

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Denied | Appeal Number: | 2509683 |
| Decision Date: | 9/29/2025 | Hearing Date: | 09/09/2025 |
| Hearing Officer: | Mariah Burns | | |

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Karyn Ngalimbaya, Charlestown MassHealth Enrollment Center; Karishma Raja, 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

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|----------------------------|------------------------------------|--------------------------|--|
| Appeal Decision: | Denied | Issue: | Community Eligibility; Under 65; Premium Billing |
| Decision Date: | 9/29/2025 | Hearing Date: | 09/09/2025 |
| MassHealth's Reps.: | Karyn Ngalimbaya, Karishma Raja | Appellant's Rep.: | Pro se |
| Hearing Location: | Telephone (Charlestown) | 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 a notice dated June 26, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's income is too high. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on June 30, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. A hearing was scheduled for August 1, 2025. *See* Exhibit 3. On that date, it became clear that the appellant voluntarily withdrew from MassHealth and wished to appeal her obligation to pay the balance of past-due premiums on her account. A hearing was therefore scheduled for September 9, 2025, to address that issue. *See* Exhibit 3. Challenging the calculation and/or imposition of a monthly premium is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the benefits of the appellant's daughter at the appellant's request, but did not waive the past-due premium balance on her account.

Issue

The appeal issue is whether MassHealth should waive the past-due premium balance on the appellant's account if she did not use the benefits.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with her minor child. MassHealth was represented at the hearing by a worker from the Charlestown MassHealth Enrollment Center and a worker from the Premium Billing Department. All parties appeared by telephone. The following is a summary of the evidence and testimony provided at the hearing.

On October 23, 2024, the appellant's child was approved for MassHealth Family Assistance benefits with a monthly premium of \$28.00. The child's account was administratively closed for nonpayment of premiums on January 21, 2025, but her benefits remained active due to a MassHealth policy prohibiting the ending of a child's benefits for nonpayment of premium. On June 26, 2025, the appellant called to cancel her child's MassHealth Family Assistance benefits. Because she did not cancel within 60 days of the October 23, 2024, approval of benefits, the appellant accrued a balance of \$224.00 on her account in past-due premiums from November 2024 to June 2025.

The appellant reported that her child is receiving health insurance through her father and that she has never used the MassHealth benefits. She acknowledged that she should have called to cancel sooner but expressed that she believes it is unfair to be billed for a service that she did not use. She asked for some or all of her past-due premium balance to be waived.

Findings of Fact

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

1. The appellant is an adult under the age of 65 who resides in a household of two with her minor child.
2. On October 23, 2024, the appellant's child was approved for MassHealth Family Assistance benefits with a monthly premium of \$28.00. Exhibit 5 at 16-17. On January 21, 2025, MassHealth placed an administrative closure on the child's account for failure to pay past-due premiums. *Id.* at 15. However, the child's benefits did not terminate pursuant to MassHealth policy. Testimony.
3. On June 26, 2025, the appellant called to cancel her child's MassHealth Family Assistance benefit. Testimony, Exhibit 5 at 14.

4. The appellant has a balance of \$224.00 in past-due premiums on her account. Exhibit 5 at 5, Testimony.
5. The appellant filed a timely request for fair hearing on June 30, 2025. Exhibit 2.

Analysis and Conclusions of Law

MassHealth may impose a premium for members receiving MassHealth Standard, CommonHealth, or Family Assistance benefits whose household income is greater than 150% of the federal poverty level. See 130 CMR 506.011. MassHealth must send a timely notice of the imposition of any premium for it to be enforceable. See 130 CMR 610.015(A). These members “are responsible for monthly premium payments beginning with the calendar month following the date of the MassHealth agency’s eligibility determination. 130 CMR 506.011(C)(1). Members who contact MassHealth “within 60 calendar days from the date of the eligibility notice and premium notification” to request a voluntary withdrawal of benefits may have their premiums waived. *Id.* at 506.011(C)(4).

MassHealth may terminate a member’s benefits, pursuant to adequate notice, if “the member does not pay the entire amount billed within 60 days of the date on the bill.” 130 CMR 506.011(D)(1). A member “who is 150 days or more in arrears” may be referred to the State Intercept Program “in compliance with 815 CMR 9.00: *Collection of Debts.*” *Id.* at 506.011(D)(3).

A request for fair hearing is defined as “a written statement by the appellant that asks for administrative review of an appealable action.” 130 CMR 610.034. Such a request must generally, with exceptions, be made either within 60 days “after an applicant or member receives written notice from...MassHealth...of the intended action,” or “120 days from...the date of MassHealth agency action when the MassHealth agency fails to send notice of the action.” 130 CMR 610.015(B)(1) and (2)(c).

In this case, the evidence shows, and the appellant agrees, that she did not call to cancel her child’s benefits until June 26, 2025, which is more than 60 days after the imposition of the premium. While her frustration with having to pay for benefits which she believes she did not use is understandable, she also acknowledged that it was her responsibility to cancel the benefits sooner. The regulations do not afford a hearing officer the discretion to waive a past-due premium balance in these circumstances. See 130 CMR 610.082(A) and (B)(The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.”). As such, I am unable to find an error with MassHealth requiring the

appellant to pay the past-due premium balance on her account.¹

To the extent that the appellant argues that the MassHealth regulations are unfair, this fair hearing offers her no mechanism for a remedy, and the appellant should seek relief in the courts. See 130 CMR 610.082(C) (“If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency...[and] cannot rule on the legality of such law or regulation and [such a challenge] must be subject to judicial review in accordance with 130 CMR 610.092”).

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative - Thelma Lizano, Charlestown MassHealth Enrollment Center,

cc: Karishma Raja, Maximus Premium Billing

¹ The appellant may apply for a hardship waiver pursuant to 130 CMR 506.011(G) if she is unable to afford the balance on her account. She may also request a payment plan pursuant to 130 CMR 506.011(D)(1)(b).