

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|----------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2407032 |
| Decision Date: | 6/21/2024 | Hearing Date: | 06/06/2024 |
| Hearing Officer: | Sharon Dehmand | | |

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Fabienne Jeanniton, Tewksbury MEC

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: | Premium Billing |
| Decision Date: | 6/21/2024 | Hearing Date: | 06/06/2024 |
| MassHealth's Rep.: | Fabienne Jeanniton Karishma Raja | Appellant's Rep.: | Pro se |
| Hearing Location: | Virtual | | |

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 10, 2024, MassHealth re-approved the appellant's CommonHealth application and adjusted her premium to \$30.00 per month.¹ See 130 CMR 506.011 and Exhibit 1. The appellant filed this appeal in a timely manner on May 1, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's assessment of a monthly premium is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth re-approved the appellant's CommonHealth application and decreased her monthly premium. See 130 CMR 506.011 and Exhibit 1.

Issue

Whether MassHealth was correct in adjusting the appellant's monthly premium pursuant to 130 CMR 506.011(C)(1) and (C)(3).

¹ Although the MassHealth notice stated that it was an approval of CommonHealth benefits starting on August 30, 2023, the notice was in effect for adjustment in monthly premium.

Summary of Evidence

All parties participated virtually. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). The appellant appeared pro se and verified her identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant who is under the age of 65 lives in a household of two. The appellant was originally approved for MassHealth CommonHealth in August 2023, with a monthly premium of \$15.00. MassHealth re-determined the appellant's eligibility and in a notice dated February 7, 2024, approved her eligibility for MassHealth CommonHealth with a monthly premium of \$56.00 starting in March 2024. On April 10, 2024, another approval notice was mailed out with a new premium amount of \$30.00 per month starting in May 2024, due to the change in the appellant's income (the issue on appeal). The appellant neither made payments nor canceled her coverage for the months of March through May of 2024. Through a subsequent notice dated May 28, 2024, the appellant was notified that her coverage will end due to past due premiums effective June 11, 2024.

The PBU representative corroborated the MassHealth representative's testimony and added that the total outstanding premium is \$142.00 (\$112.00 for March and April 2024; \$30.00 for May 2024).

The appellant verified her income and her household size. She testified that she is a cancer survivor and is dependent on medications. She said that she did not want to lose her MassHealth coverage but that she is struggling financially. She asked if MassHealth could consider waiving her past due premiums so that she can start paying her current premiums.

The PBU representative offered the appellant a payment plan in order to keep her MassHealth coverage and the appellant accepted. The appellant chose the 18-month payment plan option with a monthly payment of \$37.89. The PBU representative also stated that she will mail out an application for waiver of premiums for undue financial hardship to the appellant. She advised the appellant to fill out the application and return it with supporting documents for determination by MassHealth. The appellant agreed.

Findings of Fact

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

1. The appellant is under the age of 65, and lives in a household of two. (Testimony).
2. The appellant was originally approved for MassHealth CommonHealth in August 2023, with a

monthly premium of \$15.00. (Testimony).

3. On February 7, 2024, MassHealth approved the appellant for MassHealth CommonHealth with an adjusted monthly premium of \$56.00 starting in March 2024. (Testimony and Exhibit 5).
4. On April 10, 2024, another approval notice was sent out by MassHealth with an adjusted premium of \$30.00 per month starting in May 2024, due to change of income. (Testimony and Exhibit 5).
5. The appellant neither made payments nor canceled her coverage for the months of March through May of 2024. (Testimony).
6. The appellant filed this appeal in a timely manner on May 1, 2024. (Exhibit 2).
7. On May 28, 2024, MassHealth issued a notice canceling coverage due to past due premiums effective June 11, 2024. (Testimony and Exhibit 5).
8. MassHealth premiums were not disputed. (Testimony).
9. The appellant established a payment plan for her past due premiums and agreed to pay the current premium being assessed. (Testimony).

Analysis and Conclusions of Law

Pursuant to 130 CMR 505.004(I), disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).

Additionally, 130 CMR 506.011(C)(1) states that with the exception of persons described in 130 CMR 505.004(C), 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. Members whose premium amounts are adjusted due to a reported change, as here, are responsible for the new premium payment beginning with the calendar month following the reported change. See 130 CMR 506.011(C)(3)(b).

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. See 130 CMR 506.011(D)(1). 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). Id.

In this case, the appellant was originally approved for MassHealth CommonHealth in August 2023, with a monthly premium of \$15.00. She has received two subsequent notices from MassHealth (February 7, 2024 and April 10, 2024) adjusting her premiums due to reported changes. She has also received one additional notice dated May 28, 2024, terminating her MassHealth benefits effective June 11, 2024, due to non-payment of premiums.

It should be noted that the notice dated February 7, 2024, is beyond the scope of this appeal. See 130 CMR 610.015(B)(1)(a request for a fair hearing should be received by the Board of Hearings within 60 days after a member receives written notice from the MassHealth agency of the intended action). The termination notice dated May 28, 2024, was issued after the appellant filed this appeal. However, during this hearing, the appellant was able to set up a payment plan with the PBU representative in order to avoid termination of her MassHealth benefits.

As for the issue on this appeal, the appellant did not dispute the amount of her premium. She verified her income and household size. Thus, I find that MassHealth has proved by the preponderance of the evidence that it has correctly assessed a premium for the appellant's MassHealth coverage. As such, the appellant is responsible for her premium payments. The appellant's contention that she is unable to financially afford her premium payments is not a basis for relief. The appellant does not have a waiver of premiums due to financial hardship because she has not applied for such waiver, thus MassHealth has not made a determination regarding her eligibility for this waiver.² However, the PBU representative offered to mail out this application to

² 130 CMR 506.011(G), states:

(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 or will be charged, 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 or any medical or dental expenses paid by

the appellant for future determination. If and when the appellant applies for this waiver, MassHealth will make a new determination which carries with it separate appeal rights.

As for this appeal, for the foregoing reasons, 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.

the family group within the 12 months prior to the date of application for a waiver, regardless of the date of service);

(d) has experienced a significant, unavoidable increase in essential expenses within the last six months;

(e) 1. is a MassHealth CommonHealth member who has accessed available third-party insurance or has no third-party insurance; and

2. the total monthly premium charged for MassHealth CommonHealth will cause extreme financial hardship the family, such that the paying of premiums could cause the family difficulty in paying for housing, food, utilities, transportation, other essential expenses, or would otherwise materially interfere with MassHealth's goal of providing affordable health insurance to low-income persons; or

(f) has suffered within the six months prior to the date of application for a waiver, or is likely to suffer in the six months following such date, economic hardship because of a state or federally declared disaster or public health emergency.

(2) If the MassHealth agency determines that the requirement to pay a premium results in undue financial hardship for a member, the MassHealth agency may, in its sole discretion

(a) waive payment of the premium or reduce the amount of the premiums assessed to a particular family; or

(b) grant a full or partial waiver of a past due balance. Past due balances include all or a portion of a premium accrued before the first day of the month of hardship; or

(c) both 130 CMR 506.011(G)(2)(a) and (b).

Sharon Dehmand
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

MassHealth Premium Billing