

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2408199

Decision Date: 7/29/2024

Hearing Date: 06/24/2024

Hearing Officer: Stanley Kallianidis

Appellant Representative:

Pro se

MassHealth Representatives:

Kelly Souza, 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 Hardship Waiver
Decision Date:	7/29/2024	Hearing Date:	06/24/2024
MassHealth Reps.:	Kelly Souza, 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 May 13, 2024, MassHealth denied the appellant's application for a hardship waiver of his MassHealth premium because MassHealth determined that the appellant did not meet the rules of an extreme financial hardship (see 130 CMR 506.011(G) and Exhibit 1). The appellant filed his appeal in a timely manner on May 22, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a hardship waiver is valid grounds for appeal (see 130 CMR 610.032). On May 29, 2024, notice of the hearing was sent to the appellant (Exhibit 3).

Action Taken by MassHealth

MassHealth denied the appellant's application for a Hardship Waiver of his MassHealth 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 testified that the appellant was assessed a \$35.00 premium. The Premium Billing representative testified that the appellant paid his May 2024 premium and owes \$35.00 for his June 2024 premium (Exhibit 4).

The appellant submitted a request for a MassHealth premium hardship waiver on May 6, 2024. He did not submit any proof of financial hardship along with the application as was requested, however. He only submitted a copy of a recent bank statement along with the application. The Premium Billing representative stated that the documents submitted by the appellant did not support the waiver requirements pursuant to 130 CMR 506.011(G). She explained that bank statements are not acceptable proof of financial hardship referred to in the regulation (Exhibit 4).

The appellant testified that he has very little money left in his checking account after paying his monthly expenses, and therefore cannot afford to pay MassHealth the \$35.00 premium that he is being billed. He did not submit any medical bills along with the application. He is not under the threat of eviction. He does not have a shut-off notice from a utility company, nor has he faced a large, unexpected increase in basic expenses.

Findings of Fact

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

1. The appellant is a MassHealth CommonHealth member (Exhibit 4 & testimony).
2. He was assessed a \$35.00 monthly premium beginning May 2024 based upon his reported monthly income (Exhibit 4 & testimony).
3. The appellant paid his May 2024 premium and owes the \$35.00 monthly premium for June 2024 (Exhibit 4 & testimony).
4. The appellant submitted a request for a MassHealth premium hardship waiver on May 6, 2024 without submitting proof of financial hardship (Exhibit 4 & testimony).
5. The appellant only submitted a copy of a recent bank statement (Exhibit 4 & testimony).
6. The appellant is not under the threat of eviction. He does not have a shut-off notice from a utility company. He does not have medical and/or dental expenses totaling more than 7.5% of his gross annual income, nor has he faced a large, unexpected increase in basic expenses in the past six months (Exhibit 5 & testimony).

Analysis and Conclusions of Law

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.

(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).

(3) Hardship waivers may be authorized for 12 months. At the end of the 12-month period, the member may submit another hardship application.

- (a) The 12-month time period begins on the first day of the month in which the hardship application and supporting documentation is received by the MassHealth agency.
- (b) The 12-month time period may be retroactive to the first day of the third calendar month before the month of hardship application.

(4) If a hardship waiver is granted and past-due balances are not waived, the MassHealth agency will automatically establish a payment plan for the member for any past-due balances.

- (a) The duration of the payment plan will be determined by the MassHealth agency. The minimum monthly payment on the payment plan will be \$5.
- (b) The member must make full monthly payments on the payment plan for the hardship waiver to stay in effect. Failure to comply with the established payment plan will terminate the hardship waiver. 130 CMR 506.011(G).

In this case, the appellant was approved for CommonHealth with a \$35.00 monthly premium beginning in May 2024. He paid his May premium and owes \$35.00 beginning in June 2024.

He submitted a request for a MassHealth premium hardship waiver on May 6, , 2024. I have found, however, that the appellant did not submit any of the requested proofs of financial hardship along with the application. He only submitted a copy of a bank statement along with the hardship application. Unfortunately, this is not sufficient documentation that is required under the hardship regulation cited above.

Specifically, the appellant has not shown that he is under the threat of eviction, has a shut-off notice from a utility company, has medical and/or dental expenses totaling more than 7.5% of his gross annual income, or that he has faced a large, unexpected increase in basic expenses in the past six months. Accordingly, the appellant has not documented that he meets the requirements of undue financial hardship to warrant a waiver of their MassHealth premium pursuant to 130 CMR 506.011(G). Therefore, MassHealth's decision to deny the request for the waiver is upheld and 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: Taunton MEC

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