

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2306504
Decision Date:	09/26/2023	Hearing Date:	09/07/2023
Hearing Officer:	Paul C. Moore	Record Closed:	09/14/2023

Appearance for Appellant:
Pro se (by telephone)

Appearances for MassHealth:
Ba'ran Lewis, Quincy MassHealth Enrollment Center; Karishma Raja, MassHealth premium billing unit (both by telephone); Gretchen Whitworth, MassHealth premium billing unit (post-hearing only)



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Billing; Failure to Cancel Coverage
Decision Date:	09/26/2023	Hearing Date:	09/07/2023
MassHealth Reps.:	Ba'ran Lewis, Karishma Raja, Gretchen Whitworth	Appellant Rep.:	Pro se
Hearing Location:	Board of Hearings (remote)		

Authority

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

Jurisdiction

By a notice dated July 13, 2023, MassHealth notified the appellant that it planned to terminate the appellant's MassHealth coverage on July 27, 2023 because he withdrew his application (Exh. 1). The appellant filed a timely appeal with the Board of Hearings (BOH) on August 2, 2023, contesting premiums assessed for his MassHealth coverage (130 CMR 610.015; Exh. 2). Termination of MassHealth assistance, as well as assessment of premiums, are valid grounds for appeal to the BOH (130 CMR 610.032).

Action Taken by MassHealth

MassHealth planned to terminate the appellant's MassHealth coverage on July 27, 2023 because the appellant withdrew his application, and billed the appellant a premium for CommonHealth coverage in June, 2023 and July, 2023.

Issues

The issue on appeal is whether MassHealth appropriately assessed premiums for the appellant's

MassHealth coverage in June, 2023 and July, 2023.

Summary of Evidence

A MassHealth representative from the Quincy MassHealth Enrollment Center (“MEC representative”) testified by telephone that the appellant, who is under age 65, is disabled and lives in a household of two. The appellant was enrolled in MassHealth CommonHealth coverage, effective December 5, 2022, and was assessed a monthly premium. The MEC representative testified that the appellant called MassHealth on July 13, 2023 to close out or withdraw his coverage. The MEC representative testified that the appellant enrolled in Medicare effective March 1, 2023. She testified that the appellant’s Medicare is now considered his primary coverage. Following his July 13, 2023 phone call to MassHealth, his MassHealth coverage was terminated two weeks later, on July 27, 2023 (Testimony).

The appellant testified that he never applied for MassHealth. He had been enrolled in a plan with the Massachusetts Health Connector in 2022. He also had Blue Cross/Blue Shield as secondary coverage, although he was not certain of the date when he enrolled in this plan. In January, 2023, the appellant learned from a dentist’s office that he was enrolled in MassHealth. At that time, the appellant called MassHealth customer service to inquire why he was enrolled in MassHealth. The appellant testified that he apprised the MassHealth customer service representative that he would be enrolled in Medicare on March 1, 2023, and that he already had a plan with the Health Connector. He did not recall whether he specifically requested to disenroll when he called MassHealth customer service in January, 2023 (Testimony).

The appellant’s request for fair hearing states he is appealing, “billing charge for 6-1 and 7-1” (Exh. 2).

The MEC representative testified that MassHealth sent a notice of eligibility for MassHealth CommonHealth to the appellant in December, 2022, and again in March, 2023. The appellant testified that he did not receive either of these notices at his home address (Testimony).

A representative from the premium billing unit (“premium billing representative”) at MassHealth testified that premium bills were sent to the appellant in July, 2023 and August, 2023, respectively. The monthly amounts assessed were \$169.40. According to the premium billing representative, the appellant owes MassHealth \$169.40 times two, or \$338.80, because the appellant did not request to disenroll from CommonHealth within 60 days of the notice of his eligibility in March, 2023 (Testimony). The premium billing representative testified that during the Covid-19 public health emergency, MassHealth did not assess premiums for most members enrolled in CommonHealth. However, once the public health emergency ended, MassHealth sent a general letter to members on or about April 14, 2023 informing them that the period of non-collection of

premiums owed would end effective May 31, 2023 (Testimony).¹

The MEC representative forwarded to the hearing officer by e-mail, immediately after the appeal hearing, a copy of a notice addressed to the appellant dated March 3, 2023, stating:

MassHealth has approved [the appellant] for MassHealth CommonHealth, starting December 5, 2022.

[The appellant] must pay a monthly premium (fee) to MassHealth. [The appellant] will get a bill for **\$169.40** each month starting in **April, 2023**.

If you are required to pay a MassHealth premium, you must pay the premium on time so these benefits do not end. If you do not want to pay the premium, you must tell us to cancel your benefits within 60 days from the date you were notified of a new or changed premium. If you do not cancel your benefits by that date, you will need to pay any premium bills you get.

(Exh. 5) (bolded in original)

The appellant testified that when he received a premium bill in June, 2023, he did not pay this bill because he believed he had already canceled his coverage. In early July, 2023, he called MassHealth to cancel his coverage (Testimony).

The premium billing representative testified that even though the appellant called to cancel his coverage in early July, 2023, he would still be responsible to pay the CommonHealth premium for that month (Testimony).

At the close of the hearing, the hearing officer left the record of this appeal open for three weeks, or until September 28, 2023, for the appellant to produce copies of the premium bills he received in June, 2023 and July, 2023, respectively, and for the premium billing representative to produce a copy of the April 14, 2023 notice to the appellant apprising him that he would be responsible for payment of premiums again starting in June, 2023 (Exh. 4).

