

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505724
Decision Date:	6/23/2025	Hearing Date:	05/22/2025
Hearing Officer:	Radha Tilva		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Carmen Fabery, MH Premium Billing
Georges Jorcelin, Charlestown MEC Rep.

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

Appeal Decision:	Denied	Issue:	Eligibility - income
Decision Date:	6/23/2025	Hearing Date:	05/22/2025
MassHealth's Reps.:	Carmen Fabery, Georges Jorcelin	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown MEC (telephonic)	Aid Pending:	Yes

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 April 8, 2025, MassHealth approved the appellant for MassHealth CommonHealth with an eligibility start date of November 17, 2023 and a premium of \$136.00 starting in May, 2025 (Exhibit 1). Through a separate notice, dated April 22, 2025, MassHealth notified appellant that they would be terminating the appellant's MassHealth coverage due to past due premiums, effective May 6, 2025 (Exhibit 2). The appellant filed this appeal in a timely manner on April 9, 2025 (see 130 CMR 610.015(B) and Exhibit 3). Challenging the scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved appellant for MassHealth CommonHealth with an eligibility start date of November 17, 2023 and premium of \$136.00 starting in May, 2025. MassHealth subsequently issued a notice terminating appellant from MassHealth CommonHealth for failure to pay past due premiums.

Issues

The appeal issues are whether MassHealth was correct in determining the monthly premium for MassHealth CommonHealth coverage, and whether MassHealth was correct in terminating MassHealth CommonHealth for failure to pay past due premiums.

Summary of Evidence

MassHealth was represented by an eligibility specialist and a Premium Billing specialist who both appeared by telephone. The MassHealth representative testified to the following chronology: On January 7, 2025 appellant, a disabled adult, was approved for MassHealth CommonHealth with a premium of \$144.00 a month starting in February 2025. On April 8, 2025, MassHealth issued another approval notice for MassHealth CommonHealth with a premium of \$136.00 effective May 2025. On April 22, 2025, MassHealth issued a termination notice for failure to pay the MassHealth CommonHealth premium with a termination date of May 6, 2025.

Appellant's household size is two and the gross monthly income is \$5,781.56 (or 328% of the federal poverty level), which results in a CommonHealth premium of \$136.00. The MassHealth representative explained that the income is based on gross earnings, not net, and that the reported biweekly income they had on file was \$2,668.00. The Premium Billing specialist testified that appellant was billed \$144.00 for the months of February to April 2025, with a total balance due of \$432.00. A hardship application was submitted by the appellant, but denied because the supporting documentation was not acceptable proof of extreme financial hardship. Submitted along with the hardship application, according to the Premium Billing specialist, was a paystub, disability supplement letter, a letter from her employer, and a handwritten letter.

The appellant stated that her husband makes only \$4,250.00 per month, and that the two of them live on this income alone. They have to pay rent, electric, gas, cable, car insurance and the cell phone bill with that income. Some months the appellant has to borrow money because they do not have enough to cover their expenses. The appellant testified that her CommonHealth premium was \$88.00 last year, and that she cannot afford to pay more than that.

The appellant submitted documents electronically prior to the hearing (Exhibit 7). The documents consist of handwritten notes regarding her and her spouse's expenses, a letter confirming appellant's psychiatric condition, and a paystub confirming the biweekly income (*Id.*).

Findings of Fact

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

1. By notice dated January 7, 2025, appellant, a disabled adult, was approved for MassHealth CommonHealth with a premium of \$144.00 a month starting in February 2025.

2. On April 8, 2025, MassHealth issued another approval notice for MassHealth CommonHealth with a premium of \$136.00 effective in May 2025.
3. On April 22, 2025, MassHealth issued a termination notice for failure to pay the MassHealth CommonHealth premium with a termination date of May 6, 2025.
4. Appellant's household size is two and the gross monthly income is \$5,781.56 (or 328% of the federal poverty level), which results in a CommonHealth premium of \$136.00.
5. Appellant was billed \$144.00 for the months of February to April 2025 with a total balance due of \$432.00.
6. A hardship application was submitted by the appellant, but denied because the supporting documentation was not acceptable proof of extreme financial hardship.
7. The appellant and her husband used to pay \$88.00 a month for the coverage and can only afford that amount; they cannot afford the \$136.00 premium.

Analysis and Conclusions of Law

The appellant is contesting her CommonHealth premium which is calculated based on the household income and the denial of a hardship waiver. The appellant argued that the income MassHealth used does not take into consideration their household expenses. MassHealth uses gross income when calculating the household income (130 CMR 506.003). The documentation provided by appellant in support of the appeal included a biweekly paystub corroborating the monthly earned income. Thus, MassHealth used the correct figure when calculating the premium.

Under 130 CMR 505.004(I), 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). 130 CMR 506.011(B)(2)(b) provides the formula by which to calculate the premium for MassHealth CommonHealth adults above 150% of the federal poverty level. The chart states that for an FPL over 200% of the federal poverty level, start at \$40.00 and add an additional \$8.00 for each additional 10% of the federal poverty level. The appellant's FPL is roughly 328%. Assuming MassHealth rounded down to 320%, the correct calculation of the premium is \$136.00 ($\$40 + (13 \times 8)$). Thus, MassHealth correctly calculated the premium of \$136.00 per month for CommonHealth.

Moreover, MassHealth did not err in issuing a termination notice for failure to pay her past due premium. Under 130 CMR 506.011(D)(1), if MassHealth has billed a member for a premium

payment, and the member does not pay the entire amount billed within 60 days of the date on the bill, the member's eligibility for benefits is terminated. The Premium Billing specialist testified that appellant has outstanding premiums due from February 2025 through present, amounting to a total amount due of \$432.00. As more than 60 days has passed since the first premium payment was due, MassHealth did not err in issuing the termination notice dated April 22, 2025.

Based on the above analysis, this 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.

Radha Tilva
Hearing Officer
Board of Hearings

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