

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied in part; Approved in part	Appeal Number:	2507637
Decision Date:	08/01/2025	Hearing Date:	June 24, 2025
Hearing Officer:	Brook Padgett		

Appellant Representative:




MassHealth Representatives:

Jeffrey Pamphile, Charlestown MEC
Carmen Fabery, Premium Billing



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
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APPEAL DECISION

Appeal Decision:	Denied in part; Approved in part	Issue:	Premium Billing 130 CMR 506.011
Decision Date:	08/01/2025	Hearing Date:	June 24, 2025
MassHealth Reps.:	J. Pamphile C. Fabery	Appellant Rep.:	
Hearing Location:	Charlestown		

Authority

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

Jurisdiction

The appellant's two children each received a notice dated May 05, 2025 stating MassHealth has determined you do not qualify for MassHealth benefits as you withdrew your application. (Exhibit 1). The appellant filed this appeal on May 16, 2025. (130 CMR 610.015; Exhibit 2). The termination of eligibility is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Family Assistance benefits on May 19, 2025.

Issue

Does the appellant owe past due premium payments?

Summary of Evidence

MassHealth testified the appellant is a member of a household of four, all U.S. citizens, and all under the age of 65. MassHealth stated on August 16, 2024, the appellant's two children's benefits were changed from Standard to Family Assistance with a \$56.00 premium beginning August 06, 2024. The representative from Premium Billing testified that the appellant's household was part of a voluntary withdrawal project for those affected by the Qualified Health Plan (QHP) Exemption COVID workaround which waived the premiums and suppressed premium invoices. The workaround was discontinued in January 2025 and the affected households were sent notices beginning January 2025 indicating they would be billed for MassHealth starting February 2025. The appellant was billed the \$56.00 MassHealth premium for February 2025 through May 2025 and has a current premium balance due of \$224.00. On May 02, 2025, the appellant requested the MassHealth coverage for her two children be stopped. MassHealth submitted into evidence notices dated August 16, 2024, September 03, 2024, January 06, 2025, and May 05, 2025. (Exhibit 4).

The appellant testified that in [REDACTED], one of her children had medical issues and she was required to take Family and Medical Leave Act (FMLA) time off. The appellant stated she had a gap in her insurance at the time so she applied for MassHealth. The appellant indicated she was informed that both her children were eligible for MassHealth, but once she figured out her options with her employer and was told she would be able to keep her insurance, she contacted MassHealth to tell them she did not want the coverage. The appellant argued she never needed or used MassHealth as the household was covered by her insurance through work. The appellant maintained she didn't know she had MassHealth until she began getting bills. The appellant stated each time she received a bill she would contact MassHealth requesting they stop coverage.

At the request of the appellant, the hearing record remained open until July 24, 2025 to allow the appellant to submit evidence of when she contacted MassHealth to cancel her coverage. (Exhibit 5).

The appellant submitted a narrative and phone records from February 06, 2025 through May 20, 2025. The records indicate the appellant called or received a call from the MassHealth toll free number 800-851-2900 on:

February 06, 2025: 2:45PM outgoing connected for 20 minutes;
March 05, 2025: 3:17PM incoming connected for 2 minutes;
March 05, 2025: 4:28PM outgoing connected for 3 minutes;
May 02, 2025: 4:00PM outgoing connected for 16 minutes;

The appellant highlights a number 844-728-2543 she states she called on May 06, 2025: 11:26AM (outgoing for 12 minutes) at which time she was connected to a MassHealth supervisor to cancel benefits; however, the number connects to the [REDACTED] and not MassHealth. (Exhibit 6).

MassHealth Premium Billing responded to the appellant's submission, stating that Premium Billing received only one call from the family group logged into Customer Relationship Management System during the time period in question. The call was logged on May 02, 2025 at 4:09PM. During the call, the head of household requested to voluntarily withdraw her children from MassHealth coverage, and she requested a fair hearing request form to be delivered to her by both mail and email. She stated during this phone call that she had called many times to cancel but she continues to get billed. She was advised that there is no record of prior calls to cancel coverage. (Exhibit 7).

