

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied in part; Dismissed in part	Appeal Number:	2403884
Decision Date:	4/18/2024	Hearing Date:	04/02/2024
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearances for MassHealth:

Via telephone:

Georges Jorcelin, Charlestown MEC

Roxana Noriega, Premium Assistance

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:	Denied in part; Dismissed in part	Issue:	Eligibility – Withdrew Application
Decision Date:	4/18/2024	Hearing Date:	04/02/2024
MassHealth's Reps.:	Georges Jorcelin; Roxana Noriega; Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center - Remote	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 March 7, 2024, MassHealth informed the appellant that she does not qualify for MassHealth benefits because the person withdrew the application (Exhibit 1). The appellant filed this appeal in a timely manner on March 13, 2024 (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 denied the appellant's application for benefits because she withdrew the application.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits because she withdrew the application.

Summary of Evidence

MassHealth was represented at hearing via telephone by an eligibility worker and representatives from the Premium Billing and Premium Assistance departments. The appellant also appeared via telephone. The MassHealth eligibility worker testified that on March 7, 2024, the appellant called to voluntarily withdraw and close out her MassHealth application. Therefore, on March 7, 2024, MassHealth issued a notice informing the appellant that she did not qualify for MassHealth benefits because she withdrew the application.

The appellant explained that she has private health insurance through her employer and had been looking for help with her premiums. She was not looking for additional insurance. She never received any notices or bills indicating that she was receiving MassHealth benefits until she filed her taxes and found out there was a tax intercept to cover outstanding MassHealth premiums. She was looking for reimbursement for the money taken through the tax intercept. She confirmed that she closed her MassHealth case on March 7, 2024 because she was concerned about additional bills.

MassHealth stated that the appellant's children qualified for MassHealth Family Assistance beginning on October 20, 2022. That coverage ended on March 21, 2024, fourteen days after she voluntarily withdrew her application. During the Covid Public Health Emergency, there were no premiums owed or bills sent. The Premium Billing representative clarified that the household had a \$56 per month premium for Family Assistance and the first bill went out in June 2023, when the Public Health Emergency lifted. Premium Billing sent bills to the correct address in June, July, August, and September 2023. But because no payments were received, MassHealth issued a termination notice on November 28, 2023 notifying her that the benefits would terminate on December 12, 2023. There are no outstanding premiums owed because \$224 was paid through the tax intercept. MassHealth also issued a termination notice on October 22, 2023 to the correct address informing her that benefits would terminate on December 31, 2023 for failure to complete the annual eligibility renewal.

Premium Assistance explained that to get Premium Assistance, the household must have active MassHealth benefits and complete a Premium Assistance application. The family's MassHealth benefits are currently closed, so they are not eligible for Premium Assistance. Additionally, MassHealth never received a Premium Assistance application when benefits were active, so there was no way to retroactively provide any Premium Assistance for past months when the household had active MassHealth benefits.

The appellant was given information on Premium Assistance and how her employer-sponsored insurance would likely qualify, but she was not ready to re-enroll in MassHealth or apply for Premium Assistance at the time of hearing.

Findings of Fact

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

1. On March 7, 2024, MassHealth issued a notice informing the appellant that she did not qualify for MassHealth benefits because she withdrew her application (Testimony and Exhibit 1).
2. On March 13, 2024, the appellant timely appealed the March 7, 2024 notice (Exhibit 2).
3. The appellant confirmed that she called MassHealth on March 7, 2024 to close her MassHealth benefits, but stated she was looking for assistance with premiums as well as reimbursement for past premiums paid for through a tax intercept (Testimony).
4. The appellant never completed or submitted a Premium Assistance application and no member of her household is currently active with MassHealth benefits (Testimony).
5. The appellant's children were eligible for MassHealth Family Assistance beginning on October 20, 2022. Those benefits terminated on March 21, 2024. (Testimony).
6. Premium Billing sent bills for the \$56 Family Assistance premiums in June, July, August, and September 2023, which the appellant stated she did not receive (Testimony).
7. On November 28, 2023, MassHealth issued a termination notice informing the appellant of past due premiums. This notice was never appealed. (Testimony and Exhibit 5).
8. MassHealth recouped \$224 in unpaid premiums through a tax intercept (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 502.009, an applicant or authorized representative may voluntarily withdraw their application for MassHealth benefits.

Here, the appellant appealed a March 7, 2024 notice informing her that she voluntarily withdrew her MassHealth application. The appellant does not dispute that she withdrew on March 7, 2024. For these reasons, the MassHealth determination was correct and the appeal is denied.

The appellant's main issue at hearing, however, is that she wanted reimbursement for \$224 that was collected by MassHealth through a tax intercept for outstanding premiums she did not realize she owed. She testified that she never received any premium bills. According to MassHealth, her children were first eligible for and enrolled in Family Assistance in October 2022. At that time, due

to protections in place for the COVID Public Health Emergency, there were no premiums billed or owed. Once the Public Health Emergency protections were lifted in May 2023, there was a \$56 per month premium due for Family Assistance. Premium Billing began sending out bills in June 2023, and every month after that, to the correct address. The appellant did not pay the premiums, and MassHealth issued a notice on November 28, 2023 informing the appellant that her benefits would terminate on December 12, 2023 due to failure to pay past due premiums. MassHealth also issued a termination notice on October 22, 2023 informing her that benefits would terminate on December 31, 2023 for failure to complete the annual eligibility renewal.

To address the issue of the premiums, it would be necessary to establish jurisdiction over MassHealth's November 28, 2023 notice, which cannot be done here. Under 130 CMR 610.015(B)(1), the Board of Hearings must receive a request for a fair hearing within 60 days after an applicant or member receives written notice from MassHealth of the intended action. It is presumed that the notice was received on the fifth day after mailing. See 130 CMR 610.015(B)(1). Additionally, under 130 CMR 610.015(B)(2), unless waived by the Director or his or her designee, the Board of Hearings must receive a request for a fair hearing within 120 days from the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action.

Here, the appellant alleges she never received any premium bills or other notices. While the appellant's testimony is credible, the burden is on the appellant to show that MassHealth erred in its action and the appellant has not done so here. MassHealth provided a copy of the November 28, 2023 termination notice, which informed the appellant of the past due premiums. Unfortunately, the appellant's March 13, 2024 Request for a Fair Hearing was not received within 60 days (plus five for mailing) of the November 28, 2023 notice required by 130 CMR 610.015(B)(1). As such, the November 28, 2023 determination and issue of the outstanding premiums are outside the scope of this appeal. Because the request for hearing is not timely, the appeal is dismissed as to the issue of the outstanding premiums.

For these reasons, the appeal is denied in part and dismissed in part.¹

Order for MassHealth

None.

¹ As discussed at hearing, the appellant can re-apply for MassHealth benefits. If her children are again determined eligible for MassHealth Family Assistance, she could then apply for MassHealth Premium Assistance to get assistance paying for her employer-sponsored insurance plan.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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