

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Appeal Number:</b>	2410590
<b>Decision Date:</b>	11/8/2024	<b>Hearing Date:</b>	08/07/2024
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	09/12/2024

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Melanie Almeida, Quincy MEC; Roxana Noriega, Premium Assistance; Carmen Fabery, Premium Billing

**Interpreter:**



*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

<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Issue:</b>	Premium Billing; Hardship Waiver
<b>Decision Date:</b>	11/8/2024	<b>Hearing Date:</b>	08/07/2024
<b>MassHealth's Reps.:</b>	Melanie Almeida; Roxana Noriega; Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Virtual)	<b>Aid Pending:</b>	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 May 13, 2024, MassHealth approved the Appellant for MassHealth CommonHealth with a monthly premium of \$138.02.<sup>1</sup> 130 CMR 506.011 and Exhibit 1. The Appellant filed this appeal in a timely manner on July 9, 2024, on the grounds that her health insurance is unaffordable due to losing premium assistance and her hardship waiver. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth CommonHealth with a premium and denied the Appellant's request for a hardship waiver.

### Issue

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<sup>1</sup> MassHealth subsequently sent the Appellant a notice, dated July 31, 2024, that the Appellant's CommonHealth premium as of August 2024 is \$210.02/month. Exhibit 5.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the Appellant owes a CommonHealth premium of \$210.02, and that she is not eligible for a hardship waiver.

## Summary of Evidence

The hearing was held virtually. The Appellant testified through an interpreter and verified her identity. MassHealth was represented by an eligibility specialist, and representatives from Premium Assistance and Premium Billing.

The MassHealth eligibility representative testified that the Appellant has a verified disability, has a household size of one and that she is an adult between the ages of 21-64. The MassHealth premium billing representative testified that the Appellant had a premium billing hardship waiver from July 2023-June 2024, and that premium billing would not have sent her a notice about the waiver ending or the need to re-apply. The MassHealth eligibility representative testified that MassHealth had assessed that the Appellant's required contribution was \$332/month, and that the Appellant was approved for \$198.32/month in premium assistance toward the cost of that insurance. The MassHealth representative testified that because the employer-sponsored insurance is less expensive than the Appellant's CommonHealth premium of \$404.00, \$198.32 is deducted from the cost of the Appellant's CommonHealth premium. The MassHealth eligibility representative testified that the Appellant's income was formerly 534% of the federal poverty level and now was 608% of the federal poverty level, thus increasing the Appellant's CommonHealth premium to \$404/month. The eligibility representative testified that the Appellant's gross income is \$3,551.52/ biweekly.

The Appellant testified that she never received any notice about re-applying for a hardship waiver or that her waiver was ending, or to apply for Premium Assistance. The Appellant explained that she is deaf, and has experienced many challenges with communicating with MassHealth for that reason. The Appellant testified that when she has called MassHealth she has been transferred between different departments and she is concerned about barriers to accessing care. She is also concerned that MassHealth relies on outdated technologies when dealing with deaf members. The Appellant testified that she had requested to engage in a prehearing resolution process, but her request was denied. The Appellant testified that \$195.57 is deducted from her paycheck monthly to pay for her employer-sponsored insurance. The Appellant testified that MassHealth CommonHealth pays for certain of her medical needs, such that she would want to keep the CommonHealth insurance. However, she is concerned that she cannot afford it based on her other bills. The Appellant shared that she is concerned about equity and accessibility and explained that MassHealth would need to notify her about what time they plan to have a discussion because she cannot hear the phone ring.<sup>2</sup> The Appellant testified that she has a roommate but for MassHealth

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<sup>2</sup> I appreciate the Appellant sharing her experience and bringing it to the attention of MassHealth and the Board of

determination purposes, agrees she has a household size of one.

The record was held open until August 22, 2024 for the Appellant to submit bills and information related to the need for a hardship waiver, and until September 12, 2024 for MassHealth to review and respond. The Appellant submitted information during the record open period. Exhibits 7-11. The Appellant included the completed application for waiver or reduction of MassHealth Premium. Exhibit 7 at 6. The Appellant selected the box that says "I am a CommonHealth member with a total monthly premium that will cause extreme financial hardship to my family. (Please tell us about this in the comments section and send proof of the hardship)." *Id.* The Appellant submitted bills and statements in support of this selection. *Id.*; see also Exhibits 7-11. One of the hardship boxes states, "I have a shut-off notice from a utility company (gas, electric, oil, water, or telephone), one or more of my utility companies will not deliver services because I cannot pay. (If you have a large or long-overdue utility bill, but you cannot be shut off because you are disabled or it is winter, check this section. Please send in a copy of your shut-off notice or overdue bill as proof)." Exhibit 7 at 6.

