

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2311994
<b>Decision Date:</b>	1/16/2024	<b>Hearing Date:</b>	December 21, 2023
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representative:**

Pro se



**MassHealth Representative:**

John Prout, Springfield MEC  
Karishma Raja, Premium Billing



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	130 CMR 506.011 Premium Payment
<b>Decision Date:</b>	1/16/2024	<b>Hearing Date:</b>	December 21, 2023
<b>MassHealth Rep.:</b>	J. Prout	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 November 17, 2023, stating: You withdrew your application. (Exhibit 1).

The appellant filed this appeal timely on November 24, 2023. (130 CMR 610.015; Exhibit 2).

Eligibility status is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CommonHealth coverage.

### Issue

Did the appellant fail to make premium payments for MassHealth CommonHealth?

## Summary of Evidence

MassHealth testified on August 03, 2023 the appellant applied for MassHealth benefits as a household of two with monthly gross income of \$4,143.32 or 247.13% of the federal poverty level (FPL). MassHealth determined the appellant was over the 133% of the FPL (\$2,186.00) and therefore ineligible for MassHealth Standard, however because the appellant is disabled, he was determined eligible for MassHealth CommonHealth with a premium of \$46.80.

A representative from the Premium Billing Unit testified that the appellant was approved for MassHealth CommonHealth coverage and was billed the \$46.80 premium for the months of September, October and November 2023. Premium Billing emphasized the approval notice states a household is required to pay a MassHealth premium, and if they do not want to pay the premium, they must cancel the benefits within 60 days. Premium Billing maintained the appellant never made a premium payment nor contacted MassHealth until November 17, 2023 when the appellant voluntarily withdrew his request for MassHealth CommonHealth coverage. The representative indicated the appellant has accrued a premium payment arrearage of \$140.40. MassHealth submitted into evidence printout of arrearage. (Exhibit 4).

The appellant testified that he just turned [REDACTED] years old and he thought CommonHealth was just another benefit you get like Medicare and didn't know there was a premium payment associated with it. The appellant maintained he has Blue Cross Blue Shield coverage through a former employer and doesn't need or want CommonHealth. The appellant indicated after a visit with Advocacy for Access he realized he was being charged for CommonHealth and terminated his request for any benefits. The appellant stated he has never used any CommonHealth benefits.

## Findings of Fact

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

1. On August 03, 2023, the appellant applied for MassHealth and was approved for MassHealth CommonHealth with a premium of \$46.80. (Testimony).
2. The appellant received a CommonHealth premium bill of \$46.80 in the months of September, October November 2023. (Exhibit 4).
3. The appellant did not pay his CommonHealth premium bill of \$46.80 in the months of September, October November 2023. (Exhibit 1).
4. On November 17, 2023, the appellant withdrew his request for MassHealth and CommonHealth coverage. (Testimony).

## Analysis and Conclusions of Law

MassHealth may charge a premium to certain MassHealth CommonHealth members who have incomes above 150% of the federal-poverty level.<sup>1</sup> Once approved for CommonHealth coverage MassHealth will assess a premium and bill the individual for a premium payment. If the member does not pay the premium or cancel CommonHealth within 60 days of the date on the bill, then the member's eligibility for benefits is terminated and they will be responsible for the unpaid assessed premium payment. (130 CMR 506.011(C)(5)).

Although the appellant argued he did not know there was a premium associated with CommonHealth participation the appellant acknowledged he received premium bills for \$46.80 in the months of September October and November 2023. Further, there is no evidence to suggest that the appellant did not receive the approval notice that informed him that her would have a premium. While the appellant cancelled his CommonHealth MassHealth coverage on November 17, 2023, the cancellation was not within 60 days of his first CommonHealth premium bill of September 2023, therefore the appellant is responsible for the assessed premium payment of September, October and November 2023 and this appeal is DENIED.

Unsuspected debts processed through the State accounting system, such as premium payments due to MassHealth, are automatically assigned to the Office of the Comptroller for intercept when the debt is 120 days past due. (815 CMR 9.06(3)).

## Order for MassHealth

MassHealth can proceed with recoupment of premium payment arrearage.

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<sup>1</sup> 130 CMR 506.011: MassHealth Standard, CommonHealth, Family Assistance, and the Children's Medical Security Plan (CMSP) Premiums (A) MassHealth Standard, CommonHealth, Family Assistance, and the Children's Medical Security Plan (CMSP) Premiums. MassHealth may charge a premium to certain MassHealth CommonHealth and Family Assistance members, and to certain women with breast or cervical cancer who receive MassHealth Standard in accordance with 130 CMR 505.002(H) who have incomes above 150% of the federal-poverty level. MassHealth may charge a premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the federal-poverty level. Only one premium per family group will be assessed. Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(K). (2) MassHealth CommonHealth premiums are based on family group gross countable income, family group size as it relates to the federal-poverty-level income guidelines, and whether or not the member has other health insurance. (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.

## 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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: Springfield, MEC

Maximus Premium Billing, Attn: Karishma Raja, 1 Enterprise Drive, Suite 310, Quincy, MA 02169