

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2307434
Decision Date:	10/13/2023	Hearing Date:	10/05/2023
Hearing Officer:	David Jacobs	Record Open to:	

Appearances for Appellant:



Appearances for MassHealth:

Jo-Ann Donovan, MEC Worker
Karishima 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:	Dismissed	Issue:	Eligibility; Application Withdrawal
Decision Date:	10/13/2023	Hearing Date:	10/05/2023
MassHealth Rep:	Jo-Ann Donovan	Appellant's Rep.:	
Hearing Location:	Remote		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated June 26, 2023, MassHealth notified the appellant that he is not eligible for MassHealth benefits because he withdrew his application (Exhibit 1). The appellant timely appealed this notice on August 22, 2023. The denial of assistance is a valid ground for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth benefits because he withdrew his application.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative participated telephonically and provided some background information. She explained that on March 27, 2020, MassHealth notified the appellant that he was eligible for MassHealth CommonHealth benefits with a monthly premium of \$25.00. On March 15, 2022, MassHealth notified the appellant that he was no longer eligible for MassHealth benefits because his income was too high (Exhibit 5). On April 14, 2023, MassHealth notified the appellant that he was still eligible for CommonHealth benefits with a monthly premium of \$25.00, and if he wanted to cancel these benefits he must do so within 60 days of this notice (Exhibit 9). The MassHealth representative explained that during the COVID-19 public health emergency, MassHealth did not remove benefits or assess any premiums to its members. This policy was communicated to the appellant in a December 6, 2022 and March 4, 2023 notice (Exhibits 10 and 11). When the public health emergency ended on May 11, 2023, MassHealth commenced assessing premiums and sent a premium bill to the appellant in June 2023 for \$25.00 (Exhibit 7). In reaction to this bill, the appellant called MassHealth and withdrew his application on June 26, 2023 resulting in the notice on appeal. MassHealth continued to send premium bills to the appellant for July and August 2023 in error. This was later corrected so that at the time of this hearing the only outstanding bill was the June 2023 bill for \$25.00 (Exhibit 7).

The appellant participated in the hearing telephonically accompanied by his mother. The appellant's mother argued that he should not be assessed the June 2023 premium charge due to the March 15, 2022 notice which informed him that he was no longer eligible for MassHealth benefits (Exhibit 5). When asked if she and the appellant received the April 14, 2023, December 6, 2022, and March 4, 2023 notices (Exhibits 9, 10, and 11) she testified that the appellant likely did not because he moved in July 2022, did not inform MassHealth, and she was no longer was checking MassHealth notices. She testified that both she and the appellant thought that he was no longer receiving MassHealth benefits and did not think it was necessary to inform MassHealth of the appellant's address change or to read additional MassHealth notices. The appellant's mother believes it is unfair that the appellant was given the impression through the March 15, 2022 notice that he is no longer eligible for benefits, then continue to assess premium charges.

Findings of Fact

1. On March 27, 2020, MassHealth notified the appellant that he was eligible for MassHealth CommonHealth benefits with a monthly premium of \$25.00.
2. On March 15, 2022, MassHealth notified the appellant that he was no longer eligible for MassHealth CommonHealth benefits because he was over income.
3. On April 14, 2023, MassHealth notified the appellant that he was still eligible for MassHealth

CommonHealth with a monthly premium of \$25.00, and if he wanted to cancel his benefits he had 60 days from the date of this notice in order to do so.

4. The April 14, 2023 notice was sent to the appellant and his mother. The appellant moved in July 2022 and did not inform MassHealth of the address change. The appellant's mother was not checking MassHealth notices because she presumed her son was no longer receiving benefits due to the March 15, 2022 notice.
5. Due to the COVID-19 public health emergency, MassHealth did not cancel benefits and temporarily waived premiums; this policy extended to the premiums assessed for the appellant's son's coverage.
6. The appellant was informed of the public health emergency policy via notices on December 6, 2022 and March 4, 2023.
7. The public health emergency ended on May 11, 2023, and MassHealth began to send premium bills again, including in the appellant's case.
8. In June 2023, MassHealth sent the appellant a \$25.00 premium bill.
9. On June 26, 2023, the appellant called MassHealth to withdraw his application and cancel any existing coverage for himself.
10. On June 26, 2023, MassHealth issued the notice on appeal.
11. The appellant timely appealed the June 26, 2023 notice.

Analysis and Conclusions of Law

In this case, the appellant disputes MassHealth's assessment of a June 2023 premium related to his MassHealth CommonHealth coverage. The notice advising the appellant of his son's coverage and of the premium, however, was dated April 14, 2023 (Exhibit 9). The appellant argues that they should not be responsible for having read the April 14, 2023 notice because the March 15, 2022 notice gave the appellant the impression that his relationship with MassHealth had been severed (Exhibit 5). Regardless, additional notices are how MassHealth informs members of changes to their benefits and MassHealth fulfilled its obligation under 130 CMR 510.009(D) to inform the appellant of such changes via the April 14, 2023, December 6, 2022, and March 4, 2023 notices (Exhibits 9, 10, and 11). The appellant representative concedes that she likely received but did not read these notices. The appellant testified that he moved in July 2022 from the address MassHealth has on file, but he concedes that he did not inform MassHealth of this address change as he is required to by 130 CMR 510.010(B). Therefore, it is found that the appellant was properly

notified of the continued assessment of premium charges. Because the appellant did not timely appeal the April 14, 2023 notice, the hearing officer has no jurisdiction to adjudicate the matter, and the appeal as to this issue is dismissed (130 CMR 510.035(A)(1)).¹

The hearing officer does have jurisdiction over the notice that was timely appealed; a notice dated June 26, 2023 in which MassHealth determined that the appellant is not eligible for MassHealth benefits because he withdrew his application. However, because the appellant does not dispute this MassHealth action, the appeal as to this issue is dismissed as well (130 CMR 610.035(A)(8)).

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.

David Jacobs
Hearing Officer
Board of Hearings

cc: Charlestown MEC

Premium Billing

¹ The appellant should note the following regarding his responsibility for the assessed premium charges for June 2023. Per 130 CMR 506.011(C)(5), “[i]f the member contacts the MassHealth agency by telephone, in writing, or online and requests a voluntary withdrawal within 60 calendar days from the date of the eligibility notice and premium notification, MassHealth premiums are waived.” Otherwise, the member is responsible for the payment of all premiums up to and including the calendar month of withdrawal (130 CMR 506.011(H)).