

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508867
Decision Date:	9/17/2025	Hearing Date:	07/18/2025
Hearing Officer:	Christopher Jones	Record Open to:	08/01/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Liz Nickoson – Taunton HCR
Karishma Raja – Prem. Billing
Jen Raymond – Observing



*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:	Community Eligibility - under 65; Premium Billing
Decision Date:	9/17/2025	Hearing Date:	07/18/2025
MassHealth's Reps.:	Liz Nickoson; Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 May 29, 2025, MassHealth approved the appellant for MassHealth CommonHealth starting on February 18, 2025, with a \$246.40 per month premium for June 2025. (Exhibit 1; 130 CMR 505.004.) On June 5, 2025, MassHealth terminated the appellant's benefits, effective June 19, 2025, because the appellant "withdrew the application." (Exhibit 2; 130 CMR 502.009.) The appellant filed this appeal on June 11, 2025. (Exhibit 3; 130 CMR 610.015(B).) MassHealth actions "to suspend, reduce, terminate, or restrict a member's assistance" are valid grounds for appeal. (130 CMR 610.032(A)(3).)

The record was held open following the appeal until August 1, 2025, for the appellant to submit proof of primary insurance coverage and for MassHealth to provide more details regarding its billing process.

Action Taken by MassHealth

On February 28, 2025, MassHealth approved the appellant for MassHealth CommonHealth as of February 18, 2025, and calculated his monthly premium to be \$272. MassHealth billed the appellant \$272 per month for March, April, and May. MassHealth terminated the appellant's coverage after the appellant withdrew his application on June 5, 2025.

Issue

The appeal issues are (1) whether MassHealth was correct, pursuant to 130 CMR 505.004, 506.011 and 506.012, in charging the appellant a CommonHealth premium, and (2) whether the appellant timely appealed the calculation of his premium under 130 CMR 610.015.

Summary of Evidence

MassHealth's enrollment center (MEC) representative testified that the appellant completed his annual renewal on February 20, 2025. The appellant has a confirmed disability, and he is an individual adult. The appellant reported a monthly income of \$6,000. The MEC representative testified that this income was equivalent to 478% of the federal poverty level, and MassHealth had no record of the appellant having primary insurance coverage. MassHealth mailed an approval notice on February 28, 2025, approving the appellant for CommonHealth with a monthly premium of \$272.

On May 29, 2025, the appellant called MassHealth and updated his income. The appellant reported his income to be \$87,000 annually, which is equivalent to 550.19% of the federal poverty level. The appellant also reported employer-sponsored health insurance. The appellant then called in to withdraw from coverage on June 5, 2025.

The appellant testified he has been covered by MassHealth for much of his life, and he has never had to pay a premium before. The appellant felt like he had updated his income in the past, and that it never resulted in a premium being charged. The appellant testified that he did not reach out to MassHealth until May 29, 2025, because friends and family told him that it was going to work itself out. The appellant is seeking to have the outstanding premiums waived for reduced.

MassHealth's premium billing representative testified that MassHealth does not bill for the month in which CommonHealth coverage was approved. For the appellant, that month was February, and he was then billed for March through May for his coverage. The premium billing representative testified that all bills are waived if the member withdraws from coverage within 60 days of the notice setting the first CommonHealth bill. It was noted that MassHealth is supposed to terminate coverage after 60 days of nonpayment. MassHealth's premium billing representative confirmed that the appellant's bills were mailed out on or around the 13th of each month, starting with a bill on March 13th for the March premium. Each premium is due on the bill date for the following month. MassHealth's premium billing representative confirmed that something went wrong with the billing process because the appellant should have had a termination notice automatically generated. While MassHealth does not appear to have terminated the appellant for non-payment, he is not being billed for the June premium. The appellant's outstanding balance with the premium billing department is \$816, which is 3 months of premiums at \$272.

The appellant testified that he has been covered by employer-sponsored insurance, starting April 1, 2025. The hearing record was held open until August 1, 2025, for the appellant to submit proof of when his employer-sponsored insurance began, and for MassHealth to investigate when the appellant's coverage should have been terminated for non-payment. The appellant timely responded with proof of coverage, effective April 1, 2025.

MassHealth's premium billing representative responded to explain that the agency allows 5 days for mailing, so there is a grace period of 65 days before a termination notice should be generated. The termination notice would be 65 days from the first bill date. Since bills are mailed out on the same day each month, 3 bills will be generated before a termination notice would be expected to be mailed out. Furthermore, MassHealth must give 14 days' notice of a termination. Premium billing referred the appellant for termination on May 20, 2025, but he would have remained covered for the entire month of May even if the termination notice had been issued. For this reason, MassHealth argues that the appellant still owes for March, April, and May 2025 premiums.

