

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2313167
Decision Date:	3/4/2024	Hearing Date:	01/09/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Eric Mattos, Springfield MEC; Karishma Raja,
Maximus 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	Issue:	Premium Billing
Decision Date:	3/4/2024	Hearing Date:	01/09/2024
MassHealth's Reps.:	Eric Mattos, Springfield MEC; Karishma Raja, Maximus Premium Billing	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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

On 11/28/2023, MassHealth informed the appellant that it planned to terminate his son's MassHealth benefits on 12/12/2023 because the appellant owes past due premiums for his MassHealth CommonHealth benefits. The notice informed the appellant that "if, before the coverage ending date, the person pays all past due amounts, sets up a payment plan with MassHealth, requests a hardship waiver, or meets other requirements in 130 CMR 506.011(D), he or she may continue to get MassHealth. For children younger than age 19, coverage may be reinstated, upon request, after 90 days from the coverage ending date" (130 CMR 502.009; 506.011(D); Exhibit 1). The appellant appealed this matter in a timely manner on 12/15/2023 (130 CMR 610.015; Exhibit 2). Termination of MassHealth benefits is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that planned to terminate his son's MassHealth benefits on 12/12/2023 because he has past due premiums for his MassHealth CommonHealth benefits.

Issue

Did MassHealth correctly determine that the appellant failed to pay the monthly premium for his son's MassHealth CommonHealth benefits and, as a result, the benefits should be terminated?

Summary of Evidence

The MassHealth representative from the Springfield MassHealth Enrollment Center and the representative from the MassHealth Premium Assistance Unit testified telephonically that the appellant is a member of a household of four. The family's gross monthly income is \$15,249.18, which equals 589% of the federal poverty level. The appellant sought benefits for his minor son, only, who was determined to be disabled and who was determined to be eligible for MassHealth CommonHealth benefits with a \$267.40 monthly premium. The appellant was notified that his son was approved for MassHealth CommonHealth benefits through a notice dated 08/28/2023. The benefits were made retroactive to 07/25/2023. According to the information on the approval notice, the appellant can cancel the coverage without paying the monthly premium as long as he informs MassHealth of his cancellation within 60 days of the notice date. The benefits terminated on 11/28/2023 for non-payment of the premium. The appellant did not call to withdraw the application until 12/13/2023.

MassHealth billed the appellant for his son's MassHealth CommonHealth benefits for the months of September, October, and November 2023. The monthly premium was \$267.40 and there is an outstanding premium bill of \$802.20 (Exhibit 4).

The appellant appeared at the fair hearing and testified telephonically that the son has special needs and the family applied for MassHealth benefits for him. After he was approved for MassHealth benefits, the family found out his treating sources did not accept MassHealth benefits and, in some circumstances, MassHealth did not pay the providers who did accept the benefits. The family has other health insurance. The appellant stated that he tried to call MassHealth to understand the benefits, but that he never used the MassHealth benefits. He wants MassHealth to cancel the outstanding premiums.

Findings of Fact

Based on a preponderance of the evidence, I find:

1. The appellant, a man between 19 and 64 years of age, is a member of a household of four people. The family has gross monthly income of \$15,249.18, which equals 589% of the federal poverty level for a family size of four.
2. The appellant applied for MassHealth benefits for his minor son only.
3. On 08/28/2023, the appellant's son was approved for MassHealth CommonHealth benefits with a \$267.40 per month premium.
4. On 08/28/2023, MassHealth sent a notice to the appellant informing him of his son's eligibility and the monthly premium. In addition, the notice informed the appellant that if he did not want the benefits, he was required to contact MassHealth within 60 days to cancel the benefits.
5. The appellant received monthly premium bills for the months of September, October, and November 2023, totaling \$802.20 (\$267.40 X 3).
6. The appellant did not pay the outstanding premiums.
7. On 11/28/2023, MassHealth informed the appellant that it planned to terminate his son's MassHealth CommonHealth benefits on 12/12/2023 for failure to pay the monthly premiums.
8. On 12/15/2023, the appellant filed a timely appeal with the Board of Hearings.
9. A fair hearing was held on 01/09/2024, at which the appellant appeared telephonically.
10. The appellant has private health insurance for his family.

Analysis and Conclusions of Law

Regulations at 130 CMR 506.011(C) address premium payment billing as follows:

- (1) With the exception of persons described in 130 CMR 505.004(C): Disabled Adults, MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency's eligibility determination.
- (2) Persons described in 130 CMR 505.004(C): Disabled Adults who are assessed a premium, are responsible for monthly premium payments beginning with the calendar month following the date the deductible period ends, or the calendar month following the month in which the member has verified that the deductible has been met, whichever is later.
- (3) Members who are assessed a revised premium as the result of a reported change, or any adjustment in the premium schedule are responsible for the new premium payment

beginning:

(a) with the calendar month following the reported change if the premium is increased;
or

(b) with the calendar month of the reported change if the premium is decreased or no longer assessed.

(4) Members who have been assessed premiums but who are subsequently determined eligible for MassHealth benefits that do not require a premium will not be charged a premium for the calendar month in which the coverage type changes or thereafter.

(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.)

This appeal involves \$802.20 of unpaid premiums that were billed to the appellant for his minor son's MassHealth CommonHealth benefits. The appellant applied for benefits in August 2023 and on 08/28/2023, MassHealth approved the appellant's son for MassHealth CommonHealth benefits with a total monthly premium of \$267.40. There was no dispute as to MassHealth's calculation of the monthly premium. The appellant received bills for his son's benefits for the months of September, October, and November 2023. On 11/28/2023, MassHealth informed the appellant that it planned to terminate his son's benefits for a failure to pay the monthly premiums. The appellant seeks to have the past due premiums waived, based primarily on the assertion that he never used the MassHealth CommonHealth benefits for his son.

The appellant did not dispute that he received all notices and bills sent to him by MassHealth. The approval notice dated 08/28/2023 informed him that if he did not want the benefits for which his son was approved, he must contact MassHealth to cancel the benefits within 60 days. By all accounts, the appellant did not cancel his son's MassHealth benefits until he called on 12/13/2023. If he had contacted MassHealth by 10/28/2023, MassHealth would have waived the premiums. However, the undisputed evidence is that the appellant first called MassHealth on 12/13/2023 to cancel the benefits. Based on the evidence in the hearing record and the above regulation, MassHealth is correct to terminate the son's benefits and pursue payment of the \$802.20 past due premiums. This appeal is therefore denied.

The appellant may contact the MassHealth Premium Billing Unit to inquire about a payment plan or to file a hardship waiver, if appropriate.

Order for MassHealth

Pursue collection of \$802.20 in past due premiums.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104