

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310725
Decision Date:	4/1/2024	Hearing Date:	11/16/2023
Hearing Officer:	Thomas Doyle	Record Open to:	12/14/2023

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Joshua Bailey, Springfield MEC
Karishma Raja, Maximus 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:	Denied	Issue:	Premium Billing, Past Due Payments
Decision Date:	4/1/2024	Hearing Date:	11/16/2023 ¹
MassHealth's Reps.:	Joshua Bailey Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	Aid Pending:	Yes

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 23, 2023, MassHealth ended coverage for appellant because he did not pay the monthly MassHealth premium. (Ex. 1). The appellant filed this appeal in a timely manner on October 28, 2023. (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 was ending appellant's benefits due to owing past due premiums.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant owed past due monthly premiums.

¹ The record was left open to enable appellant to complete an annual renewal, as the MassHealth worker stated appellant's information had not been updated in several years. A possibility existed that an annual renewal could assist appellant with this appeal but in the end, it had no bearing on the resolution of this appeal

Summary of Evidence

Appellant, acting pro se, a MassHealth eligibility worker (worker) and a representative of Maximus Premium Billing (PB rep) all appeared by phone and were sworn. Appellant is an adult over the age of [REDACTED]. (Testimony; Ex. 5). Appellant was approved for MassHealth CommonHealth on April 5, 2023 with a monthly premium of \$83.20. (Testimony; Ex. 4, p. 1). Appellant was billed for the monthly premium for the months of August, September and October 2023. (Testimony; Ex. 4, p. 1). On October 23, 2023, MassHealth sent notice to appellant that his coverage was terminated due to owing past due premiums. (Testimony; Ex. 1; Ex. 4, p. 1). There is aid pending. (Testimony; Ex. 2). Appellant's only income is Social Security. (Testimony).

Appellant admitted in his testimony that he received the notice informing him of the monthly premium he would owe for CommonHealth. He stated he received the termination notice and requested a hearing. Appellant stated his only income is Social Security and the monthly premium bill came "out of the blue." He said he likes to work and was looking for work.

Findings of Fact

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

1. Appellant is an adult over the age of [REDACTED]. (Testimony; Ex. 5).
2. Appellant was approved for MassHealth CommonHealth on April 5, 2023 with a monthly premium of \$83.20. (Testimony; Ex. 4, p. 1).
3. Appellant was billed for the monthly premium for the months of August, September and October 2023. (Testimony; Ex. 4, p. 1).
4. On October 23, 2023, MassHealth sent notice to appellant that his coverage was terminated due to owing past due premiums. (Testimony; Ex. 1; Ex. 4, p. 1).
5. There is aid pending. (Testimony; Ex. 2).
6. Appellant's only income is Social Security. (Testimony).
7. Appellant admitted he received notice of the monthly premium that came with the approval of MassHealth CommonHealth. (Testimony).
8. Appellant did not contest that he did not pay the monthly premiums.

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).

MassHealth may impose a premium for members receiving MassHealth Standard, CommonHealth, or Family Assistance benefits whose household income is greater than 150% of the federal poverty level. See 130 CMR 506.011. MassHealth must send a timely notice of the imposition of any premium for it to be enforceable. See 130 CMR 610.015(A). These members "are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination. 130 CMR 506.011(C)(1). Members who contact MassHealth "within 60 calendar days from the date of the eligibility notice and premium notification" to request a voluntary withdrawal of benefits may have their premiums waived. *Id.* at 506.011(C)(4).

MassHealth may terminate a member's benefits, pursuant to adequate notice, if "the member does not pay the entire amount billed within 60 days of the date on the bill." 130 CMR 506.011(D)(1). A member "who is 150 days or more in arrears" may be referred to the State Intercept Program "in compliance with 815 CMR 9.00: *Collection of Debts*." *Id.* at 506.011(D)3).

Appellant admitted he received notice of the monthly premium bill. Appellant did not contest that he did not pay the premiums. It is clear from the record he is past due on the monthly premium bills. I find that there is no evidence that MassHealth erred in its determination. Appellant has not met his burden and therefore the appeal is denied.

Order for MassHealth

Rescind aid pending.

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.

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

cc: Gretchen Whitworth, Manager, Maximus Premium Billing