

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2408861
Decision Date:	8/23/2024	Hearing Date:	06/20/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearances for MassHealth:
Ernetta Finch Jones (Charlestown MEC) *via* telephone
Karishma Raja (Premium Billing) *via* telephone
Roxana Noriega (Premium Assistance) *via* telephone



*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:	Under 65/Premium Billing/Non-Payment of Premium
Decision Date:	8/23/2024	Hearing Date:	06/20/2024
MassHealth's Reps.:	Ernetta Finch-Reeves; Karishma Raja; Roxana Noriega	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center	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 June 3, 2024, MassHealth informed the appellant that his daughter's coverage was ending because her application had been withdrawn. (See 130 CMR 502.009 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner, also on June 3, 2024, stating that he had not been aware that his daughter was signed up for secondary health insurance that required that he pay a premium. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth action concerning the assessment and billing of premiums is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant's daughter did not qualify for MassHealth coverage because she withdrew the application.

Issue

The appeal issue is whether the appellant was responsible for paying past due premiums incurred prior to withdrawing his daughter from MassHealth.

Summary of Evidence

A worker from the Charlestown MassHealth Enrollment Center (MEC) (the MassHealth representative), a MassHealth Premium Billing Research Specialist (the Premium Billing representative), a MassHealth Premium Assistance Investigation Specialist (the Premium Assistance representative), and the appellant attended the hearing by telephone. Once it became clear that the underlying issues in this appeal did not involve Premium Assistance, the Premium Assistance representative did not participate in the hearing although she was not dismissed from the hearing.

The MassHealth representative testified first and stated the following. On April 26, 2022, MassHealth determined that the appellant's daughter was eligible for Family Assistance starting on April 16, 2022. (Testimony). In a notice dated October 7, 2022, MassHealth informed the appellant that his daughter was eligible for Family Assistance, but that he would be required to pay a \$20.00 monthly premium beginning in November 2022. (Testimony; Ex. 5, p. pp. 7-8). At that time, the household's reported income was \$5,374.16 per month from employment. (Testimony). The appellant had a household of four, which included the appellant, his pregnant spouse, their unborn (at the time) child, and his minor daughter. (Testimony; Ex. 3). According to the MassHealth income standards that were in place in 2022, the household's income was above 200% but below 250% of the FPL for a family of four, resulting in a premium of \$20.00 per month per MassHealth regulations. (Testimony). The appellant moved to [REDACTED] at some point after this, but did not notify MassHealth of the move. (Testimony). The MassHealth representative stated that the appellant updated his address with MassHealth on June 3, 2024 and MassHealth sent the notice under appeal to the appellant's [REDACTED] address on the same date. (Testimony; Ex. 1).

The Premium Billing representative testified next. The appellant is appealing the assessment of a MassHealth premium. (Testimony). As stated in the appeal form forwarded to the Premium Billing Unit "...[The appellant] called in stating that he was covered on employee sponsored insurance and he was going to a doctor that accepted his insurance through his job. He was not aware that his daughter was approved for the additional coverage with a monthly premium; he stated that all his doctors were within network of his job's insurance coverage plan..." (Testimony; Ex. 2; Ex. 5, p. 5).

The Premium Billing representative reiterated that by notice dated October 7, 2022, MassHealth informed the appellant that it had determined that his daughter was eligible for MassHealth Family Assistance with a \$20.00 monthly premium that he would be required to pay starting in November, 2022. (Testimony; Ex. 5, pp. 7-8). Due to the Covid 19 Public Health Emergency (PHE)

protections in place until April, 2023, MassHealth did not begin to bill the premium until November 2023. (Testimony). MassHealth billed the appellant from November 2023 through June 2024, at which point the total balance due was \$160.00. (Testimony). On June 3, 2024, the appellant contacted MassHealth to close his daughter's coverage. (Ex. 1; Ex. 5, p. 6). Since the appellant terminated coverage more than 90-days after the initial approval, the appellant was still responsible for the outstanding unpaid premiums. (Testimony). The Premium Billing representative stated that MassHealth administratively closed the appellant's daughter's case on January 30, 2024, because of non-payment of premiums.¹ (Testimony). MassHealth did not issue a notice to the appellant informing him about this closure at that time. (Testimony). MassHealth did not discontinue the daughter's Family Assistance coverage until June 17, 2024. (Ex. 1; Ex. 3).

The appellant testified to the following. He confirmed that he relocated from [REDACTED] on [REDACTED] (Testimony). The appellant's father, who was a [REDACTED] resident, passed away in [REDACTED] and the appellant and his family needed to move to [REDACTED] to administer his father's estate. (Testimony). The appellant acknowledged that he did not update his address with MassHealth until June 3, 2024, more than a year after he moved to [REDACTED] (Testimony). The appellant stated he would be able to submit the lease for his family's residence after the hearing. (Testimony). He stated that this would show that the appellant and his family had been residing in [REDACTED] (Testimony). After the hearing, the appellant did email the hearing officer a copy of his residential lease, which was signed on February 22, 2023. (Ex. 6).

Findings of Fact

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

1. On April 26, 2022, MassHealth determined that the appellant's daughter was eligible for Family Assistance starting on April 16, 2022. (Testimony).
2. In a notice dated October 7, 2022, MassHealth informed the appellant that his daughter was eligible for Family Assistance and that he would be required to pay a \$20.00 monthly premium beginning in November 2022. (Testimony; Ex. 5, p. pp. 7-8).
3. At that time, the household's reported income was \$5,374.16 per month from employment. (Testimony).
4. The appellant had a household of four, which included his pregnant spouse, their unborn child, and his minor daughter. (Testimony; Ex. 3).
5. The household income was above 200% but below 250% of the FPL for a household of four in 2022, and MassHealth calculated the premium based on this. (Testimony).