The Appellant included a list of monthly billing expenses that states:

1. HELOC [REDACTED]
2. Car insurance [REDACTED]
3. Credit card— [REDACTED]
4. PayPal \$100 to 150
5. [REDACTED]
6. Motorcycle [REDACTED]
7. Electricity [REDACTED] 0
8. Verizon [REDACTED]
9. Motorcycle insurance [REDACTED]
10. Internet [REDACTED]
11. Pet vet and pets' insurance [REDACTED]
12. Re-fill oil, new chimney, replaced oil tank [REDACTED] a year
13. City hall [REDACTED] a year (water/sewers and excise)
14. School loan [REDACTED] owed but pending
15. Food, gas, hygiene [REDACTED] monthly

Exhibit 11 at 3. The Appellant also provided explanations of expenses. Exhibit 9 at 8. The HELOC had to do with a bathroom that had to be replaced due to mold and cost [REDACTED] *Id.* The house had an oil tank leak which had to be replaced, including the chamber and chimney. *Id.* The Appellant explained that she has tried to sell her motorcycle without success. *Id.* Her old car broke down and she had to buy a vehicle because her [REDACTED] office is not accessible by public transportation. *Id.* The Appellant stated that her pet insurance would increase to \$100 in the fall and that her dog had Lyme disease. *Id.* The Appellant stated that the water and sewer bill is paid

every three months and the car/motorcycle excise tax is paid annually. *Id.* The Appellant stated that she paid for a replaced washer and dryer. *Id.* The cost of those appliances, from May 2024, was [REDACTED] Exhibit 8 at 1. The Appellant also submitted a comparison of employer-sponsored insurance plans, where it looked like the Appellant had selected one of the less costly plans at a listed employee cost of \$195.57. Exhibit 10 at 3. While not a shut off notice, one of the submitted bills from [REDACTED] dated 12/31/23, indicates that the household owes \$3,811.16. Exhibit 7 at 5.

MassHealth denied the Appellant's request for a hardship waiver. Exhibit 12. MassHealth stated that Appellant did not meet the criteria that paying the CommonHealth premium will cause extreme financial hardship. *Id.* at 1. MassHealth stated that the Appellant's submitted invoices from [REDACTED] Inc. were addressed to another person and were more than six months old. *Id.* MassHealth also stated that the submitted home heating oil receipts needed to include more information. *Id.* at 2. MassHealth stated that the Appellant's submitted veterinary expenses are not considered relevant for the hardship assessment. *Id.* at 1-2. MassHealth stated that it is unclear how the other materials and expenses submitted by the Appellant are relevant to the hardship assessment. *Id.*

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64, with a verified disability, and a household size of one. Testimony, Exhibit 4.
2. The Appellant lives with a roommate. Testimony.
3. The Appellant's gross income is \$3,551.52/biweekly. Testimony.
4. Premium Assistance contributes \$198.32/monthly towards the Appellant's CommonHealth premium. Testimony.
5. As of December 31, 2023, the Appellant's household owed \$3,811.16 to [REDACTED] Exhibit 7 at 5.
6. MassHealth denied the Appellant's request for a premium hardship waiver on the grounds that Appellant did not show that the premium will cause extreme financial hardship. Exhibit 12.

## Analysis and Conclusions of Law

MassHealth regulations provide:

#### 505.004: MassHealth CommonHealth

##### (A) Overview.

- (1) 130 CMR 505.004 contains the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults.
- (2) Persons eligible for MassHealth CommonHealth coverage are eligible for medical benefits as described in 130 CMR 450.105(E): *MassHealth CommonHealth*.

##### (B) Disabled Working Adults. Disabled working adults must meet the following requirements:

- (1) be 21 through 64 years of age (for those 65 years of age or older, see 130 CMR 519.012: *MassHealth CommonHealth*);
- (2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
- (3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: *Definition of Terms*;
- (4) be a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
- (5) be ineligible for MassHealth Standard; and
- (6) comply with 130 CMR 505.004(J).

....

(I) MassHealth CommonHealth Premium. 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). No premium is assessed during a deductible period.

(J) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits, in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by the MassHealth agency in accordance with 130 CMR 505.002(O) and 130 CMR 506.012: *Premium Assistance Payments*. Members must access those other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

130 CMR 505.004(A), (B), (I), (J).

#### 506.007: Calculation of Financial Eligibility

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the Federal Register using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

130 CMR 506.007(A), (B), (C).

#### 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 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

....

(B)(2) MassHealth and Children's Medical Security Plan (CMSP) Premium Formulas.

....

(b) The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

<b>CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL</b>		
<b>Base Premium</b>	<b>Additional Premium Cost</b>	<b>Range of Monthly Premium Cost</b>
Above 150% FPL—start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 — \$35
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 — \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 — \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 — \$632
Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000%	\$646 — \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

....

