

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied in part; Approved in part	Appeal Number:	2312322
Decision Date:	02/20/2024	Hearing Date:	12/29/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Danielle Pellegrino, Quincy MEC
Carmen Fabery, 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

Appeal Decision:	Denied in part; Approved in part	Issue:	Premium Billing
Decision Date:	02/20/2024	Hearing Date:	12/29/2023
MassHealth's Rep.:	Danielle Pellegrino; Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	No

Authority

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

Jurisdiction

Through three notices dated October 6, 2023, MassHealth terminated the MassHealth coverage of the Appellant's three minor children for past due premiums (see 130 CMR 506.011(E)(2) and Exhibit 1). The Appellant filed this appeal in a timely manner on November 29, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the MassHealth coverage of the Appellant's three minor children for unpaid premiums and assessed that the Appellant owed \$336 for such premiums.

Issue

The appeal issue is whether MassHealth was correct that the Appellant owes \$336 for past due premiums.

Summary of Evidence

The hearing was conducted telephonically. MassHealth was represented by both an eligibility specialist and a Premium Billing specialist. The MassHealth eligibility specialist testified that the Appellant has a household size of four, which includes the Appellant and her three minor children, and that the household's income is 291% of the federal poverty level. Therefore, under 130 CMR 506.011(B)(3), MassHealth assessed a monthly premium of \$84 for the children's MassHealth Family Assistance coverage. The MassHealth eligibility specialist testified that MassHealth notified the Appellant of the premium on October 8, 2022, but that due to the public health emergency, the Appellant was not billed for the premium until June 2023. The Premium Billing specialist testified that the Appellant owed premiums totaling \$336 for June-September 2023. The Premium Billing specialist stated that if the Appellant did not want the Family Assistance coverage for her children, she should have contacted MassHealth to cancel the coverage upon receiving the October 8, 2022, notice.

The Appellant verified her children's identities. The Appellant testified that, in June 2023, she received a bill for \$84 and called MassHealth at the phone number listed on the bill. The Appellant testified that she asked why she was receiving a bill and that she told the MassHealth representative that she did not want the MassHealth Family Assistance coverage for her children if it would cost \$84/monthly. The Appellant testified that she phoned MassHealth several times and that she did not understand why it took until October 2023 for MassHealth to record that she had withdrawn the children from MassHealth coverage.

Findings of Fact

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

1. The Appellant has a household size of four, consisting of herself and her three minor children (Testimony).
2. The Appellant's household income is 291% of the federal poverty level (Testimony).
3. MassHealth assessed the Appellant's household a \$84/monthly premium (Testimony, Exhibit 5).
4. MassHealth billed the Appellant four months of premium payments, totaling \$336, for June 2023 through September 2023 (Testimony, Exhibit 5).
5. In June 2023, upon receiving a premium bill, the Appellant called MassHealth to end the MassHealth Family Assistance coverage (Testimony, Exhibit 5).

Analysis and Conclusions of Law

MassHealth may charge a monthly premium to members with MassHealth Standard, CommonHealth, or Family Assistance who have income above 150 percent of the federal poverty level, as provided in 130 CMR 506.011. If the member contacts MassHealth 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). MassHealth may terminate a member's eligibility for benefits if a premium bill is not paid within 60 days. 130 CMR 506.011(D)(1).

Regarding voluntary withdrawal, MassHealth regulations at 130 CMR 506.011(H) provide:

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).

130 CMR 506.011(H).

The Appellant testified that in June 2023, upon receiving a premium bill, she phoned MassHealth to withdraw from coverage. I credit the Appellant's testimony, and this is supported by a call log from MassHealth Member Services that she called on June 23, 2023 about the bill. Exhibit 5 at 12. Therefore, I find that the Appellant withdrew from MassHealth Family Assistance coverage for her children in June 2023. Under 130 CMR 506.011(H), the Appellant is responsible for the June 2023 premium of \$84. Thereafter, because the household's Family Assistance coverage ended, the Appellant does not owe a premium for July 2023 to September 2023, totaling \$252. Accordingly, the appeal is denied in part and approved in part.

Order for MassHealth

Update the MassHealth's records for the Appellant's household to indicate that they withdrew from MassHealth Family Assistance coverage as of June 23, 2023. Adjust premium balance owed from \$336 to \$84.

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.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

MassHealth Representative: Premium Billing