

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2418481
Decision Date:	01/31/2025	Hearing Date:	01/16/25
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:


Pro Se

MassHealth Representatives:



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	Coverage Start Date
Decision Date:	01/31/2025	Hearing Date:	01/16/25
MassHealth Reps.:	Sherri Paiva, Taunton MEC; Carmen Fabery, Premium Billing	Appellant Rep.:	

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

A notice dated November 26, 2024 was sent to the appellant stating that MassHealth had approved him for MassHealth CommonHealth starting on November 12, 2024 (see 130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on December 3, 2024 regarding a gap in his coverage (see 130 CMR 610.015 and Exhibit 2). Notice of the hearing was sent out on December 20, 2024 (Exhibit 3).

A dispute over the amount of assistance is grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth starting on November 12, 2024.

Issue

Pursuant to 130 CMR 506.011, has the appellant paid his past due premiums so as to have his CommonHealth benefits backdated to November 5, 2024?

Summary of Evidence

The MassHealth representative testified that the appellant was approved for CommonHealth with a \$26.00 monthly premium starting on November 12, 2024 (Exhibit 1).

The appellant did not dispute the \$26.00 premium amount. He objected to a gap in the CommonHealth coverage between November 5, 2024 and November 11, 2024 (Exhibit 2). He stated that he was not aware of a bill due to a change in the billing system for Premium Billing. When he received notice of the termination of benefits, he paid the past due premiums in full. He stated that he would like to have his benefits reinstated for the period in question because his PCA provided care to him for that week without getting paid for his services.

The Premium Billing representative testified that the appellant was approved for CommonHealth on June 20, 2024 with a \$15.00 monthly premium. Due to unpaid premiums that started in July 2024, the appellant was sent a letter on October 22, 2024 that his CommonHealth benefits would stop on November 5, 2024. She further testified that the appellant paid his outstanding balance on November 21, 2024 and that his account is currently up to date with no premiums past due (Exhibit 4).

Findings of Fact

The record shows, and I so find:

1. The appellant was approved for CommonHealth with a \$26.00 monthly premium starting on November 12, 2024 (Exhibit 1).
2. The appellant's appeal is over a gap in the CommonHealth coverage between November 5, 2024 and November 11, 2024. He is not disputing the amount of his premiums (Exhibit 2 and testimony).
3. Due to unpaid premiums that started in July 2024, the appellant was sent a letter on October 22, 2024 that his CommonHealth benefits would stop on November 5, 2024 (Exhibit 4).
4. The appellant paid his outstanding balance on November 21, 2024 making his account up to date with no premiums past due (Exhibit 4 and testimony).

Analysis and Conclusions of Law

With regard to non-payment of CommonHealth premiums, 130 CMR 506.011 provides the following:

130 CMR 506.011(D) Delinquent Premium Payments. (1) Termination for Delinquent Premium Payments. If the MassHealth agency 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 506.011(E) Reactivating Coverage Following Termination When a Member Has a Past Due Balance. (1) Except as provided in 130 CMR 506.011(E)(2), after the member has paid in full all payments due, has established a payment plan with MassHealth, or has been granted a waiver of past-due balance as described in 130 CMR 506.011(G), the MassHealth agency will reactivate coverage.

In the instant case, I have found that the appellant was approved for CommonHealth with a \$26.00 monthly premium starting on November 12, 2024. The appellant's appeal is over a gap in the CommonHealth coverage between November 5, 2024 and November 11, 2024. He is not disputing the amount of his premiums.

Due to unpaid premiums that started in July 2024, the appellant was sent a letter on October 22, 2024 that his CommonHealth benefits would stop on November 5, 2024.

I have further found that the appellant paid his outstanding balance on November 21, 2024 making his account up to date with no premiums past due.

Based upon the regulations cited above, the appellant is entitled to have his CommonHealth benefits reinstated for the period of November 5, 2024 through November 11, 2024 where he has fully paid the premiums for this time period and currently has no past due premiums.

The appeal is therefore approved.

Order for MassHealth

Reinstate the appellant's CommonHealth reinstated for the period of November 5, 2024 through November 11, 2024.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:
Taunton MEC

Maximus Premium Billing
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