

Office of Medicaid BOARD OF HEARINGS

Appellant Name and
Address:



Appeal Decision:	DENIED	Appeal Number:	2407507
Decision Date:	8/1/2024	Hearing Date:	06/06/2024
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Sherri Paiva (MEC) and 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	Issue:	Eligibility – Community under 65
Decision Date:	8/1/2024	Hearing Date:	06/06/2024
MassHealth's Rep.:	Sherri Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MEC	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 April 25, 2024, MassHealth informed Appellant that she is not eligible for Masshealth and that her benefits would terminate on May 9, 2024 because she failed to pay MassHealth premiums ([Exhibit A](#)). Appellant filed this appeal in a timely manner on May 8, 2024 (see 130 CMR 610.015(B) and [Exhibit A](#)). Appellant was granted AID PENDING status forestalling the scheduled termination pending the outcome of this appeal. Termination of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant to be ineligible for Masshealth and that her benefits would terminate on May 9, 2024 because she failed to pay MassHealth premiums.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it determined that Appellant is not eligible for Masshealth and that her benefits would terminate on May 9, 2024 because she failed to pay MassHealth premiums.

Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by workers from the Taunton Enrollment Center (MEC) and the MassHealth Premium Billing Unit. The Masshealth representatives testified that Appellant has an arrearage of past due CommonHealth insurance premiums for the months of and between [REDACTED] [REDACTED]. The current arrearage stands at \$438.00. According to the MassHealth representatives, within the past two years, Appellant has already defaulted on two repayment plans that she entered into with the MassHealth Premium Billing Unit; therefore, she is not eligible for another repayment plan and must pay the full arrearage before she could be eligible for Masshealth benefits in the future.

Appellant appeared on her own behalf and testified that she was originally assessed a monthly premium of \$40.00 and then it was raised to \$64 without explanation and that she did not agree with the increase. Appellant testified that she made two payments of \$40 each. Appellant also asserted that she never defaulted on “anything.” Appellant testified that she was laid off from work in [REDACTED] and is now receiving unemployment benefits. MassHealth updated the information and explained that once Appellant verifies her unemployment income with MassHealth, she should be eligible for MassHealth Standard. However, she cannot receive any MassHealth benefits until she pays off the full arrearage.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant has an arrearage of unpaid CommonHealth premiums in the amount of \$438.00.
2. Appellant has entered into two repayment plans with Masshealth to pay the arrearage and has defaulted on both plans.
3. MassHealth issued the subject notice of termination of benefits for failure to pay the outstanding premiums (Exhibit A).

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision’s invalidity [REDACTED]

This matter is controlled by the fact that Appellant has an unpaid premium arrearage. The record shows that Appellant has defaulted on two repayment plans within the past 24 months; therefore, she is not entitled to any further repayment plan and must pay off the entire arrearage (130 CMR 506.011(D)). Regulations require MassHealth to terminate benefits when a member fails to pay regular monthly premiums and/or payments due on a payment plan (Id).

This record provides no basis in fact or law to overturn the subject MassHealth actions. For the foregoing reasons, the appeal is denied.

Order for MassHealth

Unless Appellant has paid off the complete arrearage during the pendency of this appeal, remove AID PENDING status and proceed with termination pursuant to notice of April 25, 2024.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

MassHealth Representative: Appeals Coordinator – Premium Billing