Findings of Fact

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

1. The appellant is a member of a household of four, all of whom are under the age of 65. (Testimony).
2. On August 16, 2024, the appellant's two children were determined eligible for MassHealth Family Assistance with a \$56.00 premium beginning September 2024. (Exhibit 4. pgs. 19-24).
3. The appellant's household was part of a voluntary withdrawal project for household affected by the Qualified Health Plan Exemption COVID workaround which waived the premiums and suppressed premium invoices. (Testimony).
4. The workaround was discontinued after January 2025. (Testimony)
5. On January 06, 2025, the appellant was sent a notice stating the household would be billed for MassHealth starting February 2025, and to contact MassHealth if they wished to terminate coverage. (Exhibit 4, pg. 12).
6. The appellant was billed the \$56.00 MassHealth premium for February, March, April and May of 2025. (Exhibit 4, pg. 25).
7. The appellant called MassHealth on February 06, 2025: 2:45PM outgoing connected for 20 minutes; received a call from MassHealth on March 05, 2025: 3:17PM incoming connected for 2 minutes; and called MassHealth again on March 05, 2025: 4:28PM outgoing connected for 3 minutes. (Exhibit 6).
8. On May 02, 2025, MassHealth's Premium Billing unit received a call from the appellant requesting the MassHealth coverage for her two children be stopped and further requesting a fair hearing appeal request form. (Testimony).
9. The appellant has a current premium balance due of \$224.00. (Exhibit 4, pg. 25).

Analysis and Conclusions of Law

On August 16, 2024, the appellant received two notices, each stating that a child in her household had been approved for MassHealth Family Assistance with a \$56.00 premium beginning October 2024. Beginning October 2024, the appellant's household premiums were waived and the premium invoices were suppressed due to Qualified Health Plan Exemption COVID workaround. In January 2025, the workaround was discontinued and the appellant was billed the \$56.00 MassHealth premium beginning February 2025 until she voluntarily withdrew from the program on May 02, 2025.

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 January 06, 2025 notice states:

“If you do not want to pay the MassHealth premium, you must call us to cancel your benefits by **03/07/2025**. If you do not cancel your MassHealth benefit by this date, you will need to pay any premium bills you get.”

Although the appellant maintains she was unaware her children had been approved for MassHealth benefits, she acknowledges receiving MassHealth notices and phone records demonstrate she did attempt to contact MassHealth in February and again in March. While the evidence does demonstrate the appellant called MassHealth, there is insufficient evidence from which to conclude that the appellant spoke to a MassHealth representative to request that her coverage be stopped, prior to May 02, 2025.

The evidence presented establishes the appellant failed pay her MassHealth premiums beginning February 2025. Further, the evidence fails to demonstrate that the appellant requested a voluntary withdrawal of coverage by March 07, 2025. The evidence does show the appellant voluntarily withdrew from the Family Assistance program on May 02, 2025.

This appeal is denied in part as the appellant is responsible for premium payments under 130 CMR

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 (PBF) 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 notification, MassHealth premiums are waived. (Emphasis added).

506.011(H)²; however MassHealth regulations require that if a member is billed for a premium payment and fails to pay the entire amount within 60 days, the member's eligibility is terminated.³ In this instance, MassHealth should have terminated the appellant's children's benefits 60 days from the date of the first bill in February, rather than continue to bill the appellant for the additional two months of April and May. Therefore, this appeal is approved in part.

The appellant has a current premium arrearage of \$112.00 (months of February and March @ \$56.00) and should contact MassHealth Premium Billing regarding the initiation of a payment plan.

Order for MassHealth

Rescind the appellant's premiums assessed for April and May and adjust current premium arrearage to \$112.00.

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.

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*).

³ 130 CMR 506.011(D) Delinquent Premium Payments. (1) Termination for Delinquent Premium Payments. If the MassHealth agency 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. The member will be sent a notice of termination before the date of termination...

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, MassHealth of Medical Assistance, at the address on the first page of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Charlestown MEC

MassHealth Representative: Premium Billing