(d) CommonHealth members who are eligible to receive a premium assistance payment, as described in 130 CMR 506.012, that is less than the full CommonHealth



premium receive their premium assistance payment as an offset to the CommonHealth premium assistance bill and are responsible for the difference.

....

(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 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).

(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.

....

(J) Members Exempted from Premium Payment. The following members are exempt from premium payments:

(1) MassHealth members who have verified that they are American Indians or Alaska Natives who have received or are eligible to receive an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law;

(2) MassHealth members with MassHealth MAGI household income or MassHealth Disabled Adult household income at or below 150% of the federal poverty level;

(3) pregnant individuals and children younger than one year old;

(4) children when a parent or guardian in the PBFG is eligible for a Qualified Health Plan (QHP) with Premium Tax Credits (PTC) who has enrolled in and has begun paying for a QHP;

(5) children for whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age;

(6) individuals receiving hospice care;

(7) independent former foster care children younger than 26 years old; and

(8) members who have accumulated premium and copayment charges totaling an amount equal to 5% of the member's MAGI income of the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable, in a given calendar quarter do not have to pay further MassHealth premiums during the quarter in which the member reached the 5% cap.

130 CMR 506.011(B)(2)(b), (B)(2)(d), (G), (J).

#### 506.012: Premium Assistance Payments

(A) Coverage Types. Premium assistance payments are available to MassHealth members who are eligible for the following coverage types:

....

(3) MassHealth CommonHealth, as described in 130 CMR 505.004: *MassHealth CommonHealth*;

....

(E) MassHealth Premium Assistance Payment Amount Calculation.

(1) Formulas. MassHealth uses two formulas to calculate the premium assistance payments.

The formulas are based on the category of assistance a member is enrolled in. In the event an individual is covered by more than one private health insurance policy, MassHealth will include that individual in the calculation of one premium assistance policy.

(a) The monthly premium assistance formula for ESI 50% Plans is described in 130 CMR 506.012(E)(2).

(b) The monthly premium assistance formula for Other Group Insurance Plans is described in 130 CMR 506.012(E)(3).

(2) MassHealth Premium Assistance Payment Amount Calculation — ESI 50% Plans.

(a) Determination of Actual Premium Assistance Payment Amount. In order to determine the actual premium assistance payment amount, MassHealth must review and compare the estimated premium assistance payment amount and the cost-effective amount. The estimated premium assistance payment amount and cost-effective amount are compared to calculate the actual premium assistance payment amount.

1. Estimated Premium Assistance Premium Payment Amount. The estimated premium assistance payment amount is calculated by subtracting the employer share of the policyholder's health insurance premium and the MassHealth required member contribution of the health insurance premium, as described in 130 CMR 506.012(D), from the total cost of the health insurance premium.

2. Cost-effective Amount. The ESI 50% Plans cost-effective amount is the MassHealth agency's cost of providing direct MassHealth benefits to the premium billing family group (PBFG) who are beneficiaries of the ESI.

(b) Comparison of Payment Amounts. MassHealth compares the estimated premium assistance payment amount and cost-effective amount to determine the actual premium assistance payment amount.

1. If the estimated premium assistance payment amount is less than the cost-effective amount, the MassHealth agency sets the actual premium assistance payment amount at the estimated premium assistance payment amount.

2. If the estimated premium assistance payment amount is equal to or greater than the cost-effective amount, the MassHealth agency sets the actual premium assistance payment amount at the cost-effective amount. The policy holder is responsible for payment of the remainder of the health insurance premium, if any.

(c) Example. A parent and two children apply for MassHealth. The two children are eligible for MassHealth, but the parent is not eligible. Their health insurance is an ESI 50% plan.

1. The total monthly cost of the health insurance premium = S.

2. The employer's monthly share of the health insurance premium = T.

3. The MassHealth estimated member share of the monthly health insurance premium = U.

4. Calculating the estimated premium assistance payment amount: S = (total cost of premium) - T = (employer's share of the cost) V = (employee's share of the cost) - U = (the MassHealth estimated member share of the cost) W = (estimated

premium assistance payment amount) ESI 50% Plans cost-effective amount: W is compared to the MassHealth cost of covering the three individuals (X). If W is less than X, the MassHealth agency sets the actual premium assistance payment amount at W. If W is equal to or greater than X, the MassHealth agency sets the actual premium assistance payment amount at X.

(3) MassHealth Premium Assistance Payment Amount Calculation — Other Group Insurance Plans.

(a) Determination of Actual Premium Assistance Payment Amount. In order to determine the actual premium assistance payment amount, MassHealth must review and compare the estimated premium assistance payment amount and the cost-effective amount. The estimated premium assistance payment amount and cost-effective amount are compared to calculate the actual premium assistance payment amount.

