

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405714
Decision Date:	9/6/2024	Hearing Date:	05/20/2024
Hearing Officer:	Stanley Kallianidis	Record Open Date:	08/20/2024

Appellant Representative:

Pro se

MassHealth Representatives:

Liz Nickoson, Taunton 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

Appeal Decision:	Denied	Issue:	Premium Billing Hardship Waiver
Decision Date:	9/6/2024	Hearing Date:	05/20/2024
MassHealth Reps.:	Liz Nickoson, Taunton MEC; Carmen Fabery, Premium Billing	Appellant Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center		

Authority

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

Jurisdiction

Through notice dated March 28, 2024, MassHealth planned on stopping the appellant's MassHealth CommonHealth benefits on April 11, 2024 due to unpaid premiums unless she paid past due amounts, set up a payment plan with MassHealth, or requested a hardship waiver of her MassHealth premium (see 130 CMR 506.011(E) and Exhibit 1). The appellant filed her appeal in a timely manner on April 9, 2024 based upon a hardship and was granted aid-pending status (see 130 CMR 610.015(B) and Exhibit 2). A dispute over the termination of benefits is valid grounds for appeal (see 130 CMR 610.032).

On April 29, 2024, notice of the hearing was sent to the parties (Exhibit 3).

Action Taken by MassHealth

MassHealth planned on stopping the appellant's MassHealth CommonHealth benefits due to unpaid premiums.

Issue

Whether MassHealth was correct, pursuant to 130 CMR 506.011(G), in determining that the appellant failed to meet the rules of extreme financial hardship.

Summary of Evidence

MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center (MEC) and by a representative from MassHealth's Premium Billing unit. The MassHealth representative stated that the appellant was determined eligible for CommonHealth with \$12.00 monthly premium beginning in December 2023. This was based upon her Social Security income of \$2,096.00. The Premium Billing representative stated that the appellant was billed for her \$12.00 premium starting in January 2024. MassHealth plans on stopping her benefits due to past due premiums of \$36.00. Her current unpaid balance as of the hearing date is \$48.00 (Exhibit 4).

The appellant testified that she cannot afford to pay the \$12.00 monthly MassHealth premiums. She explained that she is in a difficult financial situation following the murder of her husband in an attack several years ago that almost killed her as well. She did not cite any unpaid medical bills. She stated that she is not under the threat of eviction, nor does she have a shut-off notice from a utility company. She stated, however, that she has faced a large, unexpected increase in basic expenses due to a large home repair incurred in the prior year.

The record was left open for 60 days for the appellant to submit to Premium Billing a hardship application along with her home repair expenses and any other evidence of financial hardship. Premium Billing was given 30 days to respond (Exhibit 5).

On August 20, 2024, the Premium Billing representative indicated that the appellant had submitted a hardship waiver application during the record open period. However, she stated that the documentation that accompanied the hardship application was not acceptable proof of an extreme financial hardship. The Premium Billing representative explained that there was no evidence of hardship because the only documentation that was submitted with the application was a monthly statement from her utility company that showed a credit and no past-due amount (Exhibit 6).

Findings of Fact

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

1. On March 28, 2024, MassHealth planned on stopping the appellant's MassHealth CommonHealth benefits on April 11, 2024 due to unpaid premiums unless she paid past due amounts, set up a payment plan with MassHealth, or requested a hardship waiver of her MassHealth premium (Exhibit 1).
2. The appellant filed her appeal on April 9, 2024 based upon a hardship and was granted aid-pending status (Exhibit 2).
3. The appellant was determined eligible for CommonHealth with \$12.00 monthly premium beginning in December 2023. This was based upon her Social Security income of \$2,096.00 (testimony).
4. The appellant was billed for her \$12.00 premium starting in January 2024. MassHealth plans on stopping her benefits due to past due premiums of \$36.00. Her current unpaid balance as of the hearing date is \$48.00 (Exhibit 4).
5. The record was left open for 60 days for the appellant to submit to Premium Billing a hardship application along with her home repair expenses and any other evidence of financial hardship. Premium Billing was given 30 days to respond (Exhibit 5).
6. The only documentation that was submitted with the hardship application was a monthly statement from her utility company that showed a credit and no past-due amount (Exhibit 6).
7. The appellant is not under the threat of eviction. She does not have a shut-off notice from a utility company. She does not have medical and/or dental expenses totaling more than 7.5% of her gross annual income, nor has she documented a large, unexpected increase in basic expenses in the past six months (Exhibit 6 & testimony).

Analysis and Conclusions of Law

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. 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(G): Waiver or Reduction of Premiums for Undue Financial Hardship.

(1) Undue financial hardship means that the member has shown to the satisfaction of the MassHealth agency that at the time the premium was incurred or when the individual is seeking to reactivate benefits, the member:

- (a) is homeless, or is more than 30 days in arrears in rent or mortgage payments, or has received a current eviction or foreclosure notice;
- (b) has a current shut-off notice, or has been shut off, or has a current refusal to deliver essential utilities (gas, electric, oil, water, or telephone);
- (c) has medical and/or dental expenses, totaling more than 7.5% of the family group's gross annual income, that are not subject to payment by the Health Safety Net, and have not been paid by a third-party insurance, including MassHealth (in this case "medical and dental expenses" means any outstanding medical or dental services debt that is currently owed by the family group, regardless of the date of service); or
- (d) has experienced a significant, unavoidable increase in essential expenses within the last six months.

In this case, MassHealth planned on stopping the appellant's MassHealth CommonHealth benefits due to unpaid premiums of \$12.00 monthly for three months unless she paid past due amounts, set up a payment plan with MassHealth, or requested a hardship waiver of her MassHealth premium.

At the hearing, the appellant requested that she be granted a hardship waiver. It was explained to the appellant the specific requirements that one must meet in order to have a hardship waiver granted. The record was then left open for the appellant to complete a hardship waiver, along with the necessary documentation to approve the waiver. The appellant completed a hardship application, but the only documentation that was submitted with the application was a monthly statement from her utility company that showed a credit and no past-due amount.

Unfortunately, the appellant has not documented that she meets the requirements of undue financial hardship to warrant a waiver of her MassHealth premium pursuant to 130 CMR 506.011(G). Specifically, the appellant is not under the threat of eviction. She does not have a shut-off notice from a utility company. She does not have medical and/or dental expenses totaling more than 7.5% of her gross annual income, nor has she documented a large, unexpected increase in basic expenses in the past six months.

Therefore, the appeal is denied.

Order for MassHealth

Appellant has 30 days from decision date to pay her outstanding premium bill, or alternatively, engage in an agreed-upon payment plan with Premium Billing. The appellant's termination from CommonHealth is authorized if she fails to comply with the ruling of this decision.

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC

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