

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DISMISSED/DENIED	<b>Appeal Number:</b>	2418547
<b>Decision Date:</b>	03/14/2025	<b>Hearing Date:</b>	01/15/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski	<b>Record Open to:</b>	01/29/2025

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Danielle Syrek

*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

<b>Appeal Decision:</b>	DISMISSED/DENIED	<b>Issue:</b>	Eligibility – Premium Billing
<b>Decision Date:</b>	03/14/2025	<b>Hearing Date:</b>	01/15/2025
<b>MassHealth's Rep.:</b>	Danielle Syrek	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Worcester MEC		

### Authority

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

### Jurisdiction

Appellant filed for an appeal on December 4, 2024 stating that she wants MassHealth to continue to pay her Medicare Part B premiums and she did not receive any notice that MassHealth was ending this benefit on January 30, 2024 (Exhibit A). Appellant also referenced owing over \$1,000 in premiums (Id). An appeal was granted presumably pursuant to 130 CMR 610.015(B)(2)(c) which allows for an appeal to be deemed timely upon the waiver of the 120-day requirement by the Director when the MassHealth agency fails to send written notice of the action. Assessment of premiums also constitutes valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth assessed health care premiums and stopped paying Appellant's Medicare Part B premiums.

### Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it assessed health care premiums and, upon a finding that Masshealth failed to issue written notice to Appellant that it would stop paying her Medicare Part B premium, whether that

action was based on the proper application of the controlling regulation(s) to accurate facts.

## **Summary of Evidence**

Both parties appeared by telephone.

The MassHealth representative testified that on January 16, 2024, the agency issued a notice that was sent to Appellant's verified address that her Medicare Part B Buy-In coverage would end as of January 30, 2024. This action was based on information Appellant provided on her annual renewal form that she filed on January 16, 2024. Masshealth also notified Appellant through the same notice that she was eligible for MassHealth CommonHealth with a monthly premium and these benefits would commence on January 30, 2024.

On December 5, 2024, Appellant re-verified her income and Masshealth again determined that Appellant was eligible for MassHealth CommonHealth with a monthly premium (Exhibit A). The MassHealth representative testified that Appellant's income remained too high to qualify for MassHealth Standard or the Buy-In.

Appellant appeared on her own behalf and stated that she was not disputing her income eligibility for MassHealth Standard and Buy-In. Appellant testified that she never received notice that she would have to pay a monthly premium for her CommonHealth coverage. Appellant explained that she was using the benefit and then it was suddenly cut off without notice. Appellant testified that she only learned of this on December 15, 2024 when she went for an urgent care appointment and was told she was no longer covered. Thereafter, Appellant learned that she had an arrearage of unpaid CommonHealth premiums

Upon questioning by the hearing officer as to whether or not she had received any premium bills, Appellant testified that she "never" received a premium bill. Appellant stated that she is willing to pay the premiums going forward, but she cannot afford to pay the arrearage. Appellant also discussed going through some difficult times and noted that her father was recently diagnosed with dementia. Appellant testified that her father gathers the mail and sorts out Appellant's mail. Appellant stated that she was concerned that maybe she hadn't been receiving all of her mail.

The record was left open for one week for MassHealth to obtain and file information relative to notices and bills issued to Appellant. Appellant was given one week thereafter to respond.

MassHealth timely filed a written statement along with supporting documentation (Exhibit B).

Timeline of events per MassHealth records:

- On 1/16/24, the member was sent notice that the coverage would be changing from Masshealth Standard with Medicare Buy-in, to CommonHealth. CommonHealth coverage beginning on 1/30/24 with a monthly premium of \$72.80.
- February, March and April bills were sent to the member, but no payment was received.
- On 4/25/24, a termination notice was sent out due to non-payment.
- On 5/28/24, member spoke to premium billing and set up a payment plan, which reinstated the CommonHealth coverage.
- On 7/15/24, another termination notice was sent out due to non-payment of the payment plan.
- On 8/12/24, member spoke with premium billing and set up another payment plan, reinstating coverage.
- On 10/15/24, another termination notice was sent out due to non-payment.
- On 11/8/24, member made a payment in full of \$297.20, clearing the account balance.
- On 1/17/25, member was sent the most recent bill for \$83.20, which is the only balance currently on her account.

