

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2416246
Decision Date:	02/14/2025	Hearing Date:	01/10/2025
Hearing Officer:	Christopher Jones	Record Open to:	01/17/2025

Appearance for Appellant:



Appearances for MassHealth:

Kathryn Begin - MEC
Eileen Cynamon, BSN, RN – DES
Yvette Prayor, RN - DES



*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:	Community Eligibility; Under-65; Income; Premium Bills
Decision Date:	02/14/2025	Hearing Date:	01/10/2025
MassHealth's Reps.:	Kathryn Begin; Eileen Cynamon, BSN, RN; Yvette Prayor, RN	Appellant's Rep.:	██████
Hearing Location:	Telephonic	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 October 2, 2024, MassHealth approved the appellant's child for the Children's Medical Security Plan with a \$64 per month premium. (Exhibit 1; 130 CMR 502.003; 505.002(E).) The appellant filed a timely appeal on October 21, 2024. (Exhibit 4; 130 CMR 610.015(B).) A hearing was scheduled for November 19, 2024. (Exhibit 7.) That hearing was rescheduled because the substantive issue was actually MassHealth's review of the appellant's child's disability application.

In the interim, MassHealth terminated the appellant's child's Children's Medical Security Plan benefits due to past due premiums. (Exhibit 2; 130 CMR 506.011.) The appellant filed another timely hearing request on December 27, 2024. (Exhibit 3; 130 CMR 610.015(B).) The appeals were consolidated and scheduled for hearing on January 10, 2025. (Exhibit 8.) MassHealth actions to limit assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth approved the appellant's son for the Children's Medical Security Plan with a \$64 per month premium while his disability application was pending. While the appeal of that

determination was pending, MassHealth terminated the CMSP coverage for non-payment of premiums and placed a hold on the appellant's account.

Issue

The appeal issue is whether the appellant's fair hearing request within 60-days of the approval for the Children's Medical Security Plan allows her to withdraw from coverage without being charged, pursuant to 130 CMR 506.011(C)(5).

Summary of Evidence

The MassHealth representative from the Enrollment Center testified that the appellant had filed an application on behalf of her son on or around October 2, 2024. The appellant also completed a disability supplement at or around this time for her son. The appellant has a household of 4, and monthly countable income of \$10,768, which is equivalent to 414% of the federal poverty level for a household of four in 2024. Without a disability finding in place, the appellant's child was only eligible for the Children's Medical Security Plan ("CMSP") with a \$64 per month premium.

The appellant testified that her family is covered by employer-sponsored insurance, and she only applied for MassHealth on behalf of her child because she was told she could get MassHealth as a free secondary insurance to cover certain services related to his disabling condition. The appellant testified she filed the original hearing request because she did not understand the nature of the coverage and why she was being billed. The appellant did not expect there to be a premium for this coverage, and she testified that she had always intended to withdraw from coverage if a premium was going to be charged. The original hearing was scheduled for November 19, 2024, but that hearing needed to be rescheduled.

Before the rescheduled hearing could occur, MassHealth terminated the appellant's child's CMSP coverage through the December 5, 2024 notice. At the present hearing, MassHealth's representatives testified that the appellant's child's disability application was approved on December 11, 2024, and the appellant's child would have been approved for CommonHealth coverage.¹ The CommonHealth approval never issued because there is a hold on the appellant's account for non-payment of the CMSP premiums.

MassHealth's representative explained that the CommonHealth benefit would also come with a monthly premium, but that the appellant could be eligible for Premium Assistance benefits that would cover the appellant's primary insurance premiums. The appellant testified that she would be interested in the CommonHealth coverage if she were eligible for the Premium Assistance benefit, but she did not feel it would be worth the expense if she were not. The appellant testified that she

¹ Representatives from MassHealth's Disability Evaluation Services unit appeared at the hearing, but as the appellant's disability application had been approved, their presence was unnecessary.

has never used the CMSP coverage. Because there is no Premium Assistance benefit under CMSP, the appellant testified that she would never have wanted that benefit. This position is supported in the appellant's hearing requests.

