

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2500778
<b>Decision Date:</b>	05/06/2025	<b>Hearing Date:</b>	03/11/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jo-Ann Donovan, Charlestown 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Premium Billing; Hardship Waiver
<b>Decision Date:</b>	05/06/2025	<b>Hearing Date:</b>	03/11/2025
<b>MassHealth's Rep.:</b>	Jo-Ann Donovan Carmen Fabery	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Remote (phone)	<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 December 30, 2024, MassHealth denied appellant's application for a hardship waiver of her MassHealth premium because MassHealth determined that she did not provide any documentation to prove an undue financial hardship. (Ex. 1A; 130 CMR 506.011(G)). Through a separate notice dated January 21, 2025, MassHealth notified the appellant that her coverage would terminate as of February 4, 2025, due to nonpayment of premium. (Ex. 1).<sup>1</sup> Appellant filed this appeal in a timely manner on January 13, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied appellant's application for a hardship waiver of her MassHealth premium.

### Issue

The appeal issue is whether MassHealth correctly determined that appellant did not meet the

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<sup>1</sup> MassHealth reinstated the appellant's coverage on March 11, 2025, the date of hearing, with no gap in coverage. As such, this issue has been resolved.

rules of extreme financial hardship to qualify for a hardship waiver of her premium.

## Summary of Evidence

Appellant, a MassHealth worker (worker) and a representative of premium billing all appeared by phone. The hearing began, all were sworn, and documents were marked as evidence. The worker stated appellant has a monthly income of \$5,625.10 from employment and is in a household of 3. This places appellant at 246.69% Federal Poverty Level. (FPL). Appellant was approved for MassHealth CommonHealth on October 2, 2024, with a monthly premium of \$57.20, with a start date of August 31, 2023. (Testimony; Ex. 4, pp. 3-5). The record shows appellant is under the age of 65. (Ex. 6).

The premium billing representative stated appellant was found eligible for MassHealth CommonHealth on October 2, 2024, starting on August 31, 2023, with a monthly premium of \$57.20. (Testimony; Ex. 4, pp. 1, 3-4). Appellant was billed \$57.20 for November 2024 through January 2025. Appellant made two separate payments on the same day, February 1, 2025, in the amounts of \$71.60 and \$44.00. These payments were applied to November and December 2024 for the full amount owed for those months. The balance of money from the two payments, \$1.20, was credited towards the January 2025 payment. (Testimony; Ex. 4, p. 6). The premium billing representative stated there is a remaining balance owed for the January 2025 bill of \$56.00. (Testimony; Ex. 4, p. 1, 6). The premium billing representative stated the March bill was sent to appellant for \$57.20. She stated appellant has a total due on the account of \$113.20. (Testimony; Ex. 4, p. 1, 6).

Regarding the denial of the hardship waiver request, the premium billing representative stated MassHealth received the hardship waiver application on December 18, 2024 but appellant did not provide any supporting documentation. She stated appellant checked off one of the listed criteria, namely "has experienced a significant, unavoidable increase in essential expenses within the last six months." The premium billing representative stated the application asks for a description of the expenses and send proof of the amount. She stated appellant did not submit any documentation as requested on the hardship waiver application. (Testimony; Ex. 4, p. 1).

Appellant stated she made the premium payments on the same day in response to the termination notice MassHealth sent her on January 21, 2025. (Testimony; Ex. 1). She stated they have rent to pay and a special needs son whose care can be expensive. She stated she had no shut off notices and that she is consistently late with rent but the management company does not send out notices because all the tenants are late. As far as her utilities, she stated she is on payment plans with them. (Testimony).

## Findings of Fact

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

1. Appellant lives in a household of 3 and has a monthly income of \$5,625.10. (Testimony).
2. Appellant was approved for MassHealth CommonHealth on October 2, 2024, with a monthly premium of \$57.20, with a start date of August 31, 2023. (Testimony; Ex. 4, pp. 3-5).
3. Appellant was billed \$57.20 for November 2024 through January 2025. Appellant made two separate payments on February 1, 2025, in the amounts of \$71.60 and \$44.00. These payments were applied to November and December 2024 for the full amount owed for those months. The balance of money from the two payments, \$1.20, was credited towards the January 2025 payment. (Testimony; Ex. 4, p. 6).
4. Appellant has a total due on the account of \$113.20. (Testimony; Ex. 4, p. 1, 6).
5. Appellant is under the age of 65. (Ex. 5).
6. Appellant filed a hardship waiver application which was received by MassHealth on December 18, 2024, and was denied by MassHealth because appellant did not submit any supporting documentation as requested on the hardship waiver application. (Testimony).

## 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 appellant did not submit any supporting documentation to prove an undue financial hardship pursuant to 130 CMR 506.011 (G); appellant did not dispute this assertion. On this record, appellant has not demonstrated that MassHealth erred in its determination that appellant is not eligible for a waiver or reduction of her 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129