

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309187
Decision Date:	11/15/2023	Hearing Date:	October 30, 2023
Hearing Officer:	Brook Padgett		

Appellant Representative:



MassHealth Representatives:

Karishma Raja, Premium Billing
Maribel Sepulveda, Springfield MEC



*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:	Denied	Issue:	Premium Billing 130 CMR 506.011
Decision Date:	11/15/2023	Hearing Date:	October 30, 2023
MassHealth Reps.:	K. Raja M. Sepulveda	Appellant Rep.:	Pro se
Hearing Location:	Springfield		

Authority

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

Jurisdiction

The appellant received a notice dated September 09, 2023 stating you have been approved for MassHealth CommonHealth beginning October 2023 with a premium of \$363.00. The appellant also received a notice dated September 19, 2023 stating you do not qualify for MassHealth as you withdrew your application. (Exhibit 1). The appellant filed this appeal on October 02, 2023. (130 CMR 610.015; Exhibit 2). Status of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth with a premium of \$363.00.

Issue

Has the appellant failed to make CommonHealth premium payments?

Summary of Evidence

MassHealth testified that the appellant applied for MassHealth on April 21, 2023, as a member of a household of three with self-attested monthly income of \$9,583.34 (\$7,916.67 + \$1,666.67) which is 457.59% of the Federal Poverty Limit (FPL). On May 22, 2023, MassHealth deemed the appellant disabled and approved his CommonHealth coverage with a premium of \$176.40. On September 09, 2023, a data match determined the household's countable monthly income was \$14,648.00 monthly or 707.11% FPL and the premium was raised to \$393.00. On September 19, 2023, the appellant's representative contacted MassHealth to withdraw his coverage. MassHealth submitted into evidence notices dated May 22, 2023, September 09, 2023 and September 19, 2023, and relevant regulations. (Exhibit 4).

A representative from the Premium Billing Unit testified that based on the May 22, 2023 approval notice the appellant was billed a premium of \$176.40 for the months of June, July, August and September 2023 for his CommonHealth coverage. The representative stated the appellant failed to pay any of the required premiums. The representative argued because the appellant's representative did not cancel his CommonHealth coverage within 60 days of approval, as required by the regulations, the household is responsible for the premium arrearage of \$705.60 (4 months @ \$176.40). Premium Billing submitted into evidence premium bills and calculation of overpayment. (Exhibit 5).

The appellant's representative testified the appellant is disabled and has never used CommonHealth as MassHealth is his secondary insurance. The representative stated he was advised to apply for MassHealth to assist with the appellant's medical bills but was unaware MassHealth was an income based program. The representative stated he did not dispute the income match; however he maintains he didn't received any premium bills. The representative testified the household was unaware the appellant owed a premium until September when his wife called MassHealth to inquire on the status of the appellant's May application. The representative stated he was informed by MassHealth that the reason he did not receive the premium notices was because they were sent to his former address.

MassHealth responded that the record indicates that all notices regarding the appellant's CommonHealth eligibility were sent to the appellant's current address on [REDACTED]. The representative from Premium Billing also confirmed all premium bills were also sent to the appellant's current address. Premium Billing reemphasized that the approval notice contain the instructions that if you do not wish to have MassHealth coverage you are required to call and cancel the coverage within 60 days of eligibility (60 days from May 22, 2023 is July 21, 2023). MassHealth and Premium Billing each stated there is no evidence the appellant's representative contacted MassHealth or Premium Billing until September 19, 2023 which is beyond the 60 day time limit. MassHealth submitted into evidence a Request for Information letter dated May 22, 2023 addressed to the appellant's current address. (Exhibit 6). Premium Billing submitted into evidence the appellant's premium approval letter dated May 22, 2023, premium history and premium bills for June, July, and August were all addressed to the appellant's current address. (Exhibit 7).

Findings of Fact

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

1. In April 2023, the appellant applied for MassHealth as a member of a household of three with self-attested income of \$9,583.34 a month or 457.59% of the FPL. (Testimony).
2. On May 22, 2023, MassHealth processed the appellant's disability supplement and approved the appellant for MassHealth CommonHealth with a premium of \$176.40. (Exhibit 4).
3. The appellant was assessed a premium of \$176.40 for the months of June, July, August, and September 2023. (Exhibit 7).
4. MassHealth sent premium billing invoices for \$176.40 in June, July, August, and September 2023 to the appellant's current address. (Testimony, Exhibit 7).
5. The appellant failed to pay the premium of \$176.40 for the months of June, July, August, and September 2023. (Exhibit 7).
6. On September 09, 2023, a data match determined the household's countable income was \$14,648.00 monthly or 707.11% FPL and the CommonHealth premium was raised to \$393.00. (Testimony).
7. On September 19, 2023, the appellant's representative contacted Premium Billing and cancelled the appellant's CommonHealth coverage. (Testimony).
8. Premium Billing sent all CommonHealth premium notices to the appellant's current address. (Testimony, Exhibit 4, 5, and 7).
9. The appellant has a current premium arrearage of \$705.50 (4 months @ \$167.40). (Exhibit 1 and 5).

Analysis and Conclusions of Law

On May 22, 2023, the appellant was notified of his MassHealth CommonHealth approval and informed the household had been assessed a premium payment of \$176.40 per month beginning June 2023. MassHealth sent the approval notice and request for premium payment for the month of June, July, August, and September 2023 to the appellant at his current address. On September 09, 2023, a data match determined the household's countable income was \$14,648.00 monthly or 707.11% FPL and the premium was raised to \$393.00. On September 19, 2023, the appellant contacted MassHealth and requested to be terminated from the CommonHealth program.

The regulations at 130 CMR 506.011 require a member to contact MassHealth by telephone, in writing, or online to request a voluntary withdrawal within 60 calendar days from the date of the eligibility notice and premium notification to waive the MassHealth premium.¹ The appellant's MassHealth CommonHealth approval notice dated May 22, 2023 states in bold lettering:

"If you do not want to pay the premium you must tell us to cancel your benefits within 60 days from the date the premium has changed. If you do not cancel your benefit by that date, you will need to pay any premium bills you get."

The appellant's representative maintains he was unaware the appellant had been approved for MassHealth or that he owed a premium testifying the MassHealth notices were sent to a former address. The representative maintains he was unaware of the household's MassHealth status until September 19, 2023, after his wife contacted MassHealth regarding the appellant's May 2023 application. The representative argues that, because the appellant was unaware that he was approved for MassHealth CommonHealth, he could not cancel the coverage within the 60 day time period.

I do not find this testimony persuasive as the evidence established that the MassHealth approval notice dated May 22, 2023, Request for Information notice dated May 22, 2023, and premium billing invoices for June, July, August, and September 2023 were all addressed to the appellant at his current residence. None of the notices were address to a former residence and none of these notices were returned as undeliverable.

The appellant applied for and received CommonHealth coverage from May 22, 2023 until September 2023. There is no evidence the appellant or his representatives contacted MassHealth to terminate the appellant's CommonHealth within 60 days of approval and as a result the appellant is responsible for the premium payments for the months of June, July, August, and September 2023 whether or not the appellant accessed the insurance coverage. (See 130 CMR 506.011(H)).² This appeal is DENIED.

¹ 130 CMR 506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums 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. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A)...

(C) Premium Payment Billing. (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).

² 130 CMR 506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums (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 his or her 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**

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: Springfield MEC, MassHealth Premium Billing

voluntary withdrawal is made in accordance with 130 CMR 506.011(C)(5). (Emphasis added).