

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502351
Decision Date:	4/30/2025	Hearing Date:	03/11/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Georges Jorcelin, Charlestown 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:	Hardship Waiver
Decision Date:	4/30/2025	Hearing Date:	03/11/2025
MassHealth's Rep.:	Georges Jorcelin Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 January 15, 2025, MassHealth denied the appellant's application for a hardship waiver of his MassHealth premium because MassHealth determined that he did not send in any documentation to prove an extreme financial hardship. (Ex. 1; 130 CMR 506.011(G)). Appellant filed this appeal in a timely manner on February 7, 2025. (Ex. 2). Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth correctly determined that appellant did not meet the rules of extreme financial hardship to qualify for a hardship waiver of his 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 reported income on January 10, 2024 of \$1,012 a month from Social Security. The worker stated another household member had zero income. Based upon appellant's reporting of his income, appellant was approved for MassHealth CommonHealth on January 20, 2024, with a monthly premium of \$57.20, with a start date of January 10, 2024. (Testimony; Ex. 4, p. 5). The worker testified that a data match was done and appellant's income came back higher at 279.24% of the Federal Poverty Level (FPL). Because of this, MassHealth requested proof of income from appellant. The worker stated appellant was terminated from CommonHealth via notice dated April 25, 2024, with coverage ending on May 9, 2024. Appellant was terminated because he never provided proof of income and he was past due on his monthly premiums. (Testimony). Evidence shows appellant is past due on his monthly premiums totaling \$171.60. (Testimony; Ex. 4, p. 1).¹ Appellant is under the age of 65. (Ex. 6).

The premium billing representative testified appellant filed a hardship waiver which was received by MassHealth on January 10, 2025. The premium billing representative stated the hardship waiver was denied on January 15, 2025 because appellant did not submit any supporting documentation. (Testimony).

Appellant stated he has been disabled since 2023 and is still on disability. He provided a summary from Riverwalk Lofts, dated January 24, 2025, showing appellant is a resident and has an outstanding balance of \$373. There is no indication how many days that balance is in arrears. (Ex. 5).

Findings of Fact

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

1. Appellant reported income on January 10, 2024 of \$1,012 a month from Social Security. (Testimony).
2. Appellant was approved for MassHealth CommonHealth on January 20, 2024, with a monthly premium of \$57.20, with a start date of January 10, 2024. (Testimony; Ex. 4, p. 5).
3. MassHealth conducted a data match on appellant's reported income and results showed a higher income, therefore, MassHealth requested proof of income from appellant. (Testimony).

¹ The evidence shows appellant was approved for MassHealth Standard on November 27, 2024, starting on November 17, 2024. (Ex. 4, p. 2).

4. Appellant was terminated from CommonHealth via notice dated April 25, 2024, with coverage ending on May 9, 2024 because appellant never provided proof of income and he was also past due on his monthly premiums. (Testimony).
5. Appellant is past due on his monthly premiums totaling \$171.60. (Testimony; Ex. 4, p. 1).
6. Appellant is under the age of 65. (Ex. 6).
7. Appellant filed a hardship waiver which was received by MassHealth on January 10, 2025 which was denied on January 15, 2025 because appellant did not submit any supporting documentation. (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 documentation to prove an extreme financial hardship; appellant did not dispute this assertion. While appellant did submit a summary from [REDACTED] dated January 24, 2025, showing appellant is a resident and has an outstanding balance, there is no indication how many days that balance is in arrears. On this record, appellant has not demonstrated that MassHealth erred in its determination that appellant 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.

Thomas Doyle
Hearing Officer
Board of Hearings

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