

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313417
Decision Date:	03/12/2024	Hearing Date:	01/17/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Melanie Almeida, Quincy MEC
Carmen Fabery, 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:	Children's Medical Security Plan; Premium Billing
Decision Date:	03/12/2024	Hearing Date:	01/17/2024
MassHealth's Rep.:	Melanie Almeida, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (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 October 24, 2023, MassHealth terminated the Appellant's minor child's MassHealth benefit for past due premiums (see 130 CMR 506.011 and Exhibit 1). The Appellant filed this appeal in a timely manner on December 19, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the Appellant's minor child's benefit for past due premiums.¹

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011(D)(1), in determining that it was appropriate to end the minor child's MassHealth coverage.

¹ During the hearing, the MassHealth representative clarified that the benefit the child received was the Children's Medical Security Plan.

Summary of Evidence

The hearing was held telephonically. MassHealth was represented by an eligibility specialist and a premium billing specialist. The MassHealth eligibility specialist testified that the Appellant has a child under the age of 18, who was approved for the Children's Medical Security Plan on February 3, 2022. The MassHealth eligibility specialist testified that because the child's household's income was 544.32% of the federal poverty level, MassHealth assessed a \$64 monthly premium. The MassHealth eligibility specialist testified that MassHealth renewed the child's coverage with the Children's Medical Security Plan on October 13, 2022.

The premium billing specialist testified that due to the public health emergency, the Appellant was not billed until June 2023. The premium billing specialist testified that the Appellant was billed \$256 total for the period of June-September 2023. Premium Billing submitted evidence that the Appellant was sent an auto-renew notice dated October 13, 2022, indicating that the child had been renewed in the Children's Medical Security Plan, and had a monthly \$64 premium. Exhibit 5 at 8-9. The premium billing specialist testified that the Appellant could have appealed that notice or called to withdraw from coverage at that time, but that a challenge to the child's enrollment was now untimely.

The Appellant verified the child's identity and testified as follows: upon her child's hospitalization, the Appellant had been told that the MassHealth coverage was free of charge as a secondary benefit. The Appellant testified that the household, including her child, has private insurance with high deductibles. The Appellant testified that she did not re-enroll her child in MassHealth because she was told that it would not cover much. The Appellant testified that her child did not use the MassHealth benefit and only used the private insurance. The Appellant testified that the family has many medical bills and cannot afford the \$256 charge for a service they did not use. The Appellant testified that she is frustrated, that she called MassHealth multiple times, and was transferred to different departments, and that she was told that she did not appeal the bill in a timely manner. The Appellant testified that the family, including the child, moved from Massachusetts to another state in August 2023.

Upon enquiry from the hearing officer about the child's eligibility for the Children's Medical Security Plan benefit, the MassHealth eligibility specialist testified that the member is responsible for updating MassHealth in a timely fashion—typically within ten days—of changes, including changes to address, residency, and private insurance.

Findings of Fact

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

1. The Appellant has a minor child who was enrolled in the Children's Medical Security Plan, beginning on February 3, 2022. Testimony.
2. The Appellant's child's household income is equal to 544.32% of the federal poverty level. Testimony.
3. Through notice dated October 13, 2022, MassHealth notified the Appellant that the child had been auto renewed in the Children's Medical Security Plan and had a monthly \$64 premium. Exhibit 5 at 8-9.
4. MassHealth did not bill the Appellant for premiums until June 2023. MassHealth billed the Appellant for a total of \$256. Testimony, Exhibit 5.
5. Through notice dated October 24, 2023, MassHealth terminated the child's MassHealth coverage, effective November 7, 2023, because of unpaid premiums. Testimony, Exhibit 1.

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 506.011 provide:

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).

130 CMR 506.011.

More specifically, at 130 CMR 506.011(B)(6), the MassHealth regulations provide that for children whose household income is greater than or equal to 400.1% of the federal poverty level, the monthly premium is \$64 per child. Here, where the child's household income equals 544.32% of the federal poverty level, MassHealth did not err in assessing a \$64 monthly premium. 130 CMR 506.011(B)(6).

The MassHealth regulations at 130 CMR 506.011(D)(1) outlines that MassHealth may terminate a member for delinquent premium payments:

(D) Delinquent Premium Payments.

(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).

130 CMR 506.011(D)(1).

Here, the Appellant did not pay the assessed premium, and so under, 130 CMR 506.011(D)(1), MassHealth did not err in terminating the child's eligibility for benefits. 130 CMR 506.011(D)(1).²

I note the Appellant's frustration about being billed a premium for a benefit her daughter did not use due to their private insurance. I also note that a number of other members have raised concerns on appeal regarding how they were billed premiums and complaints about how MassHealth responded to their phone inquiries when they called about the bills. However, to the extent that the Appellant's arguments pertain to the legality of the applicable regulations, it is beyond the scope of the hearing officer's decision-making authority. MassHealth Fair Hearing regulations state, in pertinent part:

the hearing officer must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2) (emphasis added).

² The hearing officer's jurisdiction is limited to the notice appealed—the October 24, 2023, notice terminating the benefit for unpaid premiums. Exhibit 1. Therefore, matters such as the child's eligibility for the CMSP are outside the scope of the appeal. Based on the evidence presented that the child had other insurance and, as of August 2023, resided outside of Massachusetts, the child may not have been eligible for the CMSP. 130 CMR 503.001; 130 CMR 503.002; 130 CMR 522.004(C).

Because MassHealth did not err in applying the relevant regulations, this appeal is denied.³

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

MassHealth Representative: Premium Billing

³ The Appellant may contact MassHealth to request a waiver of the \$256 owed for undue financial hardship under 130 CMR 506.011(G) or to set up a payment plan.