

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406867
<b>Decision Date:</b>	07/23/2024	<b>Hearing Date:</b>	06/07/2024
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**



**Appearance for MassHealth:**


Sherri Paiva, Taunton MEC  
Carmen Fabery, Premium Billing

**Interpreter:**



*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>	Denied	<b>Issue:</b>	Past Due Balance, Premium Billing
<b>Decision Date:</b>	07/23/2024	<b>Hearing Date:</b>	06/07/2024
<b>MassHealth's Rep.:</b>	Sherri Paiva Carmen Paiva	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote (phone)	<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 11, 2024, the Massachusetts Department of Revenue (DOR) informed appellant that a total of \$472 had been deducted from her state income tax refund to satisfy an outstanding unpaid debt due to the Executive Office of Health and Human Services (EOHHS) (Ex. 1). Appellant filed this appeal in a timely manner on April 23, 2024. (Ex. 2). The interception of a state tax refund to satisfy a debt is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth, through DOR, intercepted a total of \$472 from the appellant's state tax refund to satisfy an outstanding debt for unpaid premiums.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant owed past-due premiums.

## Summary of Evidence

Appearing by phone was a MassHealth eligibility representative (worker) and a representative from the Premium Billing Unit. Appellant also appeared by phone. The record establishes the following: The worker testified that appellant applied for MassHealth for one of her sons and he was found eligible for MassHealth CommonHealth. The worker stated that the child was on CommonHealth with a start date of June 8, 2014. MassHealth completed an auto renewal for the child for CommonHealth on October 7, 2022 with a monthly premium of \$303 a month. (Ex. 4, p. 3). The notice received by appellant for the October 2022 auto renewal states that, if she does not want to pay the premium, she must tell MassHealth to cancel the benefit within 60 days from the date she was notified of a new or changed premium. (Ex. 4, p. 4). The worker testified that CommonHealth ended for the child on July 26, 2023 after the child's whole family voluntarily withdrew from MassHealth on July 12, 2023. (Testimony; Ex. 4, p. 2). In response to appellant's testimony that she had never paid a premium bill, the worker explained that appellant had received premium assistance in the past. Appellant agreed that she had received premium assistance from MassHealth in the past. The worker stated that, during the time in which appellant received premium assistance, MassHealth would have been paying the monthly premium bill. The worker also stated that, when the premium assistance ended, the public health emergency began and the payment of the monthly premium bill was waived. The worker stated that the premium bill was always in effect but due to appellant receiving premium assistance from MassHealth, which paid the monthly bill, and the premium bill was waived due to the public health emergency, appellant never previously had to pay a premium bill. (Testimony).

The Premium Billing representative testified that the minor child was found eligible for CommonHealth and approved on October 7, 2022 with a monthly premium of \$303, beginning in November 2022. (Ex. 4, p. 3). She stated that, due to the public health emergency, appellant was not sent a monthly premium bill until June 2023. (See Eligibility Operations Memo 20-09, April 7, 2020). She also testified that there was a voluntary withdrawal from MassHealth on July 12, 2023 but this was outside the 90<sup>1</sup> day deadline to voluntarily withdraw from MassHealth. (See 130 CMR 506.011 (H)). She testified that the 90-day deadline to voluntarily withdraw was January 5, 2023. She stated when appellant withdrew, a balance was owed for June and July 2023, in the amount of \$303 a month. (Testimony; Ex. 4, p. 1). She stated that MassHealth received a tax intercept totaling \$447 on April 17, 2024. That total amount was applied to the June 2023 premium bill of \$303 and the remainder was applied to the July 2023 premium bill. She stated that there is a balance due of \$159. (Testimony). However, the notice that appellant received from the Department of Revenue, dated April 11, 2024, indicates that the intercept for MassHealth totaled \$472. (Ex. 1).

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<sup>1</sup> The regulation for voluntarily withdrawing MassHealth states it must be done within 60 days from the date of the eligibility notice and premium notification but the premium billing representative stated MassHealth directed them to extend it to 90 days due to the public health emergency.

