

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2406436
Decision Date:	6/12/2024	Hearing Date:	05/30/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Eva Zoledziewski, Springfield 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:	Approved	Issue:	Premium Billing; Tax Intercept
Decision Date:	6/12/2024	Hearing Date:	05/30/2024
MassHealth's Rep.:	Eva Zoledziewski Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Remote		

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 22, 2024, the appellant was notified by Massachusetts Department of Revenue (DOR) that \$420.20 of his state tax refund was applied to his unpaid debt due to the Executive Office of Health and Human Services. See 130 CMR 501.012 and Exhibit 1. The appellant filed this appeal in a timely manner on April 23, 2024. See 130 CMR 610.015(B) and Exhibit 2. The interception of a state tax refund to satisfy a debt is a valid ground for appeal before the Board of Hearings. See G.L. c. 62D, §6; 130 CMR 610.032(A)(4).

Action Taken by MassHealth

MassHealth, through DOR, intercepted \$420.20 from the appellant's state tax refund to satisfy an outstanding debt for unpaid premiums.

Issue

Whether MassHealth erroneously intercepted the appellant's state tax refund.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center (MEC) and a worker from the Premium Billing Unit (PBU). The appellant who was assisted by his partner appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that through a notice dated May 22, 2023, the appellant was notified that his application was automatically renewed. The appellant was approved for MassHealth CommonHealth beginning May 22, 2023, with a premium of \$98.80 each month. The notice stated that the appellant will get a bill in June 2023 for \$98.80. The appellant was billed for four months (June through September). The notice and the bills were all mailed to the appellant's previous address. The appellant neither made payments nor canceled coverage. On April 5, 2024, MassHealth issued a termination notice due to past due premiums with a coverage end date of October 19, 2023. On April 16, 2024, the appellant voluntarily withdrew his application from MassHealth after the state tax income intercept.

The PBU representative corroborated the MassHealth representative's testimony and added that the bills were mailed out every month for four months to the appellant's previous address. On March 27, 2024, PBU received \$395.20 after the DOR intercepted the appellant's state tax refund (\$395.20+25.00 processing fee) to fully satisfy the debt to MassHealth. Currently, the appellant does not have an outstanding balance.

Appellant testified that he had not resided at his old address since 2012, so he had not received any of the bills or MassHealth notices. He said that he was unaware that he had MassHealth benefits because he has primary insurance through Medicare and secondary insurance through Humana. He said that sometime in 2016 he was told that he had too much income to qualify for MassHealth benefits. The appellant argued that he never applied for MassHealth benefits, was unaware he had MassHealth benefits, and should not be responsible for premiums.

The MassHealth representative stated that on January 28, 2020, the appellant visited a MassHealth Enrollment Center in person and applied for benefits. He was approved for MassHealth benefits on January 29, 2020. The MassHealth representative contended that it was the appellant's responsibility to update his address with MassHealth. Upon further check of the system, the MassHealth representative stated that the appellant had MassHealth CommonHealth from October 2019 to July 12, 2021. MassHealth's records showed that the appellant voluntarily withdrew from MassHealth coverage on July 12, 2021. The MassHealth representative could not determine what initiated the appellant's automatic renewal on May 22, 2023, after he voluntarily withdrew on July 12, 2021. The PBU representative confirmed that their records also reflect that the appellant voluntarily withdrew from MassHealth coverage on July 12, 2021.

Findings of Fact

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

1. The appellant had MassHealth CommonHealth coverage from October 2019 until July 12, 2021. (Testimony and Exhibit 4).
2. The appellant voluntarily withdrew from MassHealth coverage on July 12, 2021. (Testimony).
3. On May 22, 2023, the appellant was automatically renewed and approved for MassHealth CommonHealth with a premium of \$98.80 each month. (Testimony and Exhibit 5).
4. The appellant did not request for his application to be renewed with MassHealth. (Testimony).
5. The approval notice was mailed to the appellant's former address. (Testimony and Exhibit 5).
6. The first premium bill for \$98.80 was issued in June 2023 and was mailed to appellant's previous address. (Testimony).
7. MassHealth issued three additional premium bills for the months of July 2023 through September 2023. Four months of premium bills were issued totaling \$395.20. (Testimony).
8. The notice and bills were all mailed to the appellant's incorrect address. (Testimony and Exhibit 5).
9. On April 5, 2024, MassHealth issued a notice canceling coverage due to past due premiums. (Testimony).
10. Coverage ended on October 19, 2023. (Testimony).
11. On March 22, 2024, the DOR intercepted \$420.20 from appellant's state tax refund (\$395.20+25.00 processing fee) to satisfy the debt to MassHealth. (Testimony and Exhibit 1).
12. The appellant filed this appeal in a timely manner on April 23, 2024. (Exhibit 2).
13. On April 16, 2024, the appellant voluntarily withdrew from coverage. (Testimony and Exhibit 5).

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to low and moderate-income individuals and couples. *See* 130 CMR 515.002(A). The MassHealth regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over the age of 65, as here. In order to maintain eligibility, applicants have certain responsibilities such as providing MassHealth with changes to their address. *See* 130 CMR 515.008(B).

Here, both MassHealth's and PBU's records reflected that the appellant voluntarily withdrew from MassHealth coverage on July 12, 2021. The appellant credibly testified that he did not reapply for MassHealth benefits since he had, and he still has Medicare as his primary insurance and Humana as his secondary insurance. MassHealth could not present any evidence explaining how and why the appellant's coverage was automatically renewed. Thus, by the preponderance of the evidence, the appellant's relationship with MassHealth ended in 2021. As such, the appellant was under no obligation to inform MassHealth of his address change. All bills and notices including the notice regarding the appellant's automatic renewal dated May 22, 2023, were mailed to the appellant's incorrect address. Consequently, the appellant was neither aware of his MassHealth benefits nor past due bills.

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 will waive the premiums 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. *See* 130 CMR 506.011(C)(5). If premiums are not paid within 60 days, coverage is terminated. *See* 130 CMR 506.011(D)(1).

In this instance, the appellant had already withdrawn from MassHealth coverage in 2021 as testified to by the MassHealth's representative. The appellant credibly testified that he had not reapplied for MassHealth coverage. The MassHealth representative could not provide any evidence disputing this fact. As such, the appellant was not responsible for withdrawing again from the coverage he did not know he had.

MassHealth may refer a member who is 150 days or more in arrears to the State Intercept Program (SIP) in compliance with 815 CMR 9.00.¹ *See also* G. L. c. 7A; G.L. c. 62D; 130 CMR 506.011(D)(3). In this case, the appellant proved by the preponderance of the evidence that he should not have been automatically renewed and assessed any premiums. Since the appellant did

¹ 815 CMR 9.00 provides Billing Entities with access to services that promote the efficiency and effectiveness of collecting Debts owed, thereby enhancing the Collection of Revenues. *See* 815 CMR 9.01(1)(Office of the Comptroller is authorized to procure and manage contingent fee contracts for debt collection services and to Intercept payments due to debtors to offset their outstanding debts).

not owe any premiums, MassHealth should not have referred him to SIP and his state tax refund should not have been intercepted.

For the foregoing reasons, this appeal is APPROVED.

Order for MassHealth

Return to the appellant, the amount of \$420.20 which was intercepted by the DOR from appellant's state tax refund to satisfy the debt to MassHealth.

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.

Sharon Dehmand
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186

MassHealth Premium Billing