

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Remand	Appeal Number:	2310131
Decision Date:	11/27/2023	Hearing Date:	11/20/2023
Hearing Officer:	Alexis Demirjian		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Gretchen Whitworth, Premium Billing Unit
Christine Prunier, Taunton MEC



*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:	Remand	Issue:	Under 65; CommonHealth Premium Billing
Decision Date:	11/27/2023	Hearing Date:	11/20/2023
MassHealth's Rep.:	Whitworth Prunier	Appellant's Rep.:	Pro se
Hearing Location:	Telephone	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 a notice dated August 22, 2023, MassHealth terminated the appellant's coverage based on their voluntary withdrawal. (see 130 CMR 502.9 and Exhibit 1). The appellant filed this appeal in a timely manner on October 10, 2023, seeking review because they wished to have premiums issued on June 2023, July 2023, and August 2023 waived. (see 130 CMR 610.015(B) and Exhibit 2). Scope and determination of assistance is valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth billed the appellant for CommonHealth coverage for June 2023, July 2023, and August 2023.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant was required to pay a premium for CommonHealth coverage for the months of June 2023, July 2023, and August 2023.

Summary of Evidence

MassHealth testified that the appellant is a member of a household of 3, with a combined income of \$133,000, placing the appellant at 572% of the federal poverty level (“FPL”). MassHealth testified that their records indicate that on or about September 21, 2021, the appellant submitted a disability supplement. On or about December 1, 2021, the appellant was determined disabled per MassHealth regulations and became eligible for CommonHealth. The appellant’s eligibility was then backdated to September 21, 2021.

MassHealth further testified that between March 2020 and March of 2023, MassHealth did not collect premiums for CommonHealth. Accordingly, the appellant never received a premium for this coverage. Prior to the end of the Federal Public Health Emergency (FPHE), MassHealth sent notices to members that premiums would resume and that they had 60 days from the date of the notice to terminate coverage and avoid being assessed a premium. In support of their testimony, MassHealth introduced a letter dated January 10, 2023, that informed the appellant that premiums were resuming, and she would be responsible for a premium in the amount of \$260.40 per month beginning in February 2023.

MassHealth further testified that MassHealth sent an additional notice in April 2023 at the conclusion of the FPHE. MassHealth submitted this letter during the hearing, the letter was written in Spanish and indicated that the appellant would be responsible for a premium of \$274.40 beginning in June 2023.¹ This notice provided a cancellation date of June 13, 2023, to avoid being charged a premium for coverage.

The appellant did not notify MassHealth that she wished to the coverage until August 22, 2023. Subsequently, MassHealth argues that the appellant is responsible for the premiums issued in June 2023, July 2023, and August 2023 because the appellant did not cancel with the specified period and had MassHealth CommonHealth coverage. No evidence was introduced whether the appellant utilized this coverage during this time.

The appellant maintains that she had no idea she had any coverage under MassHealth. The appellant testified that she has applied for coverage through the Health Connector in the past but was unaware that she ever had CommonHealth. She further testified that she maintains coverage through an employer sponsored plan and would not have used CommonHealth for her health coverage. The appellant testified that she could not recall receiving the January 2023 or April 2023 letter and only became aware of the coverage when she started receiving a premium. The appellant could not recall when she first received the bills due to travel but acknowledged that it was some time in summer. The appellant testified that after she received the bill, she called to inquire why she was receiving it since she did not believe she had MassHealth CommonHealth coverage, upon learning she had coverage and was required to pay, she requested the coverage be terminated.

¹ The appellant did not request a Spanish interpreter and APS indicates that the appellant speaks and writes in English. It is unclear why MassHealth sent this notice in Spanish.

In response to the appellant's testimony that she purportedly had no idea she had CommonHealth coverage until the summer of 2023, the hearing officer asked MassHealth Premium if there were any adjustments that could be made for the outstanding bill which totals \$781.20. The MassHealth Premium representative then testified that while the initial period for cancellation was 60 days, that MassHealth has subsequently enlarged the cancellation period to 90 days. Despite this enlargement, based on the date of the April notice, the appellant did not cancel coverage within the larger 90-day period, thus the appellant was still responsible for the premium bill.

The MassHealth Premium Billing representative further testified that MassHealth is about to undertake a review of every individual who was assessed a premium from April 2023 onward and then voluntarily terminated coverage to determine whether the premiums assessed were appropriate. The MassHealth Premium Billing representative testified that she is part of the team responsible for the review and would prioritize reviewing this case to determine whether the premiums were appropriately assessed. The MassHealth Premium Billing representative did not believe that this review would trigger a notice with appeal rights, but the scope of the review was still being determined and is expected to begin within the next two months.

Findings of Fact

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

1. The appellant was assessed a premium for CommonHealth coverage in June 2023, July 2023, and August 2023.
2. The total amount owed as of the date of the hearing is \$781.20.
3. On August 22, 2023, the appellant cancelled the CommonHealth coverage.
4. MassHealth plans to review all voluntary terminations submitted after the end Federal Public Health Emergency to determine whether premiums assessed are appropriate.

Analysis and Conclusions of Law

Under 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).

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 (B) (2) (b).

(b) The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

It is without question that the appellant's income places her above 150% of the FPL and therefore she is required to pay a premium for CommonHealth coverage. However, based on the representations by the MassHealth Premium Billing representative at hearing, specifically that a large-scale review is about to begin to determine whether the appellant and other similarly situated individuals were properly assessed premiums when members voluntarily terminated their coverage at the conclusion of the FPHE, I find it premature to determine whether MassHealth made a proper determination in this matter.

For those reasons, this appeal is REMANDED.

Order for MassHealth

MassHealth's Premium Billing Unit is ordered to review the appellant's premiums which were assessed for June 2023, July 2023, and August 2023, and determine whether they were properly assessed. Once MassHealth determines whether the premiums were assessed, they shall issue a new determination and include appeal rights.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Alexis Demirjian

Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290