1. Estimated Premium Assistance Payment Amount. The estimated premium assistance payment amount is calculated by subtracting both the MassHealth required member contribution, as described in 130 CMR 506.012(D) and any contribution amount from an employer a person covered by this plan is eligible for from the total cost of the health insurance premium.

2. Cost-effective Amount. The Other Group Insurance Plans cost-effective amount is the MassHealth agency's cost of covering MassHealth-eligible premium billing family group (PBF) members who are beneficiaries of the Other Group Insurance Plan.

(b) Comparison of Payment Amounts. MassHealth compares the estimated premium assistance payment amount and cost-effective amount to determine the actual premium assistance payment amount.

1. If the estimated premium assistance payment amount is less than the cost-effective amount, the MassHealth agency sets the actual premium assistance payment amount at the estimated premium assistance payment amount.

2. If the estimated premium assistance payment amount is equal to or greater than the cost-effective amount, the MassHealth agency sets the actual premium assistance payment amount at the cost-effective amount. The policy holder is responsible for payment of the remainder of the health insurance premium, if any.

(c) Example. A parent and two children apply for MassHealth. The two children are eligible for MassHealth, but the parent is not eligible. Their health insurance falls into Other Group Insurance Plans.

1. The total monthly cost of the health insurance premium = S.

2. The monthly contribution amount for an employer that a person covered by this plan is eligible for = T.

3. The MassHealth required member contribution toward the monthly health insurance premium = U.

4. Calculating the estimated premium assistance payment amount:  $S = (\text{total cost of premium}) - T = (\text{monthly contribution from an employer})$   $V = (\text{employee's share of the})$

cost) - U = (the MassHealth estimated member share of the cost) W = (estimated premium assistance payment amount) Other Group Insurance Plans cost-effective amount: W is compared to the cost of covering only those MassHealth eligible individuals = Z. If W is less than Z, the MassHealth agency sets the actual premium assistance payment amount at W. If W is equal to or greater than Z, the MassHealth agency sets the actual premium assistance payment amount at Z.

130 CMR 506.012(A)(3); (E).

The Appellant did not dispute MassHealth's testimony that her income is \$3,551.52 every two weeks. Accordingly, her income is 608% of the 2024 federal poverty level for a household of one. 130 CMR 506.007 (\$3,551.52/2=\$1,775.76 weekly. \$1,775.76 x 4.333=\$7,694.37 monthly. \$7,694.37-\$62.75 (5% disregard) =\$7,631.62. \$7,631.62/ \$1,255 (100% of the federal poverty level for a household of one)=608%). Under 506.011(B)(2)(b), the Appellant's CommonHealth monthly premium is \$404.<sup>3</sup> No testimony was provided to indicate that any of the exceptions to a premium payment under 130 CMR 506.011(J) apply. MassHealth testified that Premium Assistance contributes \$198.32 toward the Appellant's CommonHealth premium.<sup>4</sup> Subtracting this amount from \$404 results in a total of \$205.68 for the Appellant's CommonHealth premium.

Turning to MassHealth's denial of the Appellant's request for a waiver or reduction of the premium, I find that the Appellant has not provided evidence that the circumstances outlined in 130 CMR 506.011(G)(1)(a), (b), (c), (d), or (f) apply. The Appellant has met the first prong of 130 CMR 506.011(G)(1)(e)1., because she has accessed available third-party insurance through her employer. Regarding the second prong of 130 CMR 506.011(G)(1)(e)2., that the paying of the premium will cause the Appellant extreme financial hardship such that she will have difficulty in paying for housing, food, utilities, transportation, other essential expenses, the Appellant submitted a number of bills and expenses related to her housing and utilities. These include bills and expenses related to having hot water, as well as a large outstanding bill from Peterson Oil Services, which provides heating and air conditioning. Exhibit 7 at 5-6. Therefore, I find it appropriate to reduce the Appellant's premium by \$30/month, resulting in a monthly CommonHealth premium of \$175.68. 130 CMR 506.011(G)(1)(e); (G)(2)(a).

Accordingly, the Appellant's appeal is approved in part and denied in part.

## Order for MassHealth

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<sup>3</sup> No testimony was presented by MassHealth regarding the one-time deductible for CommonHealth and as the record indicates that the Appellant has been a CommonHealth member for a number of years, I assume that the one-time deductible was met. Exhibit 4 and 130 CMR 506.009.

<sup>4</sup> No testimony was presented as to how \$198.32 was calculated under 130 CMR 605.012(E) or how the Appellant's selection of a more expensive employer-sponsored insurance plan would impact the Premium Assistance amount.

Reduce the Appellant's CommonHealth premium to \$175.68 monthly. If the Appellant requires it, establish a payment plan for past due balances in accordance with 130 CMR 506.011(G)(4).

## **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.

## **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, at the address on the first page of this decision.

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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

Premium Assistance

Premium Billing