law

505.004: MassHealth CommonHealth

(A) Overview.

(1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.

(2) Persons eligible for CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): MassHealth CommonHealth.

(C) Disabled Adults. Disabled adults must meet the following requirements:

(1) be 21 through 64 years of age;

(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).

506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

The MassHealth agency may charge a monthly premium to MassHealth Standard, CommonHealth or Family Assistance members who have income above 150% of the federal poverty level (FPL), as provided in 130 CMR 506.011. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 506.003 and the premium billing family group (PBFG) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

(A) Premium Billing Family Groups.

(1) Premium formula calculations for MassHealth and CMSP premiums are based on premium billing family groups (PBFG). A PBFG is comprised of

(a) an individual;

...

(C) Premium Payment Billing.

...

(2) Persons described in 130 CMR 505.004(C): Disabled Adults who are assessed a premium,

are responsible for monthly premium payments beginning with the calendar month following the date the deductible period ends, or the calendar month following the month in which the member has verified that the deductible has been met, whichever is later.

...

The Fair Hearing Rules contain the following regulation regarding adjustments:

610.051: Adjustment Procedures and Mediation

...

*(B) Adjustments Resolving Issues. **The MassHealth agency or the Health Connector may make an adjustment in the matters at issue before or during a hearing.** If the parties agree that the adjustment resolves one or more of the issues in dispute, the hearing officer, by written order, will dismiss the appeal as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement. BOH will not delay a fair hearing because a possible adjustment is under consideration unless the appellant requests or agrees to such a delay.*

(Emphasis added.)

In this case, I find that MassHealth has taken action while the appeal record was open so that effectively the parties have essentially reached an agreement on the issue of premiums owed by appellant. Through this appeal, appellant was seeking to have his monthly premiums waived and a MassHealth customer service representative confirmed during the Record Open period that appellant's premiums are being reduced to 0 during the public health emergency, premiums will continue to be 0 through at least April 2023. (Ex. 6). Appellant is not paying a monthly premium, which was the subject of this appeal.²

Accordingly, I conclude that there is no remaining dispute between the parties in need of resolution by the Board of Hearings, and this appeal will be DISMISSED per 130 CMR 610.051.

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.

² If in the future, appellant is obligated to pay a monthly premium, he may seek an undue financial hardship waiver. 130 CMR 506.011 (G).

Thomas Doyle
Hearing Officer
Board of Hearings

CC:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616