

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in Part	Appeal Number:	2505886
Decision Date:	07/11/2025	Hearing Date:	06/26/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Michael Rossi (Quincy MEC); Carmen Fabery
(Premium Billing Unit)



*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:	Approved in Part	Issue:	Community Eligibility; Under 65; Premium Billing
Decision Date:	07/11/2025	Hearing Date:	06/26/2025
MassHealth's Reps.:	Michael Rossi (Quincy MEC); Carmen Fabery (PBU)	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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

Through notices dated January 3, 2025, MassHealth notified the appellant that her children are no longer eligible for MassHealth Family Assistance due to a change in circumstances. (Exhibits 1A & 1B). The appellant appealed these decisions on April 3, 2025. (Exhibit 2). On April 14, 2025, the Board of Hearings dismissed the appeals because they were not received within the time specified in Section 610.015, which is within 60 days after a MassHealth applicant or member receives official written notice of action. (130 CMR 610.015; 130 CMR 610.035; Exhibit 3).

On April 24, 2025, the Board of Hearings received a request to vacate the dismissal. (130 CMR 610.048(C); Exhibit 4). The Board of Hearings Director determined that there was good cause to vacate the dismissal as the appellant reported a death in her family. (130 CMR 610.048(C); 130 CMR 610.048(D); Exhibit 4). A hearing was scheduled for May 29, 2025. (Exhibit 5).

On the day of the hearing, a representative from the Quincy MassHealth Enrollment Center (Quincy MEC) informed the hearing officer that the agency attempted to resolve the issue on appeal regarding financial and categorical eligibility, as the agency agreed to adjust their decision

regarding the household's modified adjusted gross income (MAGI), making the appellant's children financially and categorically eligible for MassHealth Family Assistance. However, the representative from the Quincy MEC could not issue a notice to begin coverage as the system generated notices on May 22, 2025 stating that the appellant's children were ineligible for MassHealth, the Health Safety Net and the Children's Medical Security Plan due to past due premiums. (Exhibits 1B & 1C). At the time of the hearing in May 2025, the representative from the Quincy MEC stated that they could not speak to issues regarding unpaid premiums.

As the date of the hearing on May 29, 2025 was within 60 days of the date of the notice issued on May 22, 2023 and the parties agreed that denial of assistance due to an unpaid premium was the issue on appeal, the Board of Hearings determined that they had jurisdiction to hear issues regarding the May 22, 2025 denial. A representative from the Premium Billing Unit (PBU) was not present on that day to address these issues. Therefore, the hearing was rescheduled to have a representative from the PBU present. A hearing was scheduled for June 26, 2025.

Denial of assistance and a decision regarding the scope and amount of assistance are both valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

On January 3, 2025, MassHealth notified the appellant that coverage for her children will change to Children's Medical Security Plan on December 24, 2024. (130 CMR 505.000; 130 CMR 506.000). On May 22, 2025, MassHealth notified the appellant that her children are not eligible for MassHealth, the Children's Medical Security Plan or the Health Safety Net due to past due premiums. (130 CMR 506.011; 130 CMR 506.015).

Issue

Whether MassHealth was correct in determining that the appellant's children are not eligible for MassHealth due to past due premiums.

Summary of Evidence

All parties appeared by telephone. Documents presented by the appellant are incorporated into the hearing record as Exhibit 8. Documents presented by the MassHealth Premium Billing Unit (PBU) are incorporated into the hearing record as Exhibit 9.

In January 2025, MassHealth changed the health benefits of the appellant's children from MassHealth Family Assistance to the Children's Medical Security Plan, as the agency determined that the appellant had income at 446.54% of the federal poverty level. At the time of the January

2025 decision, MassHealth had the appellant as a family group of 4 with a monthly adjusted gross income (MAGI) of \$7,313.02. The appellant filed an appeal, and a hearing was scheduled for a date in May 2025. Prior to the hearing date in May 2025, the appellant reported changes in household composition and income. The agency now considers the appellant a member of family group of 3 with monthly income of \$5,824.40. Applying a regulatory 5% disregard, the appellant's MAGI of \$5,713.35 is at 257.24% of the federal poverty level. The Quincy MEC representative testified that the appellant's children would be eligible for MassHealth Family Assistance as the income of the MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL). However, in making changes to the appellant's case, the system generated notices stating that the children are not eligible for MassHealth Family Assistance, Health Safety Net or Children's Medical Security Plan due to past due premiums.

A representative from the MassHealth Premium Billing Unit (PBU) testified that the agency has records of past due premiums of \$56 each month from November 2023 through December 2024. (Testimony; Exhibit 9). The PBU calculated a past due premium balance of \$784. The representative from PBU testified that the bills were sent to an address on [REDACTED]. The appellant responded that she did not receive any of the bills and reported a change in address to MassHealth when she moved to an address on [REDACTED]. The appellant presented a copy of a Declaration of Homestead from 2021 stating that she occupies a residence on [REDACTED] as her principal residence. The representative from the Quincy MEC testified that their system shows a reported change in address to [REDACTED] in January 2025. The notices in January 2025 were sent to the address on [REDACTED]. The notices issued in May 2025 were sent to the address [REDACTED].

The appellant testified that she received notices regarding her own eligibility as well as Form 1095-Bs regarding health insurance coverage at the [REDACTED]. The appellant presented a January 2024 Form 1095-B with her daughter's name on it as well as an eligibility notice for the appellant from October 2023. (Exhibit 8). The Quincy MEC representative testified that both notices appear to be auto generated from another system but could not identify the system, and noted that MassHealth did not have a record of a change in address in their system until January 2025. The appellant did not know if she reported a change in address electronically or by telephone. The appellant did not identify the date of when she reported a change in address.

