

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2400457
Decision Date:	03/12/2024	Hearing Date:	02/02/2024
Hearing Officer:	Thomas Doyle	Record Open to:	2/16/24

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Faisal Mugimu, Charlestown MEC

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 balance;
Decision Date:	03/12/2024	Hearing Date:	02/02/2024
MassHealth's Rep.:	Faisal Mugimu	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 December 28, 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 January 8, 2024. (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.

Summary of Evidence

Appellant and the MassHealth representative (worker) appeared by telephone and were sworn.¹ The worker testified appellant qualified for MassHealth CommonHealth with a \$20.00 a month premium based upon her income and household size of 1. (Testimony). Appellant was deemed disabled by both Massachusetts and the Federal government. (Testimony). When the worker was asked about the issue appealed, namely, past due bills and that appellant should be exempt from paying premiums, the worker said he searched during the hearing and could not find any information that appellant was a former foster care child.

Appellant testified that she is a former foster care child and is exempt from premium payments. She stated MassHealth has this information. She stated every MassHealth representative she had spoken to before the hearing confirmed she is a former foster child. (Testimony). The record was left open for appellant to provide documents from the Department of Children and Families (DCF) showing she was a former foster child. (Ex. 7). Appellant provided the DCF document that showed she was in foster care as a child. (Ex. 5). Appellant also provided a document that indicated she had changed her name. (Ex. 6).²

Findings of Fact

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

1. In June 2023, appellant qualified for MassHealth CommonHealth with a monthly premium of \$20.00. (Testimony; Ex. 4).
2. Appellant was notified by MassHealth that her coverage was to be terminated due to past due premiums. (Ex. 1).
3. Appellant is independent, a former foster care child and is under the age of 26. (Ex. 5; Ex. 4).
4. Appellant has been approved for MassHealth Standard. (Ex. 8).
5. In [REDACTED], appellant legally changed her name. (Ex. 6).

Analysis and Conclusions of Law

¹ Although the notice in dispute concerned past due premiums, a representative from Maximus Premium Billing was not scheduled to appear at hearing and no one from Maximus did appear at hearing.

² Appellant did not mention at hearing that she had changed her name and this is most likely the reason the worker could not find any information regarding appellant being a former foster child after his search.

506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

...

(J) Members Exempted from Premium Payment. The following members are exempt from premium payments:

...

(7) independent former foster care children younger than 26 years old;

Appellant is independent and has provided documentation that confirms she was a former foster care child and younger than 26 years old. (Ex. 5). She meets the regulatory definition of a member exempt from premium payments.

Appellant has met her burden and this appeal is approved.

Order for MassHealth

Waive all premiums, including any 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

Premium Billing