

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408056
Decision Date:	9/10/2024	Hearing Date:	07/15/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Georges Jorcelin, Charlestown MEC
Carmen Fabery, Premium Billing

Interpreter:



*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:	Tax Intercept; Premium Billing
Decision Date:	9/10/2024	Hearing Date:	07/15/2024
MassHealth's Rep.:	Georges Jorcelin Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 May 29, 2024, the Massachusetts Department of Revenue (DOR) informed appellant that a total of \$898.60 had been deducted from her state income tax refund to satisfy an outstanding unpaid debt due to the Executive Office of Health and Human Services (EOHHS) (Ex. 1). Appellant filed this appeal in a timely manner on May 1, 2024. (Ex. 2).¹ The interception of a state tax refund to satisfy a debt is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth, through DOR, intercepted a total of \$898.60 from the appellant's state tax refund to satisfy an outstanding debt for unpaid premiums.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant owed past-due premiums.

¹ I recognize the discrepancy in the dates as showing the request for a hearing was made before the date on the DOR tax intercept notice. I can find no explanation for this, but appellant's hearing satisfied her due process rights.

Summary of Evidence

Appearing by phone was a MassHealth eligibility representative (worker) and a representative from the Premium Billing Unit (P.B. rep). Appellant also appeared by phone. The record establishes the following: The worker stated that appellant was originally denied MassHealth due to being over income. (Testimony; Ex. 7; Ex. 9, p. 2). Appellant was then found disabled and was approved for MassHealth CommonHealth on March 4, 2023 with a begin date backdated to December 3, 2022. (Testimony; Ex. 6; Ex. 8; Ex. 9). Appellant was exempt from paying “co-pays”² due to protections put in place due to Covid. The worker stated once the Covid protections ended, all MassHealth members were sent a letter informing them MassHealth would be returning to normal procedures for eligibility. The worker stated that appellant called MassHealth on October 26, 2023 to voluntarily withdraw her MassHealth application. He stated that, on October 16, 2023, Premium Billing closed the case for failure to pay the premium. (Testimony; Ex. 5, p. 1).

The Premium Billing rep also stated that appellant was approved for MassHealth CommonHealth on March 4, 2023 with a monthly premium of \$218.40 to begin in April 2023. She stated that, due to Covid protections, appellant was not billed until June 2023. (See Eligibility Operations Memo 20-09, April 7, 2020). Appellant was then billed monthly from June through September 2023. (Testimony; Ex. 5, pp. 1, 3; Ex. 8, p. 1). She stated that appellant cancelled her MassHealth on October 26, 2023 but this was outside the 90 day timeframe for voluntary withdrawal.³ She testified that appellant’s Massachusetts tax refund was intercepted resulting in a payment of \$873.60 on March 27, 2024.⁴ This payment was applied to outstanding invoices and no balance is due to MassHealth by appellant. (Testimony; Ex. 1; Ex. 5, p. 1).

Appellant stated that she disagreed as to the dates testified by the worker or the P.B. representative. She stated that she is on Medicare and “might have had MassHealth before Medicare kicked in.” Appellant stated that she did not believe she had MassHealth. When she was asked if she had MassHealth CommonHealth beginning on December 3, 2022, she testified that, “I don’t know, never knew I had MassHealth, I have Medicare.” (Testimony).

Findings of Fact

² When the worker stated, “co-pays,” he is likely referring to a monthly premium.

³ The regulation for voluntarily withdrawing MassHealth states it must be done within 60 days from the date of the eligibility notice and premium notification but the premium billing representative stated MassHealth directed them to extend it to 90 days due to the public health emergency.

⁴ The Department of Revenue notice in evidence (Ex. 1) indicates a total of \$898.60 was intercepted from appellant’s tax return. This figure represents the amount owed plus a \$25 processing fee.

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

1. Appellant was originally denied MassHealth due to being over income. (Testimony; Ex. 7; Ex. 9, p. 2). Appellant was then found disabled and was approved for MassHealth CommonHealth on March 4, 2023 with a begin date backdated to December 3, 2022. (Testimony; Ex. 6; Ex. 8; Ex. 9).
2. With approval of MassHealth CommonHealth on March 4, 2023, appellant had a monthly premium of \$218.40 to begin in April 2023. Due to Covid protections, appellant was not billed until June 2023. Appellant was billed monthly June through September 2023. (Testimony; Ex. 5, pp. 1, 3; Ex. 8, p. 1).
3. Appellant was exempt from paying premiums due to protections put in place due to Covid. (Testimony).
4. Appellant had notice, stated in the March 4, 2023 approval notice, if she did not want to pay the premium, she must tell MassHealth to cancel the benefit within 60 days from the date she was notified of a new or changed premium. (Ex. 8, p. 2).
5. Appellant called MassHealth on October 26, 2023 to voluntarily withdraw her MassHealth application. This was outside the 90-day timeframe to voluntarily withdraw an application. (Testimony; Ex. 5, p. 1; 130 CMR 506.011 (C)(5)).
6. Appellant's Massachusetts tax refund was intercepted resulting in a payment of \$873.60 on March 27, 2024. This payment was applied to outstanding invoices and no balance is due to MassHealth by appellant. (Testimony; Ex. 1; Ex. 5, p. 1).
7. Appellant's residential address is the same as it was when she received MassHealth notices in December 2022 and March 2023. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983). 130 CMR 506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

The MassHealth agency may charge a monthly premium to MassHealth Standard, CommonHealth or Family Assistance members who have income above 150% of the federal poverty

level (FPL), as provided in 130 CMR 506.011. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

...

(C) Premium Payment Billing.

(1) With the exception of persons described in 130 CMR 505.004(C): Disabled Adults, MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination.

...

(5) If the member contacts the MassHealth agency 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.

...

(H) Voluntary Withdrawal. If a member wishes to voluntarily withdraw from receiving MassHealth coverage, it is the member's responsibility to notify the MassHealth agency of their intention by telephone, in writing, or online. Coverage may continue through the end of the calendar month of withdrawal. **The member is responsible for the payment of all premiums up to and including the calendar month of withdrawal, unless the request for voluntary withdrawal is made in accordance with 130 CMR 506.011(C)(5)(emphasis added).**

The issue is whether appellant is responsible for past due premium bills. Based on this record, appellant is responsible for past due bills. Any denials from appellant that she didn't sign up for MassHealth are belied by the record, especially the approval notice for CommonHealth in March 2023, which was sent to appellant at the same address she resides at currently. Within that notice, appellant was informed she must pay a monthly premium to MassHealth. She was also informed within the notice that if she does not want to pay the monthly premium, she must tell MassHealth to cancel the benefit within 60 days from the date she was notified of a new or changed premium. Pursuant to MassHealth policy, appellant was given 90 days from March 4, 2023 to cancel the coverage. There is no dispute appellant did not cancel the coverage until October 26, 2023 when she voluntarily withdrew from MassHealth. In March 2023, appellant had knowledge of the premium she must pay and the procedure to cancel coverage to not be responsible for any premium payment. She failed to follow the procedure within the timeframe described. Therefore, the appeal is denied.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

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