

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312158
Decision Date:	1/24/2024	Hearing Date:	01/05/2024
Hearing Officer:	Christine Therrien	Record Open to:	01/08/2024

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Kathryn Begin, Tewksbury
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
Decision Date:	1/24/2024	Hearing Date:	01/05/2024
MassHealth's Reps.:	Kathryn Begin, Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center Telephonic		

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 10/17/23, MassHealth terminated the appellant's MassHealth benefits effective 10/31/23 for failing to pay his premiums. (130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on 11/28/23. (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal. (130 CMR 610.032). The record was left open until 1/8/23 to obtain billing statements from the Premium Billing department. (Exhibit 6).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits because he has past due premiums.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the appellant is no longer eligible for MassHealth because he has past due premiums.

Summary of Evidence

The MassHealth representative testified that on 6/30/23 the appellant, who is under the age of 65, updated his income with MassHealth, and a notice was issued. (Exhibit 5). The MassHealth representative testified that the 6/30/23 notice informed the appellant that he was downgraded from MassHealth Standard to MassHealth CommonHealth with a monthly premium of \$119.60 beginning 7/1/23. The 6/30/23 notice states: **“If you are required to pay a MassHealth premium, you must pay the premium on time so these benefits do not end. If you do not want to pay the premium, you must tell us to cancel your benefits within 60 days from the date you were notified of a new or changed premium. If you do not cancel your benefits by that date, you will need to pay any premium bills you get.”** The appellant has been determined disabled, which is why he is eligible for CommonHealth. The MassHealth representative testified that the appellant reported a monthly income of \$4,688.53 which is 380.89% of the federal poverty level. The MassHealth representative testified that the appellant reported that he enrolled in employer-sponsored insurance on 8/23/23. The MassHealth representative testified that the appellant was terminated from MassHealth on 10/31/23 because of his past-due premiums. The premium billing representative testified that the appellant’s benefits were terminated because he did not pay his premiums for July – October 2023, and has a past-due amount of \$478.40. (Exhibit 7). The premium billing representative testified that the appellant must either pay his past-due premiums, or set up a payment plan with MassHealth before he will be eligible for MassHealth again.

The appellant testified that in 2021 he was no longer on his dad’s insurance plan, and he applied for MassHealth. The appellant testified that he was in college at the time. The appellant testified that he graduated from college in May 2022, and got a job where he enrolled in the insurance plan offered by his employer. The appellant testified that he went online to report his enrollment in his employer’s insurance plan, and thought that he canceled his MassHealth. The appellant testified that he ignored the bills and did not call MassHealth because he thought it was a clerical error. The appellant testified that he never used the MassHealth insurance, so he should not have to pay the premiums.

The record was left open until 1/8/23 so the premium billing representative could provide copies of the premium bills showing the past-due balance. (Exhibit 6 & 7).

Findings of Fact

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

1. The appellant is under the age of 65.

2. On 6/30/23 the appellant updated his income with MassHealth.
3. A notice dated 6/30/23 was issued that informed the appellant that he was downgraded from MassHealth Standard to MassHealth CommonHealth, with a monthly premium of \$119.60 beginning 7/1/23 because his income was too high for MassHealth Standard.
4. The 6/30/23 notice also apprised the appellant that he had to cancel his benefits within 60 days from the date he was notified of a new or changed premium, and that if he did not cancel his benefits by that date, he would need to pay any premium bills he received.
5. The appellant has been determined disabled.
6. The appellant reported a monthly income of \$4,688.53 which is 380.89% of the federal poverty level.
7. On 8/23/23, the appellant reported that he enrolled in employer-sponsored insurance.
8. The appellant did not pay his CommonHealth premiums for July – October 2023 and has a past-due amount of \$478.40.
9. Via notice dated 10/17/23, MassHealth apprised the appellant that his CommonHealth coverage would terminate on 10/31/23 because of his past-due premiums .
10. The appellant must either pay his past-due premiums or set up a payment plan with MassHealth before he will be eligible for MassHealth again.
11. The record was left open until 1/8/24 for copies of the premium bills showing the past-due balance, and copies were received.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. And 130 CMR 505.001 lists the different MassHealth coverage types.

(A) The MassHealth coverage types are the following:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as

such term is defined in 130 CMR 505.008(F);

- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;**
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in)- for certain Medicare beneficiaries.

MassHealth charges a monthly premium to MassHealth CommonHealth members who have income above 150% of the federal poverty level. (130 CMR 506.011).

130 CMR 506.011(D), Delinquent Premium Payments, outlines how MassHealth handles past-due premiums.

- (1) Termination for Delinquent Premium Payments. If the MassHealth agency has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. The member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member
 - (a) pays all delinquent amounts that have been billed;
 - (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount;
 - (c) is eligible for a nonpremium coverage type;
 - (d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or
 - (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G)

The appellant failed to pay his premiums for July through October 2023. The regulations are clearly outlined in 130 CMR 506.011(D)(1) that past-due premium payments will result in the termination of benefits. The appellant chose to ignore the June 30, 2023 notice that stated he could cancel the insurance if he did not want to pay the premiums, and he also chose to ignore the premium bills. The appellant has the responsibility to cooperate with MassHealth as outlined in 130 CMR 501.010(A).¹ The appellant has not complied with all the rules and regulations of

¹ 130 CMR 501.010(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth

MassHealth; therefore, MassHealth appropriately terminated the appellant's CommonHealth coverage due to non-payment of premiums.

This appeal is DENIED.

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.

Christine Therrien
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center

agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.