

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409983
Decision Date:	09/24/2024	Hearing Date:	07/29/2024
Hearing Officer:	Thomas Doyle	Record Open to:	08/08/24

Appearance for Appellant:
Pro se

Appearance for MassHealth:
George Beals, 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:	Premium Billing; Past Due Premiums
Decision Date:	09/24/2024	Hearing Date:	07/29/2024
MassHealth's Rep.:	George Beals Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 June 12, 2024, MassHealth terminated coverage for appellant because she had past due premiums. (Ex. 1). The appellant filed this appeal in a timely manner on June 26, 2024. (Ex. 2). Denial of assistance and amount due monthly in premiums are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated appellant's benefits due to owing past due premiums.

Issue

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

Summary of Evidence

Appellant, acting pro se, a MassHealth worker (worker) and a representative of Maximus Premium Billing (P.B. rep) all appeared by phone and were sworn. Appellant is an adult under the age of 65.

(Testimony; Ex. 6). Appellant was approved for MassHealth CommonHealth on March 13, 2024 with a monthly premium of \$21.00. (Testimony; Ex. 4, pp. 3-5). Appellant was billed a premium of \$21.00 a month from April 2024 through July 2024 for a total of \$84.00 due on her account. (Testimony; Ex. 4, p. 1). Appellant received a termination notice on June 12, 2024 notifying her she had past due premiums. (Ex. 1). The P.B. rep stated she spoke to appellant prior to the hearing and informed her of how much she owed and how to pay the past due premiums. (Testimony; Ex. 4, p. 6).

Appellant testified that she never received a bill. She stated she did get a letter which included the amount she owed for past premiums. (Appellant Testimony). Evidence indicates appellant confirmed to the P.B. rep on the phone that statements are going to the correct address for appellant. The P.B. rep wrote that appellant told her that appellant does not open all her mail. (Ex. 4, p. 6). Appellant stated she would pay the past due amount when she gets paid. (Appellant Testimony).

The record was left open for appellant to pay her past due premiums. (Ex. 7). Appellant provided an email address but that email address was undeliverable. (Ex. 8). I sent appellant a hard copy of the open record notice via the U.S. Postal Service. (Ex. 9). On August 9, 2024, two days after the record closed, I emailed the P.B. rep to ask if appellant had paid the past due premiums. (Ex. 10, p. 2). The P.B. rep responded there was no payment posted to the account for past due premiums. She stated that if appellant had paid by phone the previous day, it would not show on the day I inquired. (Id.) I emailed the P.B. rep on August 12, 2024 to inquire if appellant had paid the past due premiums. She replied the next day she had not received a payment from appellant. (Ex. 10, p. 1).

Findings of Fact

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

1. Appellant was approved for MassHealth CommonHealth on March 13, 2024 with a monthly premium of \$21.00. (Testimony; Ex. 4, pp. 3-5).
2. Appellant was billed a premium of \$21.00 a month from April 2024 through July 2024 for a total of \$84.00 due on her account. (Testimony; Ex. 4, p. 1).
3. Appellant received a termination notice on June 12, 2024 notifying her she had past due premiums. (Ex. 1).
4. The premium billing representative spoke to appellant prior to the hearing and informed her of how much she owed and how to pay the past due premiums. (Testimony; Ex. 4, p. 6).

5. Appellant confirmed to the premium billing representative on the phone that statements are going to appellant's correct address. Appellant stated she does not open all her mail. (Ex. 4, p. 6).
6. Appellant stated she would pay the past due amount when she gets paid. (Appellant Testimony).
7. The record was left open for appellant to pay her past due premiums. (Ex. 7). Appellant provided an email address but that email address was undeliverable. (Ex. 8). Appellant was sent a hard copy of the open record notice via the U.S. Postal Service. (Ex. 9).
8. On August 9, 2024, one day after the record closed, the premium billing representative was asked if appellant had paid the past due premiums. She responded there was no payment posted to the account for past due premiums. (Ex. 10, p. 2).
9. The premium billing representative was emailed on August 12, 2024 to inquire if appellant had paid the past due premiums. She replied the next day she had not received a payment from appellant. (Ex. 10, p. 1).
10. Appellant has not paid her past due premiums in the time allotted.

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).

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 must send a timely notice of the imposition of any premium for it to be enforceable. See 130 CMR 610.015(A). These members "are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination. 130 CMR 506.011(C)(1). Members who contact MassHealth "within 60 calendar days from the date of the eligibility notice and premium notification" to request a voluntary withdrawal of benefits may have their premiums waived. *Id.* at 506.011(C)(4).

MassHealth may terminate a member's benefits, pursuant to adequate notice, if "the member does not pay the entire amount billed within 60 days of the date on the bill." 130 CMR 506.011(D)(1). A member "who is 150 days or more in arrears" may be referred to the State Intercept Program "in compliance with 815 CMR 9.00: *Collection of Debts*." (*Id.*) at 506.011(D)3).

Appellant was sent notice of the past due monthly premium and she admitted they were going to the correct address. Evidence indicates she stated that she does open all her mail. She testified she would pay the past due premiums and the record was left open for her to pay the past due premiums. Appellant failed to pay the past due premiums during the record open period. It is clear from the record appellant is past due on the monthly premium bills. I find that there is no evidence that MassHealth erred in its determination. Appellant has not met her burden and therefore the appeal is denied.

Order for MassHealth

End aid pending.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

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