Findings of Fact

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

- 1) The appellant is a single adult with a verified disability. (Testimony by MEC representative.)
- 2) On February 20, 2025, the appellant completed an annual renewal application, reporting monthly income of \$6,000. (Testimony by MEC representative.)
- 3) On February 28, 2025, the appellant was approved for CommonHealth, as of February 18, 2025, and informed that he would get a \$272 bill each month, starting in March 2025. This was calculated based upon the appellant's income, which was equivalent to 478% of the federal poverty level. (Exhibit 7, pp. 7-9.)
- 4) The appellant was billed \$272 on or around the 13th of March, April, and May 2025. The appellant did not pay any of these bills. (Testimony by premium billing representative; Exhibit 7, p. 5.)
- 5) MassHealth's premium billing department referred the appellant for termination for nonpayment on or around May 20, 2025. No termination notice for nonpayment of premiums was sent. (Exhibit 6; testimony by MassHealth's representatives.)
- 6) On May 29, 2025, the appellant called MassHealth to update his income and insurance coverage. The appellant's income was reported as \$87,000 per year, and he reported being covered by employer-sponsored insurance. (Testimony by MEC representative.)
- 7) The appellant called back on June 5, 2025, to withdraw from MassHealth coverage. MassHealth terminated the appellant's coverage based upon this withdrawal. (Exhibit 2.)

- 8) The appellant filed this appeal on June 11, 2025. (Exhibit 3.)
- 9) The appellant's outstanding balance with the premium billing department is \$816. (Exhibit 7, p. 5.)

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below the relevant financial thresholds. Financial eligibility is "determined by comparing the sum of all countable income ... for the individual's household ... with the applicable income standard for the specific coverage type." (130 CMR 505.007(A).) Applicants between the ages of [REDACTED] who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level. (130 CMR 505.002(E), 505.008(A).) However, disabled adults can qualify for the CommonHealth program, regardless of their income by paying a monthly premium.¹ (See 130 CMR 505.004(B)-(C), 506.009.)

For individuals under the age of [REDACTED] countable unearned income includes "the total amount of taxable income" a member receives "after allowable deductions on the U.S Individual Tax Return," and specifically includes "social security benefits." (130 CMR 506.003(B).) Monthly income is derived by multiplying average weekly income by 4.333, and "[f]ive 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." (130 CMR 506.007(A).)

The federal poverty level for an individual in 2025 is \$1,305 per month. Five percent of the federal poverty level is \$65.25. The appellant's income for eligibility purposes was \$6,000 per month for March through May, which is equivalent to 454.77% of the federal poverty level after being reduced by \$65.25.²

MassHealth may charge a monthly premium to CommonHealth members who have income above 150% of the federal poverty level. (130 CMR 506.011.) The CommonHealth premium is calculated based upon deciles above the federal poverty level. Adults with income just over 400% of the

¹ MassHealth no longer requires disabled members under the age of [REDACTED] to meet a one-time deductible or work 40 hours per month. (EOM 23-28 (Dec. 2023).)

² MassHealth initially calculated the appellant's federal poverty level equivalence in February. The federal poverty level for 2025 is effective for MassHealth purposes as of March 1, 2025. (See <https://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members#2025-masshealth-income-standards-and-federal-poverty-guidelines> (last visited Sept. 10, 2025).) The federal poverty level in 2024 was \$1,255. The appellant's federal poverty level equivalence before March 1, 2024, was 478%.

federal poverty level must pay \$202 per month. Ten dollars is added for each additional 10% of the federal poverty level until 600% (See 130 CMR 506.011(B)(2)(b).) A supplemental premium formula provides that members with income between 400% and 600% of the federal poverty level will only be charged 70% of the full premium if they have other health insurance but are not “receiving a premium assistance payment” (130 CMR 506.011(B)(2)(c).)

MassHealth allows a member “60 calendar days from the date of the eligibility notice and premium notification” to voluntarily withdraw from benefits, and if they do so “MassHealth premiums are waived.” (130 CMR 506.011(C)(5).) Furthermore, it is the member’s responsibility to notify MassHealth of their intention to withdraw, and the “member is responsible for the payment of all premiums up to and including the calendar month of withdrawal, unless the request for voluntary withdrawal is made in accordance with 130 CMR 506.011(C)(5).” (130 CMR 506.011(H).) 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.” (130 CMR 506.011(D)(1).)

In so far as this appeal seeks a waiver of the CommonHealth premiums this appeal must be DENIED. An individual must withdraw from CommonHealth coverage within 60 days of the initial approval notice. The appellant acknowledged that he received the notice, and that he did not act on the notice, hoping that the bills would sort themselves out. The appellant first called MassHealth 100 days later, on May 29, 2025, and he filed this appeal on June 11, 2025, 113 days after the approval notice for CommonHealth was mailed on February 28, 2025.

This also means that this appeal cannot address the calculation underlying the appellant’s CommonHealth premium.

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits:

(1) 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing; . . .

(130 CMR 610.015(B).)

There is an extended 120-day timeframe for appeals where MassHealth “fails to act on an application; ... fails to act on [a request for services]; ... fails to send written notice of the action; or” the date on which it is alleged that a MassHealth employee has coerced or otherwise improperly deterred the member from filing an appeal. (130 CMR 610.015(B)(2).) Appeals must be dismissed where “the request is not received within the time frame specified in 130 CMR 610.015.” (130 CMR 610.035(A)(1).) There is no evidence that warrants extending the timeline for

appeal. Therefore, this appeal must be DISMISSED as untimely with regards to the calculation of the CommonHealth premium itself.

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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

MassHealth Representative: Premium Billing