

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2406813
<b>Decision Date:</b>	7/23/2024	<b>Hearing Date:</b>	06/04/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Elizabeth Cruz, Tewksbury 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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	7/23/2024	<b>Hearing Date:</b>	06/04/2024
<b>MassHealth's Rep.:</b>	Elizabeth Cruz; Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	No

### Authority

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

### Jurisdiction

Through a notice dated April 2, 2024, MassHealth terminated the benefits for the Appellant's minor child because the Appellant withdrew the application for benefits. 130 CMR 502.009 and Exhibit 1. The Appellant filed this appeal in a timely manner on April 29, 2024. 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 assessed that the Appellant owes \$655.20 for MassHealth CommonHealth premiums for the period of January-March 2024.

### Issue

The appeal issue is whether MassHealth was correct in charging the Appellant \$655.20 for MassHealth CommonHealth premiums after the Appellant withdrew from CommonHealth coverage.

## Summary of Evidence

The hearing was conducted telephonically. MassHealth was represented by a Premium Billing specialist and an eligibility specialist, and their testimony is summarized as follows: the Appellant has a household size of three, consisting of two adults and a minor child. The minor child has a disability that has been verified by Disability Evaluation Services. The household's gross monthly income is \$10,791.66, and the household has private, employer sponsored insurance. On August 11, 2023, the child was approved for MassHealth Family Assistance, and on August 15, 2023, the child's benefit was changed to MassHealth CommonHealth. On December 4, 2023, the Appellant was notified that her child was eligible for MassHealth CommonHealth with a \$218.40 premium/month, beginning in January 2024. The Premium Billing specialist testified that the Appellant was billed a premium for the months of January-March 2024. Premium Billing testified that the premium bills are sent out in the middle of the month. Premium Billing testified that to avoid premiums, the Appellant needed to cancel the coverage within 90 days of the December 4, 2024, approval notice, and that the Appellant did not cancel the coverage until April 2, 2024. Premium Billing explained that MassHealth had instructed them that members can voluntarily withdraw from coverage up to 90 days without incurring a premium bill—an increase over the 60 days listed in the MassHealth regulations.

The Appellant verified her child's identity and testified that her first notice that she owed a premium was a bill that she received in the third week of January 2024. The Appellant testified that she did not understand why there was a premium when there had not been one starting in August 2023. The Appellant explained that she has a 30-minute break for lunch and that she tried calling MassHealth multiple times to try and speak with someone and understand the bill she had received, and that it took her several attempts. The Appellant withdrew from coverage on April 2, 2024.

## Findings of Fact

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

1. The Appellant has a minor child. Testimony, Exhibit 4.
2. The Appellant and her family, including her minor child, have private insurance. Testimony.
3. On December 4, 2023, the Appellant was informed that her child was eligible for CommonHealth, effective August 15, 2023, with a \$218.40 premium starting in January 2024.
4. The Appellant was first billed the \$218.40 premium in mid-January 2024. Testimony.

5. The Appellant withdrew her child from CommonHealth coverage on April 2, 2024. Testimony, Exhibit 1.
6. On April 2, 2024, MassHealth issued a termination notice, effective April 16, 2024, because the Appellant had called MassHealth on April 2, 2024, to terminate MassHealth coverage. Testimony, Exhibit 1.
7. The Appellant timely filed an appeal on April 29, 2024. Exhibit 2.
8. If a member contacts MassHealth and requests a voluntary withdrawal within 90 days of the premium notice, premiums are waived. Testimony.

## **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). As testified to at the hearing, Premium Billing stated that MassHealth had directed them to not bill members who requested a voluntary withdrawal within 90 days. 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).

MassHealth Premium Billing argued that the Appellant was required to terminate the coverage 90 days from the December 4, 2023, notice. The Appellant testified that her first notice of a premium was when she received a bill in the third week of January 2024. Because the Appellant had not received a premium bill beginning with the child's approval for CommonHealth in August 2023, it is therefore reasonable to conclude that the Appellant's first notification of an actual premium due occurred with the receipt of the premium invoice for January 2024. On April 2, 2024, the Appellant called MassHealth to cancel the coverage within 90 days of receiving the January 2024 notice of the first actual premium. Accordingly, I find that the Appellant is not responsible for the premium bills for January-March 2024, and the appeal regarding the \$655.20 in premium bills is approved.

## **Order for MassHealth**

Rescind Appellant's premiums assessed for January-March 2024 for \$655.20.

## **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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

Premium Billing