

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Appeal Number:</b>	2132565
<b>Decision Date:</b>	9/20/2021	<b>Hearing Date:</b>	05/10/2021
<b>Hearing Officer:</b>	Samantha Kurkijy		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Yassory Pena—Tewksbury MEC  
Robinson Charles—Premium Billing



*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>	Approved in part; Denied in part	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	9/20/2021	<b>Hearing Date:</b>	05/10/2021
<b>MassHealth's Rep.:</b>	Yassory Pena; Robinson Charles	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote		

## 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 January 4, 2021, MassHealth terminated the appellant's MassHealth benefits because it determined that the appellant is not a Massachusetts resident. (130 CMR 506.011; Exhibit 1.) The appellant filed a timely appeal on April 2, 2021, challenging the termination of her coverage on January 18, 2021 and the resulting premiums. (130 CMR 610.015(B); Exhibit 2.) Termination of assistance is a valid ground for appeal. (130 CMR 610.032.) The hearing officer was on a period of medical leave due to a serious illness, which extends the deadline for rendering a hearing decision pursuant to 130 CMR 610.015(D)(4)(b).

## Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth benefits on January 18, 2021.

## Issue

Whether MassHealth was correct in terminating the appellant's benefits on January 18, 2021.

## Summary of Evidence

The MassHealth representative testified that the appellant had been receiving MassHealth CommonHealth benefits since 2008. She testified that the appellant's premium was \$109.20 per month. The MassHealth representative testified that on January 4, 2021, the appellant spoke to a worker at MassHealth and requested that her case be closed because she was going to move out of state. On that same day, MassHealth issued a notice to the appellant, informing her that her coverage will terminate on January 18, 2021 because she is not a Massachusetts resident. The appellant appealed this notice on April 2, 2021.

The Premium Billing representative testified that the appellant owes premiums totaling \$546 for the months of September 2020 to January 2021. He testified that he believes the appellant contends she moved out of state in September 2020, but Premium Billing has no notes or correspondence to support this contention. The Premium Billing representative also testified that the appellant is outside of the 60-day limit for a voluntary withdrawal.

The appellant testified that she moved out of Massachusetts on September 15, 2020. She testified that during all of the years she has been on MassHealth, she has not missed or been late with a payment. The appellant testified that she called MassHealth's Customer Service number on September 16, 2020 to cancel her coverage. She testified that she paid the whole month of September, even though she left the state in the middle of the month. The appellant testified that after she received more bills, she sent letters to MassHealth in October, November, and December 2020 asking for her insurance to be cancelled because she no longer lives in Massachusetts, and she did not receive any response. The appellant submitted copies of the letters and premium notices into evidence. (Exhibit 5.) The MassHealth address on the letters is P.O. Box 414745, Boston, MA 02241.

The MassHealth representative responded that MassHealth's proper address is P.O. Box 4405, Taunton, MA. The MassHealth representative testified that the only record of contact MassHealth has with the appellant since 2010 is the phone call on January 4, 2021. The Premium Billing representative testified that Premium Billing also does not have a record of the appellant's phone call in September 2020. He testified that P.O. Box 414745 is for MassHealth members to send premium payments, and any letters sent to that address would not have been looked at. He testified that the appellant's letters should have been sent to the MassHealth Eligibility address. He testified that Premium Billing offers payment plans, the payment the appellant submitted for September went toward her August bill, and the appellant still owes for September. The MassHealth representative added that the appellant was mailed several approval letters in 2020 with MassHealth's address and phone number listed.

The appellant responded that P.O. Box 414745 is the address to which she sends her premium payments and it is the only address she has for MassHealth. She testified that if the unit that received the letters threw them away, "that's not my problem." She testified that she tried to do the right thing and she cancelled her MassHealth benefits four times. She testified that even if the correct department did not receive her letters, she called MassHealth to cancel over the phone.

## Findings of Fact

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

1. The appellant had been receiving MassHealth CommonHealth benefits since 2008, with a premium of \$109.20 per month.
2. On January 4, 2021, the appellant requested that MassHealth terminate her benefits.
3. On January 4, 2021, MassHealth issued a notice to the appellant, informing her that her coverage will terminate on January 18, 2021 because she is not a Massachusetts resident.
4. The appellant submitted a timely appeal of this notice on April 2, 2021.
5. The Premium Billing representative contends that the appellant owes premiums totaling \$546 for the months of September 2020 to January 2021.
6. The appellant moved out of Massachusetts on September 15, 2020.
7. The appellant called MassHealth's Customer Service number on September 16, 2020 to cancel her coverage.
8. The appellant contends that she paid the whole month of September, even though she left the state in the middle of the month.
9. After the appellant continued to receive bills, she sent letters to MassHealth in October, November, and December 2020 asking for her insurance to be cancelled because she no longer lives in Massachusetts, and she did not receive any response.
10. The appellant sent the letters to the following MassHealth address: P.O. Box 414745, Boston, MA 02241.
11. P.O. Box 414745, Boston, MA 02241 is the address to which Premium Billing payments are mailed.
12. The address for MassHealth correspondence is P.O. Box 4405, Taunton, MA.
13. MassHealth and Premium Billing do not have record of the appellant's phone call in September 2020.
14. The premium the appellant paid in September 2020 went toward her August 2020 bill.

## **Analysis and Conclusions of Law**

MassHealth “provides access to health care by determining eligibility for the coverage type that provides the most comprehensive benefits for an individual who may be eligible.” (130 CMR 501.003(A).) “MassHealth offers several coverage types: Standard, CommonHealth, CarePlus, Family Assistance, Small Business Employee Premium Assistance, and Limited. The coverage type for which a person is eligible is determined based on the individual's income and circumstances[.]...” (130 CMR 501.003(B).)

The appellant was determined eligible for MassHealth CommonHealth benefits in 2008. “Financial eligibility for all MassHealth CommonHealth applicants and members is based on the regulations in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. (130 CMR 519.012(C).) “The MassHealth agency may charge a monthly premium to MassHealth Standard, CommonHealth, or Family Assistance members who have income above 150% of the federal poverty level (FPL), as provided in 130 CMR 506.011.” (130 CMR 506.011.) “Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).” (130 CMR 505.004(I).) The appellant was assessed a monthly premium of \$109.20 for her enrollment in the plan. “If the member contacts the MassHealth agency 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 premiums are waived.” (130 CMR 506.011(C)(5).)

There appellant is not contesting that she did not withdraw from benefits within the 60-day grace period. Instead, she contends that she does not owe the Premium Billing balance, as she called MassHealth to withdraw from benefits on September 16, 2020, the date after she moved out of Massachusetts. The appellant provided evidence that she also wrote letters to MassHealth, requesting the cancellation of her benefits. It is clear that the appellant sent her correspondence to the wrong address, as she should have contacted MassHealth, and not Premium Billing to terminate her benefits. However, the appellant gave credible testimony that she called the MassHealth Customer Service number on September 16, 2020 to terminate her MassHealth benefits. Therefore, the appeal is approved in part.

The appellant contends that she paid the premium for September 2020. However, the Premium Billing packet shows that the payment the appellant made in September went toward her August premium. The appellant still owes \$109.20 for the month of September 2020. For this reason, the appeal is denied in part. The appellant has the option of setting up a payment plan with MassHealth or submitting an application to waive the premium because of undue hardship.

## **Order for MassHealth**

Reduce the amount owed for premiums to \$109.20.

## **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.

## **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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Samantha Kurkjian  
Hearing Officer  
Board of Hearings

cc: Sylvia Tiar  
Maximus Premium Billing