Because neither Premium Assistance nor Premium Billing were participants in this hearing, the record was left open until January 17, 2025, for the appellant to contact Premium Assistance and investigate her eligibility for that benefit. The appellant was also allowed the opportunity to request that the hearing be reconvened again with representatives from Premium Billing and Premium Assistance. The appellant was informed that a decision could also be issued clearing the past-due CMSP premiums, in lieu of reconvening the appeal another time with Premium Billing. This would allow the CommonHealth approval notice to be issued, and the appellant could then choose whether she wanted to continue with the CommonHealth benefit or withdraw from that benefit if she was otherwise ineligible for Premium Assistance. The appellant agreed with that course of action.

Findings of Fact

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

- 1) The appellant filed an application for MassHealth benefits and a disability supplement on behalf of her child on or around October 2, 2024. (Testimony by MassHealth's representative.)
- 2) The appellant and her family are covered by employer-sponsored health insurance. (Testimony by the appellant.)
- 3) On October 2, 2024, MassHealth approved the appellant's child for CMSP benefits with a \$64 per month premium. (Exhibit 1.)
- 4) The appellant filed a hearing request because she did not want MassHealth benefits if she needed to pay for them. (Exhibit 4; testimony by the appellant's representative.)
- 5) A hearing was scheduled for November 19, 2024, but it was rescheduled. (Exhibit 7.)
- 6) On December 5, 2024, MassHealth terminated the CMSP coverage because of non-payment of premiums. (Exhibit 2.)
- 7) On December 11, 2024, the appellant's child's disability application was approved. (Testimony by MassHealth's representative.)
- 8) MassHealth generated an approval notice for the CommonHealth benefit, but it could not be mailed out due to the hold on the appellant's account resulting from the non-payment of premiums. (Testimony by MassHealth's representative.)

Analysis and Conclusions of Law

Technically, CMSP benefits are not MassHealth benefits. The approval for CMSP benefits states that the recipient is not eligible for MassHealth, but MassHealth manages eligibility determinations and premium billing for CMSP benefits. (See Exhibit 1; 130 CMR 522.004.) CMSP benefits are generally only available to uninsured children who do not have access to physician and hospital-health coverage.² (130 CMR 522.004(B).)

Premiums are billed starting the month following the MassHealth eligibility determination. (130 CMR 506.011(C)(1).) If MassHealth 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 506.011(D)(1).) The member is sent a notice of termination before the date of termination. 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, MassHealth waives the premiums. (130 CMR 506.011(C)(5).) Pursuant to 130 CMR 506.011(H), "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)."

MassHealth's eligibility determination was October 2, 2024. The appellant filed a hearing request on October 21, 2024, because she did not want to pay for MassHealth benefits and wanted further clarification regarding those benefits before she decided to use them. Effectively, her fair hearing request was a voluntary withdrawal until such time that she could get clarification regarding her son's eligibility. This would have been further effectuated at the November 19, 2024 hearing, but that hearing needed to be rescheduled. Adjustments following a fair hearing are effective based on date the evidence establishes the adjustment should occur, regardless of when the supporting evidence was submitted. (130 CMR 610.071(A)(2).) The appellant filed her fair hearing request within 60 days of her CMSP premium bill because she did not want to pay for MassHealth coverage. The original fair hearing was also within 60 days. The appellant sought clarity regarding this coverage, without using the coverage, within 60 days of the notice identifying she would be billed. The appellant clearly documented her desire to withdraw from coverage at multiple stages throughout her appeal process. This appeal is APPROVED. The appellant's child's CMSP has been terminated by MassHealth and the CMSP premiums will be waived. MassHealth shall issue the CommonHealth approval notice. The appellant may withdraw from CommonHealth within 60 days of the date on the approval notice without incurring the CommonHealth premium.

Order for MassHealth

Waive the past-due CMSP premiums and remove the hold preventing the appellant's child's

² It is unclear how the appellant's child was eligible for CMSP benefits given that he was already covered by employer-sponsored insurance.

approval for MassHealth CommonHealth coverage.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

MassHealth Premium Billing