

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part	Appeal Number:	2404539
Decision Date:	6/3/2024	Hearing Date:	05/02/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Doly Encarnacion, Charlestown MassHealth
Enrollment Center; Carmen Fabery, 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:	Approved in Part; Denied in Part	Issue:	CommonHealth; Delinquent Premiums; Start Date
Decision Date:	6/3/2024	Hearing Date:	05/02/2024
MassHealth's Rep.:	Doly Encarnacion, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	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 14, 2024, MassHealth reinstated the appellant's son's MassHealth CommonHealth benefits with a start date of March 4, 2024. *See* 130 CMR 506.011(E) and Exhibit 1. The appellant filed this appeal in a timely manner on March 22, 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 reinstated the appellant's child's MassHealth CommonHealth benefits after terminating them for delinquent premium payments.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's reinstatement date for benefits.

Summary of Evidence

The appellant is an adult under the age of 65, though the benefits at issue are for her minor child. MassHealth was represented by workers from the Charlestown MassHealth Enrollment Center and from the Premium Billing Department. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at hearing.

Prior to the issuance of the notice on appeal, the appellant's child was active on MassHealth CommonHealth benefits with a premium of \$155.00. That premium was not paid for the months of June through September of 2023, and, as a result, MassHealth terminated the benefits on September 28, 2024. On February 8, 2024, the premium balance of \$621.60 was paid in full, and the benefits were eventually reinstated with a start date of March 4, 2024. At hearing, the MassHealth representative reported that this was a typographical error, and the benefits should have been reinstated on the day that the account balance was paid.

The appellant reported that her husband was out of work in early 2023, and that money became tight, and the family fell behind on their son's premium balance. They are hoping for the earliest possible reinstatement date, as MassHealth was assisting in payments toward the son's schooling.

Findings of Fact

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

1. The MassHealth benefits at issue belong to a minor child. Testimony, Exhibit 4.
2. On September 28, 2023, MassHealth terminated the child's MassHealth CommonHealth benefits due to a past-due premium balance of \$621.60 accruing on the account. Testimony, Exhibit 5 at 5.
3. On February 8, 2024, that balance was paid in full. Exhibit 5 at 5.
4. On March 14, 2024, MassHealth reinstated the child's MassHealth CommonHealth benefits with an effective start date of March 4, 2024. Exhibit 1.
5. The appellant filed a timely request for fair hearing on March 22, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth may impose a premium for members receiving MassHealth Standard, CommonHealth, or Family Assistance benefits whose household income is greater than 150% of the federal poverty

level. See 130 CMR 506.011. MassHealth must send a timely notice of the imposition of any premium for it to be enforceable. See 130 CMR 610.015(A). These members “are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency’s eligibility determination. 130 CMR 506.011(C)(1). Members who contact MassHealth “within 60 calendar days from the date of the eligibility notice and premium notification” to request a voluntary withdrawal of benefits may have their premiums waived. *Id.* at 506.011(C)(4).

MassHealth may terminate a member’s benefits, pursuant to adequate notice, if “the member does not pay the entire amount billed within 60 days of the date on the bill.” 130 CMR 506.011(D)(1). Typically, a member may have their benefits reactivated once the balance is paid in full, a payment plan is established, or a waiver is granted by MassHealth. 130 CMR 506.011(E)(1). However, “for children younger than 19 years old, coverage may be reactivated after 90 days from the date [of] termination upon request, regardless of any outstanding payments due.” *Id.* at (E)(2).

In this case, because the balance on the account was not paid until February 2024, the regulations do not allow the appellant’s child’s coverage to be backdated all the way to the date of termination. However, because the coverage is for a child, it may be reinstated 90 days after the termination date despite having not yet been paid. As the termination date in this case was September 28, 2023, 90 days from that date is December 27, 2023. Therefore, I order MassHealth to reinstate the appellant’s child’s coverage, retroactive to that date.

For the foregoing reasons, the appeal is approved in part and denied in part.

Order for MassHealth

Reinstate the appellant’s child’s MassHealth CarePlus benefits with an effective date of December 27, 2023.

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc:

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

MassHealth Representative: Maximus Premium Billing