

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2310446
Decision Date:	1/29/2024	Hearing Date:	12/08/2023
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Kimberly Daughtry, Springfield MEC
Karishma Raja, Maximus Premium Billing

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:	Approved	Issue:	Premium Billing, Past Due Amounts
Decision Date:	1/29/2024	Hearing Date:	12/08/2023
MassHealth's Rep.:	Kimberley Daughtry Karishma Raja	Appellant's Rep.:	
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 a notice dated October 6, 2023, MassHealth terminated appellant's MassHealth benefits because MassHealth determined that appellant had past due premium payments. (Ex. 1). The appellant filed this appeal in a timely manner on November 2, 2023. (Ex. 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated appellant's benefits because appellant owed past due premiums.

Issue

Is MassHealth correct that appellant owes past due premium payments.

¹ At hearing, appellant gave verbal authority for his wife to act on his behalf as his appeal representative.

Summary of Evidence

Appellant, the appeal representative, (appeal rep), the MassHealth worker (worker) and the Premium Billing Representative (P.B. rep) all appeared by phone and were sworn. Exhibits 1-4 were marked as evidence. The worker testified to the following: MassHealth received an application from appellant on May 4, 2020. It was processed on the same day and denied for being over income. The denial notice was sent to appellant on May 4, 2020. At the same time, appellant was deemed disabled. The worker stated at that time, the system employed by MassHealth was unable to upgrade an adult to MassHealth CommonHealth that had a “certain income.” This issue also was a factor in denying appellant benefits. The worker further testified that a “work around” to give appellant benefits should have been done in the old system but it was not done. The worker then testified the old system was upgraded on December 15, 2022. The new system upgraded CommonHealth for adults over 19 who, in the past, were over income guidelines, and determined they were eligible for MassHealth Standard. The new system automatically reran appellant’s case on March 4, 2023 and approved appellant for CommonHealth with a monthly premium. MassHealth sent appellant notice on March 4, 2023, to his old address that was still on file with MassHealth,² that he was approved for CommonHealth with the monthly premium. When appellant failed to pay the monthly premiums, he was sent a termination notice on October 6, 2023, with coverage ending on October 20, 2023. (Testimony). The worker spoke to the appeal representative on November 29, 2023 and was told of appellant’s new address. She stated there was a voluntary withdrawal placed on appellant’s case on October 31, 2023. (Testimony).

The P.B. rep testified to the following: Appellant was billed a premium for June, July, August and September 2023. He was not billed until June 2023 because of protections afforded by the public health emergency. Appellant was notified on May 14, 2023 that bills for monthly premiums would begin in June 2023. The P.B. rep acknowledged in her testimony that she was not sure if appellant received the notice because the notice was sent to appellant’s previous address.

The appeal rep stated appellant was denied MassHealth in May 2020 and they moved in November 2020. She testified their last interaction with MassHealth was when appellant was denied coverage. She testified appellant never had MassHealth. The appeal rep testified they never received any information regarding being approved for CommonHealth or monthly premiums being past due. She stated the first thing they received was the October 6, 2023 notice terminating coverage. It is their position they do not owe any past due premiums because they never knew about them and that is the reason for appealing. She did not dispute that they cancelled MassHealth coverage in October 2023.

² When asked to confirm appellant’s address at the beginning of the hearing, the appeal representative stated they had moved in November 2020.

Findings of Fact

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

1. Appellant applied for MassHealth on May 4, 2020. On the same day, his application was processed and a denial was sent to appellant at his [REDACTED] address. (Testimony).
2. Appellant moved from his [REDACTED] address in November 2020. (Testimony).
3. MassHealth changed its system in December 2022. In March 2023, the system automatically reran appellant's case and found he now qualified for CommonHealth benefits with a monthly premium. (Testimony).
4. MassHealth sent notice to appellant at his old address in March 2023 informing him he now qualified for MassHealth with a monthly premium payment. (Testimony).
5. After moving to his new address in November 2020, appellant did not receive any notices that he was approved for MassHealth or he was obligated to pay a monthly premium. (Testimony).
6. The first notice appellant received that he was covered by MassHealth and was responsible for monthly premium payments was the October 6, 2023 notice. (Testimony; Ex. 1).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

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 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

...

(C) Premium Payment Billing.

...

(5) If 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.

...

(H) Voluntary Withdrawal. If a member wishes to voluntarily withdraw from receiving MassHealth coverage, it is the member's responsibility to notify the MassHealth agency of their intention by telephone, in writing, or online. Coverage may continue through the end of the calendar month of withdrawal. The member is responsible for the payment of all premiums up to and including the calendar month of withdrawal, unless the request for voluntary withdrawal is made in accordance with 130 CMR 506.011(C)(5).

While the regulations make clear a member is obligated to update their address with MassHealth, (130 CMR 515.008 (B)), appellant was denied MassHealth coverage in May 2020 and thought that was the end of his interactions with MassHealth. When appellant moved in November 2020, he did not think he had to inform MassHealth because they had denied him coverage. This is a logical and reasonable assumption. All actions taken in this case were initiated by MassHealth automatically, beginning with the upgrade to their system in December 2022 and then the new system automatically reviewing appellant's case in March 2023, where MassHealth approved appellant for MassHealth CommonHealth with a monthly premium payment. Notice of this approval was sent to appellant's old address. The appeal rep stated they never received this approval notice. Because protections were in place due to the pandemic, which ended April 1, 2023, appellant was not sent a premium bill until June 2023. The P.B. rep stated that a notice was sent to appellant on May 14, 2023, informing him monthly billing would begin in June 2023. The P.B. rep acknowledged in her testimony that she was unsure if appellant received the May 2023 notice because it was sent to appellant's old address. In October 2023, when appellant finally received notice regarding benefit coverage and premium payments, his wife called MassHealth and cancelled coverage.

While it is admirable that MassHealth maintained an interest in appellant's insurance concerns by updating his coverage after appellant was initially denied MassHealth, in this instance the thoroughness of MassHealth actions was not required. It was reasonable for appellant not to have updated his address with MassHealth after he moved because he thought after being denied coverage in 2020 the matter had ended. While MassHealth was approving appellant for coverage and assessing him a monthly premium, appellant remained in the dark while MassHealth diligently ensured he had health insurance. It would not be fair to hold appellant responsible for any past

due premium payments notwithstanding MassHealth's good intentions. Appellant has cancelled his coverage. He did not seek or approve of the coverage granted to him by MassHealth. Appellant has met his burden and the appeal is approved.

Order for MassHealth

MassHealth shall waive all past due premiums.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc:

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