MassHealth also provided copies of 2 notices sent to the member's address, regarding premium amount changes.

- 3/25/24- Periodic data matching shows that the members income was lowered, changing the premium from \$72.80 to \$67.60.
- 5/23/24- Data matching shows income was lowered, premium changed to \$21.00.

Appellant filed a written response (Exhibit C). Appellant stated that she was not sure whether the premium bills came and were never placed in her mailbox. Appellant reiterated that her father was recently diagnosed with dementia. She also discussed having her "Medicare" cancelled twice and issues with "past open records" (Id).

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. On January 16, 2024, the agency issued a notice that was sent to Appellant's verified address that her Medicare Part B Buy-In coverage would end as of January 30, 2024.
2. This action was based on information Appellant provided on her annual renewal form that

she filed on January 16, 2024.

3. Masshealth also notified Appellant through the same notice that she was eligible for MassHealth CommonHealth with a monthly premium and these benefits would commence on January 30, 2024.
4. On December 5, 2024, Appellant re-verified her income and Masshealth again determined that Appellant was eligible for MassHealth CommonHealth with a monthly premium (Exhibit A).
5. MassHealth records establish the following:
  - On 1/16/24, the member was sent notice that the coverage would be changing from Masshealth Standard with Medicare Buy-in, to CommonHealth. CommonHealth coverage beginning on 1/30/24 with a monthly premium of \$72.80.
  - February, March and April bills were sent to the member, but no payment was received.
  - On 4/25/24, a termination notice was sent out due to non-payment.
  - On 5/28/24, member spoke to premium billing and set up a payment plan, which reinstated the CommonHealth coverage.
  - On 7/15/24, another termination notice was sent out due to non-payment of the payment plan.
  - On 8/12/24, member spoke with premium billing and set up another payment plan, reinstating coverage.
  - On 10/15/24, another termination notice was sent out due to non-payment.
  - On 11/8/24, member made a payment in full of \$297.20, clearing the account balance.
  - On 1/7/25, member was sent the most recent bill for \$83.20, which is the only balance currently on her account.
6. MassHealth also sent two notices to the member's address, regarding premium amount changes: 3/25/24 - Periodic data matching shows that the member's income was lowered, changing the premium from \$72.80 to \$67.60 and 5/23/24- data matching shows income was lowered, premium changed to \$21.00.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

MassHealth's timeline of events taken from agency records establishes that Appellant had been timely notified of the change to CommonHealth with a monthly premium. Appellant's claims to have never received a bill or not understand that she owed outstanding premiums are belied by the fact that she called MassHealth and discussed the overdue premiums in May 2024 and August 2024, and on both occasions set up repayment plans to cover the arrearage. These facts severely undercut Appellant's credibility. Whether this is the result of deceit or utter confusion is unclear, but what is clear is that Appellant was not able to accurately convey her situation or the relevant facts during and after the hearing. According to MassHealth's post-hearing submission, by the time of hearing, Appellant had paid her arrearage and only owed the \$83.20 arising from her most recent premium bill. Yet, at the time of hearing, Appellant believed she owed over \$1,000.00 in unpaid premiums.

This record directs the following:

- There is no basis to conclude that Appellant was not sent written notice on January 16, 2024 that her Medicare Buy-In benefit was ending, accordingly, Appellant's appeal as to this action is DISMISSED as it was not timely filed and does not merit application of 130 CMR 610.015(B)(2)(c).
- There is no basis to conclude that Appellant was not properly notified of her CommonHealth coverage and that a monthly premium would be due. There is also no basis to conclude that Appellant was not being sent her premium bills or that she was unaware of the premium arrearage insofar as she was in contact with MassHealth on multiple occasions over the previous year about paying the overdue premiums. Accordingly, any appeal as to the imposition of CommonHealth premiums 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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186