

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415833
Decision Date:	2/24/2025	Hearing Date:	11/12/2024
Hearing Officer:	Kimberly Scanlon	Record Open to:	02/19/2025

Appearance for Appellant:



Appearance for MassHealth:

Monica Ramirez-Quincy 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; Premium Hardship Waiver
Decision Date:	2/24/2025	Hearing Date:	11/12/2024
MassHealth's Rep.:	Monica Ramirez; Karishma Raja	Appellant's Rep.:	Pro se, with Mother
Hearing Location:	Quincy Harbor South 6 (Remote)	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 September 24, 2024, MassHealth notified the appellant that his hardship waiver or reduction of monthly premiums was denied because MassHealth determined that he did not send in any documentation to prove an extreme financial hardship (Exhibit 1). The appellant filed this appeal in a timely manner on October 9, 2024 (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that his hardship waiver or reduction of monthly premiums was denied.

Issue

The appeal issue is whether the MassHealth was correct in denying the appellant's hardship waiver or reduction of monthly premiums.

Summary of Evidence

MassHealth was represented at hearing by an eligibility representative from the MassHealth Enrollment Center in [REDACTED] and a representative from the Premium Billing Unit; both parties testified telephonically. The record establishes the following facts and chronology: The appellant is a single individual under the age of [REDACTED] whose household size is 1. On or about May 17, 2024, MassHealth received the appellant's application for MassHealth benefits. On May 17, 2024, MassHealth notified the appellant that it had approved him for MassHealth CommonHealth benefits, effective April 20, 2024 (Exhibit 4, pp. 10-12). MassHealth determined that the appellant was eligible for CommonHealth as a disabled working adult.

Because the appellant was found eligible for MassHealth CommonHealth coverage, MassHealth determined that he must pay a monthly premium. MassHealth assessed a monthly premium of \$88.00, starting in June of 2024. *Id.* MassHealth calculated the premium using the appellant's countable monthly income in relation to the federal poverty level (FPL). Per regulation, MassHealth deducted 5% of the federal poverty level for a household size of one. Using the premium schedule in the MassHealth regulations, MassHealth calculated a supplemental monthly premium of \$88.00. On July 11, 2024, MassHealth notified the appellant that his benefits were being terminated on July 25, 2024, due to nonpayment of premiums (Exhibit 4, p. 9). On or about August 15, 2024, the appellant paid his outstanding premiums and MassHealth redetermined his eligibility based on updated income. On August 15, 2024, MassHealth notified the appellant that he was approved for CommonHealth coverage effective August 5, 2024, with a \$48.00 monthly premium, starting in September of 2024 (Exhibit 4, pp. 6-8). As of August 15th, the appellant's gross yearly income from employment equals \$33,277.00, which equals 215.97% of the FPL.

The Premium Billing representative testified that MassHealth's Premium Billing Unit issued premium bills for September through November of 2024, totaling \$144.00 (Exhibit 4, p. 13). The Premium Billing representative noted that in September 2024, approximately, the appellant submitted a MassHealth Premium Hardship Waiver application. She stated that his application was denied on September 24, 2024, because MassHealth did not receive any supporting documentation from him to prove an extreme financial hardship (Exhibit 1). She testified that the appellant could opt to reapply if he feels he has extreme financial hardship. She noted that the appellant would need to provide documentation with his application, showing proof of hardship.

The appellant and his representative/mother appeared at the hearing telephonically. She explained that she lives with the appellant and stated that she has received a shutoff notice. She explained that she and her daughter are disabled, and the appellant takes care of them both

financially. The appellant testified that he is employed and due to inflation, he recently received a \$1.00 raise. However, his income only covers his rental expense and motor vehicle insurance. He explained that after these expenses are paid, he barely has enough money to buy groceries. His mother added that on occasion, they are unable to purchase groceries and must go without food. The appellant stated that he is the only person in his household that is employed. As a result of his limited expenses, he is behind each month which results in loss of heat or hot water. Following the hearing, the record was left open for a brief period for the appellant to submit additional evidence (Exhibit 5). Premium Billing subsequently responded it did not receive a new hardship application or any supporting documentation (Exhibit 6, p. 1).

Premium Billing noted that while it did not receive the appellant's hardship application with supporting documentation, it did receive a payment of \$100.00 on December 2nd, which left a balance of \$44.00 due by December 21, 2024. *Id.* On February 5, 2025, the record was reopened to obtain additional information (Exhibit 7). On that same date, Premium Billing noted that the appellant paid his outstanding premium balance of \$44.00 on January 7, 2025. *Id.* Premium Billing further noted that while the appellant does not have a current balance, it has not received a new hardship application nor any supporting documentation from him. Premium Billing noted that there is not an administrative closure in place on the appellant's account due to nonpayment. However, Premium Billing noted that the appellant's coverage is not currently active because the appellant did not enroll in employer sponsored health insurance. *Id.*¹

Findings of Fact

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

1. The appellant is a single individual under the age of [REDACTED] whose household size is 1.
2. MassHealth received the appellant's application for MassHealth benefits on or about May 17, 2024.
3. On May 17, 2024, MassHealth notified the appellant that he was approved for MassHealth CommonHealth benefits, effective April 20, 2024.
4. The appellant is eligible for CommonHealth as a working disabled adult.
5. MassHealth calculated a monthly CommonHealth premium of \$88.00, starting in June 2024.

¹ The record did not include any evidence that MassHealth has terminated the appellant's coverage for failing to enroll in employer sponsored health insurance. That issue is thus beyond the scope of this appeal. If the appellant received a notice to this effect, he may appeal it within the time frames set forth in 130 CMR 610.015.

6. On July 11, 2024, MassHealth notified the appellant that his benefits were being terminated on July 25, 2024, due to nonpayment of premiums.
7. On or about August 15, 2024, the appellant paid his outstanding premiums and MassHealth redetermined his eligibility based on updated income.
8. On August 15, 2024, MassHealth notified the appellant that he was approved for CommonHealth coverage effective August 5, 2024, with a \$48.00 monthly premium, starting in September of 2024.
9. MassHealth billed the appellant for the CommonHealth premium for the months of September through November 2024.
10. In September 2024, approximately, the appellant applied for a premium hardship waiver.
11. On September 24, 2024, MassHealth denied the appellant's hardship waiver application.
12. The appellant has not submitted any supporting documentation to prove an extreme financial hardship.
13. The record was left open for the appellant to submit additional documentation.
14. Premium Billing did not receive any additional documentation from the appellant.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth's determination that the appellant is not eligible for a hardship waiver is supported by the applicable regulations.

MassHealth will allow a waiver or reduction of premiums for undue financial hardship. Per 130 CMR 506.011(G)(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.

In the present case, MassHealth determined that the appellant did not submit any documentation to prove an extreme financial hardship; the appellant did not dispute this assertion. Further, the appellant was granted a post-hearing record open period to submit documentation verifying an extreme financial hardship. Despite the additional time granted, the appellant did not submit any documentation. The appellant argues that he cannot afford the premiums given his other household expenses. This assertion, while credible, falls short of demonstrating that the appellant meets any of the requirements outlined in the regulation cited above. On this record, the appellant has not demonstrated that MassHealth erred in its determination that he is not eligible for a waiver or reduction of his premiums based on undue financial hardship.

For these 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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