Appellant testified that she had applied for MassHealth as a secondary insurance for her disabled son. She stated that she works for BlueCross. She testified that she would sometimes receive bills and would call MassHealth and was told that she should not be receiving bills. She stated that she had never paid any premium bills since 2014 when her son first became eligible for CommonHealth. She also said that she received the information that her son was automatically renewed in October 2022 but never received a premium bill at that time. She stated that, when she received the premium bill for June 2023, she called MassHealth and told them she did not typically have to pay these bills. She stated that she has told MassHealth in the past that, if she needed to pay for her son's coverage, she did not want it because she has access to her primary insurance. After receiving the June 2023 premium bill and learning that she had to pay the monthly premium, she called MassHealth in July 2023 to voluntarily withdraw from coverage. Appellant also testified that she received premium assistance in the past. She stated she has lived at the same address since her son was automatically renewed for MassHealth in 2022. (Testimony).

## **Findings of Fact**

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

1. Appellant applied for MassHealth for one of her minor sons and he was found eligible for MassHealth CommonHealth with a start date of June 8, 2014. (Testimony).
2. MassHealth completed an auto renewal for the child for CommonHealth on October 7, 2022 with a monthly premium of \$303 a month. (Ex. 4, p. 3). Appellant received information from MassHealth that her son had been automatically renewed for CommonHealth in October 2022. (Appellant Testimony).
3. Appellant had notice, stated in the October 2022 auto-renewal notice, if she did not want to pay the premium, she must tell MassHealth to cancel the benefit within 60 days from the date she was notified of a new or changed premium. (Ex. 4, p. 4).
4. CommonHealth ended for the minor child on July 26, 2023 after the child's whole family voluntarily withdrew from MassHealth on July 12, 2023. (Testimony; Ex. 4, p. 2).
5. Appellant had received premium assistance during the time her son was on CommonHealth. (Appellant Testimony).
6. When appellant was receiving premium assistance, MassHealth paid the monthly premium bill. (Worker Testimony).
7. When the premium assistance benefit ended for appellant, the public health emergency had

begun, and the appellant's monthly premium bill was waived. (Worker Testimony; Eligibility Operations Memo 20-09, April 7, 2020).

8. Appellant's CommonHealth benefit ended because appellant submitted a voluntary withdrawal from MassHealth on July 12, 2023. (Premium Billing Testimony; Worker Testimony; Ex. 4, p. 2).

9. The deadline for appellant to voluntarily withdraw from the MassHealth CommonHealth benefit was January 5, 2023. (Premium Billing Testimony; Worker Testimony).

10. When appellant withdrew from MassHealth, she owed a past due balance for June and July 2023, in the amount of \$303 a month. (Premium Billing Testimony).

11. Appellant currently has the same residential address as she did when her minor child was auto renewed for CommonHealth in October 2022. (Appellant Testimony).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

### 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 130 CMR 506.003 and the premium billing family group (PBFG) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

...

#### (C) Premium Payment Billing.

(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.

...

(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.

...

(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).

The issue is whether appellant is responsible for past due premium bills. Based on this record, appellant is responsible for past due bills. Appellant acknowledges receiving information from MassHealth that her son was auto renewed for CommonHealth in October 2022. Within that notice, appellant was informed she must pay a monthly premium to MassHealth. She was also informed within the notice that if she does not want to pay the monthly premium, she must tell MassHealth to cancel the benefit within 60 days from the date she was notified of a new or changed premium. Pursuant to MassHealth policy, appellant was given 90 days by premium billing to cancel the coverage, which was January 5, 2023. There is no dispute appellant did not cancel the coverage until July 12, 2023 when she voluntarily withdrew from MassHealth. In October 2022, appellant had knowledge of the premium she must pay and the procedure to cancel coverage to not be responsible for any premium payment. She did not follow the procedure within the timeframe described. Therefore, the appeal is denied.

## **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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616