

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404607
Decision Date:	6/3/2024	Hearing Date:	5/3/2024
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
BaRan Lewis, Quincy
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:	
Decision Date:	6/3/2024	Hearing Date:	5/3/2024
MassHealth's Rep.:	BaRan Lewis, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Quincy (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

By notice dated February 15, 2024, MassHealth approved Appellant's child for MassHealth's CommonHealth benefit with a monthly premium. Exhibit 1. By notice dated February 23, 2024, MassHealth terminated Appellant's child's coverage because Appellant voluntarily withdrew from coverage. *Id.* Appellant filed this timely appeal on March 11, 2024. Exhibit 2. 130 CMR 610.015(B). Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's child's coverage because Appellant voluntarily withdrew from coverage.

Issue

The appeal issue is whether MassHealth was correct in determining that there was no basis for reimbursement of paid premiums.

Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and a Premium Billing representative, who submitted documents in support, Exhibit 4. Appellant appeared remotely and offered a narrative in support, Exhibit 2. A summary of testimony and written evidence follows.

The appeal issue concerns eligibility for Appellant's child, a minor under the age of [REDACTED]. On March 28, 2023, after receiving income information and a determination of disability, MassHealth upgraded Appellant's child's coverage from Family Assistance to MassHealth CommonHealth with a monthly premium of \$28.00 beginning [REDACTED]. Exhibit 4 at 11-12. At the time, Appellant's monthly income for a household of two was 272.31% of the federal poverty level (FPL). MassHealth reported that Appellant's monthly income was \$2,102.98 biweekly and \$4,557.16 monthly, which Appellant confirmed was correct. Due to the Covid-19 public health emergency, MassHealth did not begin to bill Appellant for the monthly premium until June 2023. *Id.* at 5. Appellant paid through August 2023. MassHealth terminated Appellant's coverage on November 28, 2023 for failure to pay premiums. *Id.* at 10. Appellant had outstanding premiums due in October and November 2023. Appellant paid \$84 on February 14, 2024, which cleared the balance and reinstated coverage. *Id.* at 5.

On February 15, 2024, MassHealth approved Appellant's child for MassHealth's CommonHealth benefit with the \$28.00 premium due beginning March 2024. Exhibit 1, Exhibit 4 at 7-8. On February 23, 2024, Appellant voluntarily withdrew from coverage, which MassHealth terminated effective March 8, 2024. *Id.* at 6. Appellant's withdrawal was within the timeframe to waive the March 2024 premium. However, as it was not within 90 days of the March 28, 2023 notice,¹ there was no basis for Premium Billing to waive any of the 2023 premiums. *Id.* at 5. Appellant has no outstanding balance and no administrative closure on her case.

Appellant testified that she was directed to apply for MassHealth CommonHealth by her child's therapist to assist with the charges. Throughout the lengthy process of applying, Appellant was assured multiple times by MassHealth representatives and providers that Appellant's child's visits and medications would be covered by MassHealth. Appellant was also told that her past payments could be reimbursed. However, once the coverage was in place, MassHealth was not paying for anything. Appellant continued to have to pay \$130 for each of her child's therapy sessions. Appellant did not receive an explanation as to why she was paying out of pocket for both a MassHealth premium and the copays and visit charges. Finally, a pharmacist told Appellant that because her child was covered by her father's high-deductible plan, MassHealth would not pick up costs until the deductible was met. By then, Appellant had paid months of premiums.

Appellant was also told by a MassHealth customer service representative that if she stopped

¹ Though 130 CMR 506.011(H) provides for waiver of premiums for withdrawals made within 60 days of the premium notice, the Premium Billing representative testified that Premium Billing is waiving the premiums for requests made within 90 days.

paying, MassHealth would terminate the benefit. Appellant stopped paying until she received a recovery notice and a warning that the state may intercept the past due premiums from her taxes. The Premium Billing representative testified that she is not able to see notes from customer service calls and encouraged Appellant to request to speak to Premium Billing when calling MassHealth in the future about this issue.

Appellant seeks reimbursement of premiums paid for no coverage, arguing that she gained no benefit from paying as MassHealth did not cover any costs. Appellant argued that she did not withdraw within 60 or 90 days of the March 28, 2023 notice because she did not know at that time that MassHealth would not provide any coverage.

Findings of Fact

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

1. Appellant's child is a minor under the age of [REDACTED].
2. On March 28, 2023, MassHealth upgraded Appellant's child's coverage from Family Assistance to MassHealth CommonHealth with a monthly premium of \$28.00 beginning April 2023. Exhibit 4 at 11-12.
3. On November 28, 2023, MassHealth terminated Appellant's coverage on November 28, 2023 for failure to pay premiums. *Id.* at 10.
4. On February 14, 2024, Appellant paid \$84, covering her outstanding balance in full.
5. On February 15, 2024, MassHealth reinstated the CommonHealth benefit with a monthly premium of \$28 beginning March 2024. Exhibit 1.
6. On February 23, 2024, MassHealth terminated Appellant's child's coverage because Appellant voluntarily withdrew from coverage. *Id.*
7. Appellant filed this timely appeal on March 11, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth may charge a monthly premium to members with MassHealth Standard, CommonHealth, or Family Assistance who have income above 150 percent of the federal poverty level (FPL), as provided in 130 CMR 506.011. If the member contacts MassHealth 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. 130 CMR

506.011(C)(5). It is the member's responsibility to notify MassHealth of his or her intention to withdraw from coverage. 130 CMR 506.011(H). If the voluntary withdrawal is not made within 60 calendar days from the eligibility notice and premium notification, coverage may continue through the end of the calendar month of withdrawal, and the member is responsible for the payment of all premiums up to and including the calendar month of withdrawal. *Id.* MassHealth may terminate a member's eligibility for benefits if a premium bill is not paid within 60 days. 130 CMR 506.011(D)(1). Even if a member's benefit is terminated, the member is still responsible to pay the past due premiums. If not, MassHealth may refer the member to the state intercept program to collect debts. *See* 130 CMR 506.011(D).

Eligibility for MassHealth CommonHealth is subject to 130 CMR 505.004(J), which requires members to use potential health insurance benefits in accordance with 130 CMR 503.007. "Members must access those other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided." *Id.* Under 130 CMR 503.007, MassHealth "is the payer of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law." MassHealth may provide premium assistance payments to eligible members enrolled in other health insurance depending on whether the health insurance coverage meets the basic benefit level as defined by MassHealth. 130 CMR 506.012(B).

Based on the facts presented, Appellant has not demonstrated a basis for reimbursement of payment of premiums, as the voluntary withdrawal was made nearly 11 months after the first notice of the \$28 premium. Additionally, under the regulations, MassHealth must be secondary to the private health insurance available to Appellant's child. Accordingly, this appeal is denied.

Appellant may note that individuals under the age of [REDACTED] eligible for CommonHealth are exempt from MassHealth's requirement that a member enroll in an available health insurance plan. 130 CMR 503.007(A). Alternatively, Appellant or her child's father could explore eligibility for Premium Assistance of the child's private health insurance coverage pursuant to 130 CMR 506.012. In lieu of speaking with a customer service representative, Appellant may request to speak with an eligibility representative, Premium Billing, or Premium Assistance for more information on this in order to make an informed, cost-effective decision about coverage available to her child.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

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

Premium Billing