The records presented by the PBU show a history of premium invoices and payments of \$56 from January 2020 to April 2020. (Exhibit 9). Records from PBU show that the appellant did not have another premium due until November 2023. (Exhibit 9). The PBU representative testified that this gap may have been due to some systemic changes that the agency put in place during the COVID-19 Public Health Emergency. None of the parties could speak to the issuance of a notice of termination prior to the one on appeal. The appellant's children remained eligible for MassHealth Family Assistance until December 2024.

The representative from the PBU testified that the only way they can resolve the issue on appeal is if the appellant pays the balance in full, applies for a hardship waiver, or enters into a payment plan with MassHealth. The representative from the PBU testified that the premium balance is erased after 24 months of non-payment.

Findings of Fact

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

1. The appellant as a member of a family group of 3 with a monthly income of \$5,824.40.
2. Applying a regulatory 5% disregard, the appellant's MAGI of \$5,713.35 is at 257.24% of the federal poverty level.
3. The appellant's children were eligible for MassHealth Family Assistance with a premium of \$56 from January 2020 to April 2020.
4. The appellant made premium payments at that time.
5. The appellant's children remained eligible for MassHealth Family Assistance with no premium due until November 2023.
6. In November 2023, MassHealth determined that the appellant's children were eligible for Family Assistance with a monthly premium of \$56.
7. The appellant's children were eligible for MassHealth Family Assistance until December 24, 2024.
8. MassHealth determined that the appellant owed the agency a balance of \$784 for premiums from November 2023 to December 2024.
9. The agency sent bills to the appellant at an address on [REDACTED], [REDACTED].
10. From at least June 2021 to present, the appellant has resided at a home on [REDACTED].
11. In October 2023, MassHealth issued an eligibility notice to the appellant at the address on [REDACTED].

12. In January 2024, MassHealth sent the appellant a Form 1095-B to the address on [REDACTED]
13. MassHealth recorded a change of address from Grand Street in [REDACTED] in January 2025.

Analysis and Conclusions of Law

The appellant did not dispute the financial or categorical eligibility information presented by the Quincy MEC representative at hearing. The parties agreed that the issue on appeal was the decision regarding ineligibility due to unpaid premiums and the balance due to the agency in order to reinstate coverage for the appellant's children.

Pursuant to 130 CMR 506.011(C)(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.

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)). It is the member's responsibility to notify MassHealth of his or her intention to withdraw from coverage. (130 CMR 506.011(H)). If, however, the voluntary withdrawal is not made within 60 calendar days from the eligibility notice and premium notification, coverage may continue through the end of the calendar month of withdrawal, and the member is responsible for the payment of all premiums up to and including the calendar month of withdrawal. (130 CMR 506.011(H)).

If MassHealth has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. (130 CMR 506.011(D))(1)). The member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member

- (a) pays all delinquent amounts that have been billed;
- (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount;
- (c) is eligible for a nonpremium coverage type;
- (d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or
- (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G). (130 CMR 506.011(D)).

For children younger than 19 years old, coverage may be reactivated after 90 days from the date of termination upon request, regardless of any outstanding payments due. (130 CMR 506.011(E)). Outstanding premium balances that are older than 24 months are waived. (130 CMR 506.011(F)).

The regulations at 130 CMR 506.011 are clear regarding when a premium can be waived - MassHealth premiums are waived only if the member contacts the MassHealth agency within 60 calendar days from the date of the eligibility notice and premium notification, which in this case was November 2023. While the appellant argues that there was a change in address well before November 2023 and she did not receive any notices regarding a premium due or bills beginning in November 2023, any appeal rights regarding decisions made in November 2023 expired well before the appeal filed in April 2025. Pursuant to 130 CMR 610.015(B)(2), an individual may have up to 120 days from the date of an agency action to file an appeal when the agency fails to send notice of the action. Under this regulation, the opportunity to appeal any action made in November 2023 expired in March 2024. (130 CMR 610.015(B)(2)). The only reason such issues are raised at the hearing today is because of the agency's new determination that the appellant's children are ineligible for failure to pay past due premiums.

Based on 130 CMR 506.011(C)(5), the appellant is responsible for premium payments for the months of November 2023 and December 2023 as she did not terminate coverage within 60 days. The appellant should not be responsible for payments after December 2023 as MassHealth should have terminated coverage within 60 days of the date on the bill issued in November 2023 as she did not pay that bill within 60 days. (130 CMR 506.011(D)(1)).

This appeal is approved in part for the agency to, at a minimum, activate coverage as of March 24, 2025, for the following reasons: the appellant's children are under the age of 19, the appellant requested at hearing that the coverage be reactivated, and the date in March 2025 is 90 days from the date of termination in December 2024. In the alternative, if the appellant agrees to pay the premiums for November 2023 and December 2023, coverage could be activated as of December 24, 2024 as the agency determined that the appellant was financially and categorically eligible for MassHealth Family Assistance at that time.

The appellant has 30 days from the date of this decision to make the payments for November 2023 and December 2023. If she complies, coverage may start as of December 24, 2024. If the appellant does not make these payments within 30 days of the date of this decision, MassHealth shall determine the appellant's children eligible for MassHealth Family Assistance as of March 24, 2025.

Order for MassHealth

If the appellant makes payments for premiums due in November 2023 and December 2023 within 30 days from the date of this decision, the agency shall deem the appellant's children eligible for MassHealth Family Assistance as of December 24, 2024. If the appellant fails to make such payments within 30 days from the date of this decision, the agency shall deem the appellant's children eligible for MassHealth Family Assistance as of March 24, 2025.

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.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

MassHealth Representative: Maximus Premium Billing, Attn: Karishma Raja, 1 Enterprise Drive, Suite 310, Quincy, MA 02169