

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2313125
<b>Decision Date:</b>	2/14/2024	<b>Hearing Date:</b>	02/08/2024
<b>Hearing Officer:</b>	Paul C. Moore		

**Appearance for Appellant:**  
Pro se (via Microsoft Teams)

**Appearances for MassHealth:**  
Tiffany Castellanos, Charlestown MassHealth Enrollment Center (via telephone); Carmen Fabery, MassHealth premium billing unit (via Microsoft Teams)



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Premium Billing; Failure to Cancel Coverage
<b>Decision Date:</b>	2/14/2024	<b>Hearing Date:</b>	02/08/2024
<b>MassHealth Reps.:</b>	Tiffany Castellanos, Carmen Fabery	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings (Microsoft Teams)		

### 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 October 30, 2023, MassHealth notified the appellant that it planned to terminate his MassHealth coverage on November 13, 2023 because he withdrew his application (Exh. 1). The appellant filed a timely appeal with the Board of Hearings (BOH) on December 14, 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 November 13, 2023 because the appellant withdrew his application, and billed the appellant a premium for CommonHealth coverage in October, 2023.

### Issues

The issue on appeal is whether MassHealth appropriately assessed a premium for the appellant's MassHealth coverage in October, 2023.

## Summary of Evidence

A MassHealth representative from the MassHealth premium billing unit (“premium billing representative”) testified by Microsoft Teams that the appellant is under age 65, is disabled and lives in a household of one. MassHealth deemed the appellant to be disabled in January, 2023, and at that time, he was enrolled in MassHealth CommonHealth coverage, effective in February, 2023. MassHealth determined that based on the appellant’s household income, he owed a monthly premium \$184.00 starting in February, 2023. The premium billing representative testified that the appellant called MassHealth in October, 2023 to cancel his CommonHealth coverage. She testified that in order for MassHealth to waive the CommonHealth premiums he owed, the appellant would have had to cancel his coverage within ninety (90) days of the date he was apprised of the premium amount.<sup>1</sup> The premium billing representative testified that because the appellant did not cancel his coverage within ninety (90) days of the January, 2023 notice, and because he still had MassHealth coverage in the month of October, 2023, he owes \$184.00 to the premium billing unit (Testimony).

A MassHealth representative from the Charlestown MassHealth Enrollment Center (“MassHealth representative”) testified that the appellant is a household of one, and noted that his monthly CommonHealth premium was calculated correctly at \$184.00. She added that due to the Covid-19 public health emergency, the premium billing unit was not sending premium invoices to members until June, 2023, after the public health emergency ended. The MassHealth representative testified that the appellant had CommonHealth coverage for the entire month of October, 2023 (Testimony).

The appellant testified via Microsoft Teams that he paid his CommonHealth premiums for the months of June, 2023 through September, 2023. He got married in June, 2023, and he was added to his spouse’s employer-sponsored insurance. Thus, he no longer needs MassHealth CommonHealth coverage. He did not know the exact date when his health insurance through his spouse became effective. He testified that he sent a letter to MassHealth in Lowell in July or August, 2023 to notify them that he is now a household of two, and that he no longer needs MassHealth coverage. However, he acknowledged that he may have sent this letter to the wrong address, or to the wrong MassHealth department. He has no records corroborating that he sent this letter. He added that when he received a premium bill in October, 2023, he called MassHealth to cancel his coverage. That call occurred on or about October 30, 2023. Although he received the October, 2023 premium bill, he did not pay it. He requested at hearing that the premium billing unit waive his October, 2023 premium of \$184.00 (Testimony).

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<sup>1</sup> The premium billing representative testified that regulation 130 CMR 506.011(C) states that a member may cancel his or her insurance within 60 days of the date he or she is apprised of the premium owed for that insurance; however, she stated that the premium billing unit has extended the deadline to cancel coverage to 90 days, as a result of the public health emergency.

The premium billing representative stated that the appellant received the October, 2023 premium bill in about the third week of the month, and that the bill applied to coverage he had in October, 2023 (Testimony).

### **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 deemed disabled by MassHealth in January, 2023, and was enrolled in MassHealth CommonHealth coverage (Testimony).
3. In January, 2023, MassHealth sent the appellant a notice that he is eligible for CommonHealth coverage, with a monthly premium of \$184.00 beginning in February, 2023 (Testimony).
4. The appellant got married in June, 2023, and enrolled in his spouse's employer-sponsored health insurance (Testimony).
5. The appellant sent a letter to MassHealth in Lowell in July or August, 2023 to notify them that he is now a household of two, and that he no longer needs MassHealth coverage; however, he may have sent this letter to the wrong address, or to the wrong MassHealth department (Testimony).
6. The appellant was billed CommonHealth premiums for the months of June, July, August, and September, 2023, which he paid (Testimony).
7. The appellant received another CommonHealth premium bill in about the third week of October, 2023 (Testimony).
8. The appellant did not pay the October, 2023 CommonHealth premium bill (Testimony).
9. On or about October 30, 2023, the appellant called MassHealth to cancel his CommonHealth coverage (Testimony).
10. By a notice dated October 30, 2023, MassHealth notified the appellant that it planned to terminate his MassHealth coverage on November 13, 2023 because he withdrew his application (Exh. 1).
11. The appellant filed a timely appeal of this notice with the BOH on December 14, 2023 (Exh. 2).

12. The appellant is requesting a waiver of the \$184.00 CommonHealth premium he owes for October, 2023 (Testimony).

13. The appellant had CommonHealth coverage for the entire month of October, 2023 (Testimony).

### **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 by notice dated January, 2023. Based on his household income, he was assessed a premium for this

coverage of \$184.00. The appellant did not appeal the amount of this premium.

In June, 2023, the appellant married, and enrolled in his spouse's employer-sponsored health insurance. He attempted to disenroll from CommonHealth coverage by sending a letter to MassHealth in July or August, 2023, but he did not recall where he sent this letter. Further, he had no documentation to corroborate that he sent this letter.

The appellant received CommonHealth premium bills in June, July, August, September and October, 2023. He paid all bills, except the one for October, 2023. He requests a waiver of this bill, since he no longer needs CommonHealth coverage.

The evidence shows that the appellant called MassHealth to cancel his coverage on or about October 30, 2023. This date is well beyond 60 days from January, 2023, set forth at 130 CMR 506.011(C)(5), above, to cancel his coverage, and is also beyond the extended 90 day-deadline to cancel, about which the premium billing representative testified at hearing.

The appellant has not shown that he meets the requirements for waiver of the \$184.00 monthly premium bill for October, 2023. He therefore owes this amount to the premium billing department.

For these reasons, the appeal must be DENIED.

### **Order for MassHealth**

Proceed with efforts to collect \$184.00 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.

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Paul C. Moore  
Hearing Officer  
Board of Hearings

cc: Nga Tran, Appeals Coordinator, Charlestown MEC;  
cc: Gretchen Whitworth, MassHealth premium billing