¹ The report from MassHealth's Medicaid Management Information System (MMIS) included as part of the record shows that the daughter's Family Assistance was not discontinued until June 17, 2024. (Ex. 3).

6. The appellant and his family moved to [REDACTED] (Testimony; Ex. 6).
7. MassHealth did not begin to bill the premium until November 2023. (Testimony).
8. MassHealth billed the appellant from November 2023 through June 2024, at which point the total balance due was \$160.00. (Testimony).
9. The appellant officially updated his address with MassHealth on June 3, 2024, and MassHealth sent the notice under appeal to the appellant's [REDACTED] address on the same date. (Testimony; Ex. 1).
10. MassHealth administratively closed the appellant's daughter's case on January 30, 2024, but the appellant's daughter's Family Assistance coverage did not end until June 17, 2024. (Testimony; Ex. 1; Ex. 3).

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% of the federal poverty level. (130 CMR 506.011). For children younger than [REDACTED] years old with household modified adjusted gross income greater than 150% and less than or equal to 300% of the FPL, the Family Assistance premiums are as follows:

Family Assistance for Children Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20.00 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

(130 CMR 506.011(B)(3)).

MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of MassHealth's eligibility determination. (130 CMR 506.011(C)(2)). If MassHealth has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. (130 CMR 506.012(D)(1)). The member will be sent a notice of termination before the date of termination. (Id.). If a member wishes to voluntarily withdraw from receiving MassHealth coverage, it is the member's responsibility to notify MassHealth of their intention by telephone, in writing, or online. (130 CMR 506.011(H)). Coverage may continue through the end of the calendar month of withdrawal. (Id.). 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 by telephone, in writing, or

online within 90 calendar days² from the date of the eligibility notice and premium notification, in which case the premiums are waived. (Id.).

On October 7, 2022, MassHealth notified the appellant that his minor daughter had been approved for Family Assistance, with a monthly premium of \$20.00 starting November 2022. The calculation of the premium was based on the household having gross monthly income of \$5,374.16, which, according the MassHealth representative, was between 200% and 250% of the FPL at that time.³ MassHealth sent the notice to the appellant's address, and there is a strong presumption that he received the notice and was aware of his responsibility to pay any monthly premiums MassHealth might bill from November 2022 forward.

Because of protections in place due to the Covid 19 PHE, MassHealth did not commence billing the appellant for the premium until after the PHE was lifted. MassHealth first billed the appellant in November 2023. By this time, the appellant and his family had moved to [REDACTED]. They had not reported this change to MassHealth, however, as required by MassHealth regulations. Under the regulations, members must report changes that may affect eligibility to MassHealth within ten days or as soon as possible. (See 130 CMR 501.010(B)). Despite the likelihood that the appellant was not aware that MassHealth was sending bills for premiums since such bills were being sent to his former address in [REDACTED] the appellant was obligated to pay those bills once they were sent until he either withdrew voluntarily or was terminated.

Eventually, the appellant did withdraw his daughter from Family Assistance in June 2024. As this was well after 90 days from the date of the eligibility notice and premium notification in October 2022, the appellant was responsible for paying at least some of the premiums. The Premium Billing representative testified that the appellant's daughter's case was "administratively closed" in January 2024. This would be about 60 days after MassHealth billed the appellant for the first premium payment, which he did not pay. Based on the regulations, MassHealth should have terminated the appellant's daughter's eligibility for Family Assistance within 60 days of the date on the first bill, if full payment had not been received by such date. No such notice issued, however. As a matter of course, the next notice MassHealth issued was to notify the appellant that he had

² The regulation states 60 calendar days, but the Premium Billing representative testified that as of the date of the hearing MassHealth was allowing voluntary withdrawal up to 90 calendar days, which is also what is stated in the notice under appeal. (See Ex. 1; Ex. 6, p. 6).

³ The MassHealth representative did not state what the actual income guidelines were in 2022. These guidelines do still exist online, however.

(See <https://www.masslegalservices.org/content/march-and-nov-2022-upper-income-limits-masshealth-and-health-connector>). According to the guidelines in 2022, gross monthly income of \$2,333 was the equivalent of 100% of the FPL for a household of four. Dividing the appellant's GMI of \$5,374.16 by \$2,333 shows that the household's income was equal to 230.35% of the FPL for a family of four, or 225.35% of the FPL which would have been what MassHealth used for the purposes of determining eligibility. (See 130 CMR 506.007(A)(3)). In any case, this does confirm that the household's income was between 200% and 250% of the FPL at the time, and therefore the premium calculation was correct according to the regulation.

withdrawn his daughter from Family Assistance. The appellant should not be held responsible for paying any premium billed from February 2024 onward.

Regarding the premiums the appellant is responsible for the premiums billed in November and December, 2023 and January, 2024 for a total of \$60.00.

For the above reasons, the appeal is APPROVED IN PART and DENIED IN PART.

Order for MassHealth

Rescind premium bills from February 2024 onwards; determine the appellant owes a total of \$60.00 in unpaid premiums.

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.

Scott Bernard
Hearing Officer
Board of Hearings

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

Maximus Premium Billing, Attn: Karishma Raja, 1 Enterprise Drive, Suite 310, Quincy, MA 02169

Premium Assistance, UMASS - Schrafft's Center, 529 Main St., 3rd Floor, Charlestown, MA 02129