

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2313019
Decision Date:	1/22/2024	Hearing Date:	01/09/2024
Hearing Officer:	Thomas Doyle		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nancy Derisma, Charlestown MEC
Karishma 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:	Approved	Issue:	Past Due Balance, Premium Billing
Decision Date:	1/22/2024	Hearing Date:	01/09/2024
MassHealth's Reps:	Nancy Derisma Karishma Raja	Appellant's Rep.:	Pro se
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

By notice dated October 18, 2023, MassHealth notified appellant that her coverage had been terminated because she had withdrawn her application. (Ex. 1). The appellant filed this appeal in a timely manner on December 12, 2023. (Ex. 2).¹² Assessment of MassHealth premiums is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated appellant's coverage per her request, but maintained appellant still owed past due monthly premium payments.

¹ Appellant is appealing the fact she was still obligated to pay past due monthly premiums for June, July, August and September 2023.

² The appellant's Fair Hearing Request Form was date stamped "received" by the Board of Hearing on December 12, 2023.

Issue

Is MassHealth correct that appellant is obligated for monthly premium payments after appellant terminated her coverage?

Summary of Evidence

Appellant, the MassHealth worker (worker) and the Premium Billing Representative (P.B. rep) all appeared by phone and were sworn. Exhibits 1-5 were marked as evidence. The worker testified appellant was approved for MassHealth Family Assistance in September 2022. In October 2023, appellant requested to “close the case” because she had applied for insurance through her employer. The worker stated appellant had an outstanding balance that needs to be paid. (Testimony).

The P.B. rep testified that appellant had a past due balance of \$472.00 for the months of June, July, August and September 2023 which accompanied her benefit under MassHealth Family Assistance. She stated appellant was not billed the monthly premium until June 2023 because of protections afforded to members due to the public health emergency surrounding the covid pandemic.

Appellant testified she is appealing the past due balance she owes for monthly premium bills. She stated she did have MassHealth in 2019 and 2020. She testified she did not renew or apply for MassHealth in 2022. She stated she received the application renewal in the mail in October 2022 but she knew at that time that she was going to apply for her employer’s health insurance and she was going to move out of Massachusetts in January 2023 so she did not reapply or send in the application to renew the MassHealth insurance. She stated when she got the premium bill in October 2023 while living in Ohio, she was surprised because she had not heard from MassHealth for months and she reiterated she had not applied or sent in a renewal. Appellant confirmed that she lived at multiple addresses in Massachusetts while in college and now lives in Ohio, having moved there in January 2023. The address she is currently residing at in Ohio is her second address since moving to that state in January 2023.

Findings of Fact

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

1. Appellant had MassHealth benefits in 2019 and 2020. (Testimony).
2. Appellant was approved for MassHealth Family Assistance on September 14, 2022. (Testimony).

3. The MassHealth Family Assistance benefit came with a monthly premium of \$118.00 and appellant was billed for the months of June, July, August and September 2023. (Testimony).
4. Appellant was not billed the monthly premium until June 2023 because of protections afforded to members due to the public health emergency surrounding the pandemic. (Testimony).
5. Appellant has lived at multiple addresses in Massachusetts and Ohio. (Testimony).
6. Appellant never sent an application or renewal in 2022 to MassHealth for benefits. (Testimony).
7. Appellant received a premium bill in October 2023 in Ohio notifying her she owed past due monthly premiums since June 2023. (Testimony).
8. Appellant called MassHealth and cancelled her MassHealth benefits. (Testimony).
9. On October 18, 2023, MassHealth notified appellant she did not qualify for MassHealth because she withdrew her application. (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).

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 (PBFG) 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).

MassHealth states appellant was approved for Family Assistance in September 2022, with a monthly premium of \$118. MassHealth also states that appellant was not billed until June 2023 because of protections given to members due to the pandemic. Appellant testified that she never filed an application or renewal with MassHealth in 2022 because she was going to be receiving health insurance from her employer and she was moving to Ohio in January 2023. Appellant stated she did have MassHealth in 2019 and 2020 but never applied for it in 2022. I credit the testimony of appellant.

When asked at hearing if MassHealth had appellant's renewal or application for benefits for 2022, the worker stated "I see no application from her." (Testimony).

What appears to have happened here is that MassHealth automatically renewed appellant's benefits in September 2022. During the pandemic, MassHealth did not terminate or downgrade any benefits for members (Eligibility Operations Memo 20-09, April 7, 2020). The public health emergency came to an end on April 1, 2023, and this is most likely why MassHealth began billing appellant for her monthly premiums in June 2023. Appellant admitted she had MassHealth coverage in the past. She also clearly stated she never applied for coverage in 2022. The fact the worker did not see an application from appellant bolsters appellant's testimony. MassHealth granted appellant a benefit she neither asked for nor wanted.

The appeal is APPROVED.

Order for MassHealth

MassHealth premium billing 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: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129