

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405801
Decision Date:	6/3/2024	Hearing Date:	May 20, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:



MassHealth Representatives:

Gretchen Whitworth, Premium Billing
Hector Rivera, Springfield MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
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APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium Billing 130 CMR 506.011
Decision Date:	6/3/2024	Hearing Date:	May 20, 2024
MassHealth Reps.:	G. Whitworth H. Rivera	Appellant Rep.:	Pro se, wife
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 February 27, 2024 stating MassHealth has determined you do not qualify for MassHealth benefits you have past due premiums. (Exhibit 1). The appellant filed this appeal in a timely manner on April 11, 2024. (130 CMR 610.015; Exhibit 2). Denial of eligibility is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant MassHealth benefits.

Issue

Does the appellant have past due premium payments?

Summary of Evidence

MassHealth testified the appellant was receiving MassHealth Standard benefit through Social Security beginning February 16, 2016. On August 30, 2023 a notice was sent to the appellant stating that he needed to renew his application to determine if he could continue the benefits directly with MassHealth. On November 15, 2023 a new application was completed and, based on financial information submitted, MassHealth determined the appellant was no longer eligible for Standard coverage but because of the verified disability, he was eligible for CommonHealth with a premium of \$148.40 effective December 2023. A notice informing the appellant of these changes was sent on November 15, 2023. On February 27, 2024 a notice was sent to the appellant stating that his benefits would terminate on March 12, 2024 for failure to pay premiums and he owed a balance of \$445.20. On April 01, 2024 the appellant called MassHealth to cancel his benefits. The appellant was told because he did not request cancellation of benefit within 60 days of the notice informing him of the coverage, he would still be responsible for the unpaid premiums.

A representative from the Premium Billing Unit testified that the appellant failed to pay the \$148.40 premiums for the months of December 2023 through February 2024 for a total of \$445.20. Premium Billing repeated that the approval notice and all premium bills were sent to the appellant's confirmed address. Premium Billing submitted into evidence premium bills and calculation of overpayment. (Exhibit 4).

The appellant and his representative testified that the appellant did not receive the notice and premium bills. The appellant's representative stated the appellant has had a series of strokes and did not know he was no longer on MassHealth until he went to the pharmacy and they stated he owed money for his prescriptions because his MassHealth had stopped.

The hearing officer requested Premium Billing determine whether the appellant used the MassHealth benefits during December 2023 through February 2024. Premium Billing responded that the appellant used MassHealth benefits on January 05, 2024, January 26, 2024, four times on February 23, 2024 and two times on March 08, 2024. (Exhibit 5).

Findings of Fact

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

1. On August 30, 2023 a notice was sent to the appellant stating that he needed to renew his MassHealth application to determine his eligibility. (Testimony).
2. On November 15, 2023 the appellant completed a new MassHealth application verifying his disability (Testimony).

3. On November 15, 2024 MassHealth sent a notice to the appellant's confirmed address approving him for CommonHealth with a premium of \$148.40 effective December 2023. (Testimony).
4. MassHealth sent premium billing invoices for \$148.40 in December 2023, January, 2024, and February 2024 to the appellant's confirmed current address. (Exhibit 4 and Testimony).
5. The appellant failed to pay the premium of \$148.40 for the months of December 2023, January 2024, and February 2024. (Exhibit 4).
6. By notice dated February 27, 2024, MassHealth terminated the appellant's CommonHealth coverage for failure to pay premiums.
7. On April 01, 2024 the appellant contacted MassHealth and cancelled his CommonHealth coverage. (Testimony).
8. The appellant used MassHealth benefits on January 05, 2024, January 26, 2024, four times on February 23, 2024 and two times on March 08, 2024. (Exhibit 5).
9. The appellant has a current premium arrearage of \$445.20 (3 months @ \$148.40). (Exhibit 1 and 4).

Analysis and Conclusions of Law

On November 15, 2023, the appellant was notified of his MassHealth CommonHealth approval and informed he had been assessed a premium of \$148.40 per month beginning December 2023. MassHealth sent the approval notice and request for premium payment for the months of December 2023, January 2024, and February 2024 to the appellant at his confirmed current address.

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

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 (PBFG) 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**

MassHealth CommonHealth approval notice dated November 15, 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 and his representative maintain the appellant was unaware the appellant had been approved for MassHealth or that he owed a premium testifying that they never received the notices. The appellant argues he could not cancel his MassHealth coverage within the 60 day time period because he was unaware he was approved for MassHealth CommonHealth. The appellant asserts he did not know his MassHealth status until he was denied coverage at the pharmacy.

I do not find this testimony persuasive as the evidence establishes that the MassHealth approval notice and all subsequent premium bills were sent to the appellant's current confirmed address. There was no evidence presented indicating that any other MassHealth notices were not received or returned as undeliverable. Further the appellant accessed MassHealth coverage during the time in question.

The appellant applied for, received and used CommonHealth coverage from December 2023 through February 2024. 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 December 2023 January 2024, and February 2024.(See 130 CMR 506.011(H)).² This appeal is DENIED.

The appellant has a current premium arrearage of \$445.20 (3 months @ \$148.40) and should contact MassHealth Premium Billing regarding initiating a payment plan.

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

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: MassHealth representative: Springfield MEC and Premium Billing