On or about September 14, 2023, the hearing officer received, from a second premium billing representative (who did not testify at hearing), an email communication stating as follows:

The appellant was not included on the 4/14/23 notice file, so he did not receive a copy of the notice. The [appellant's] account was not included on the notice file because his

¹ MassHealth Eligibility Operations Memo 20-09, "MassHealth Response to Coronavirus Disease" (April 7, 2020), states in pertinent part: "Past due premium bill balances will be waived during the COVID-19 outbreak national emergency, and through the end of the month in which such national emergency period ends. . . ."

account was incorrectly flagged for Qualified Health Plan waiver on the March 2023 bill file which was used to create the notice file.

(Exh. 6)²

On or about September 14, 2023, the hearing officer received via e-mail from the appellant copies of monthly premium bills (Exhs. 7 & 7A). The first bill is for June, 2023 and states \$169.40 is due to MassHealth by July 14, 2023 (Exh. 7). The second bill is for July, 2023 and reflects that \$338.80 is due to MassHealth by August 13, 2023 (Exh. 7A).

Findings of Fact

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

1. The appellant is under age 65, is disabled, and lives in a household of two (Testimony).
2. The appellant was previously enrolled in a health plan with the Massachusetts Health Connector.
3. On March 1, 2023, the appellant became eligible for, and enrolled in, Medicare (Testimony).
4. On March 3, 2023, MassHealth sent a notice to the appellant at his home address, apprising him that he was approved for MassHealth CommonHealth starting December 5, 2022, and further apprising him that he must pay a monthly premium (fee) to MassHealth in the amount of \$169.40 each month starting in April, 2023 (Exh. 5).
5. The March 3, 2023 notice further apprised the appellant that if he did not want to pay the premium, he had to tell MassHealth to cancel his benefits within 60 days from the date he was notified of a new or changed premium, and that if he did not cancel his benefits by that date, he would need to pay any future premium bills he received (*Id.*).
6. The appellant testified that he did not receive the March 3, 2023 MassHealth notice (Testimony).
7. The appellant did not file an appeal of the March 3, 2023 MassHealth notice (Testimony).
8. During the Covid-19 pandemic, MassHealth did not collect premiums owed by some MassHealth members (MassHealth Eligibility Operations Memo 20-09, "MassHealth

² The second premium billing representative identified herself as the supervisor of the first premium billing representative, and as "senior manager, premium billing, MassHealth Business Support Services" (Exh. 6).

Response to Coronavirus Disease” (April 7, 2020)).

9. The appellant received a premium bill for his CommonHealth coverage for the month of June, 2023, stating \$169.40 was due to MassHealth by July 14, 2023 (Exh. 7).
10. The appellant received a second premium bill for his CommonHealth coverage for the month of July, 2023, stating that \$338.80 was due to MassHealth by August 13, 2023, including June’s past due balance (Exh. 7A).
11. The appellant did not pay these premium bills (Testimony).
12. The appellant called MassHealth to cancel his coverage on or about July 13, 2023 (Testimony).
13. MassHealth sent a notice to the appellant on July 13, 2023 informing him that his CommonHealth coverage would terminate effective July 27, 2023 (Exh. 1).

Analysis and Conclusions of Law

Pursuant to 130 CMR 505.004(I), “MassHealth CommonHealth premium:”

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). No premium is assessed during a deductible period.

130 CMR 506.011 states as follows:

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.

Next, pursuant to 130 CMR 506.011(C)(5):

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.

(Emphasis added)

Also, according to 130 CMR 506.011(H), “Voluntary Withdrawal:”

If a member wishes to voluntarily withdraw from receiving MassHealth coverage, it is the member's responsibility to notify the MassHealth agency of their intention by telephone, in writing, or online. Coverage may continue through the end of the calendar month of withdrawal. 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).

Here, the appellant, who is disabled, was enrolled in MassHealth CommonHealth, for reasons not entirely clear. Based on his household income, he was assessed a premium for this coverage. A notice to this effect was sent to the appellant on March 3, 2023. The appellant testified that he did not receive this notice, and that he did not want this coverage. The appellant did not file an appeal of the March 3, 2023 notice. The record evidence shows that the appellant did not call to cancel his MassHealth coverage until July 13, 2023. That date is beyond the 60 days given to MassHealth members to cancel coverage and avoid paying premiums, as set forth above.

Although the appellant spoke to MassHealth customer service in January, 2023, it is not clear that he actually requested to disenroll from MassHealth at that time.

The appellant was assessed premiums in June, 2023 and July, 2023 for CommonHealth coverage. He received these bills at his home address. He did not pay these bills.

MassHealth Eligibility Operations Memo 20-09, "MassHealth Response to Coronavirus Disease 2019 (COVID-19)," issued April 7, 2020, states in relevant part: "In response to the current Coronavirus Disease 2019 (COVID-19) national emergency, MassHealth is implementing the following protocols to support the public health efforts to expedite medical care and maintain care for both new MassHealth applicants and existing members. Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of the month in which such national emergency period ends: All appeal hearings will be telephonic; and **Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.**"

(Emphasis added)

The issue on appeal is assessment of premiums in June and July, 2023. Even under the extended deadline for requesting a fair hearing under the Covid-19 state of emergency – 120 days – the appellant's request for a fair hearing was not received until August 3, 2023. That is beyond 120 days following the March 3, 2023 notice of the \$169.40 monthly premium the appellant was responsible to pay.

The appellant has not shown that he meets the requirements for waiver of the June and July,

2023 monthly CommonHealth premiums.

For these reasons, the appeal must be DENIED.

Order for MassHealth

Proceed with efforts to collect \$338.80 in outstanding premiums owed. Work with the appellant to arrange a payment plan, if requested.

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.

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Tosin Adebisi, Appeals Coordinator, Quincy MEC

cc: Gretchen Whitworth, MassHealth premium billing