

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511408
Decision Date:	11/13/2025	Hearing Date:	09/12/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	09/26/2025

Appearance for Appellant:



Appearances for MassHealth:

Eva Zoledzieski (MEC) and 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:	Community Eligibility
Decision Date:	11/13/2025	Hearing Date:	09/12/2025
MassHealth's Reps.:	Eva Zoledzieski; Karishma Raja	Appellant's Rep.:	[REDACTED]
Hearing Location:	Springfield MEC	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 July 21, 2025, MassHealth informed Appellant that MassHealth CommonHealth benefits would terminate because she failed to pay MassHealth premiums (Exhibit A). Appellant filed this appeal in a timely manner on August 4, 2025 (see 130 CMR 610.015(B) and Exhibit A). Appellant was granted AID PENDING status forestalling the scheduled termination pending the outcome of this appeal. Termination of assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth scheduled the termination of Appellant's benefits due to unpaid MassHealth premiums.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it scheduled the termination of Appellant's benefits due to unpaid MassHealth premiums.

Summary of Evidence

Both parties appeared by telephone. Mass health filed a packet of documentation including copies of Masshealth notices and an itemization of premiums (collectively, Exhibit B).

MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center (MEC) and a representative from the MassHealth Premium Billing Department. The MassHealth representatives reviewed a timeline of events including an annual review process that commenced in September 2024 and a December 2024 determination that Appellant remained eligible for CommonHealth benefits with a monthly premium of \$18.00. Prior to the renewal process, Appellant had applied for hardship waiver to have the monthly premium waived. The waiver application was approved in April 2024 for one year. MassHealth issued the waiver approval notice to Appellant on April 8, 2024, informing him that that the waiver was effective for one year and that he would not have to pay his monthly CommonHealth premium from May 1, 2024 to April 30, 2025 (Exhibit C).

The Masshealth representatives testified that Appellant did not file a new application for a waiver in 2025; therefore, premiums commenced again as of May 1, 2025. Premiums went unpaid for the months of May, June, and July 2025 prompting Masshealth to issue the subject notice informing Appellant that his CommonHealth benefits would terminate due to failure to pay past-due premiums (Exhibit A). The total due for these three months is \$54.00 (\$18.00 per month) (Exhibit B).

Appellant appeared on his own behalf along with his appeal representative. Appellant's appeal representative discussed Appellant's earnings and expenses and asserted his inability to afford to pay the monthly premiums. Appellant's representative discussed having been approved for a waiver and having difficulty year to year with the same problem of having the premiums reapplied after being approved for the waiver.

The Masshealth representatives explained that a waiver is only good for one year and a new waiver application has to be filed every year before the existing one expires if a member remains eligible and wishes to avoid having to pay a premium. In this case, Appellant failed to file a new waiver application and the last waiver ended with the premium for April 2025. Thereafter, premiums once again were due as of May, 2025.

Appellant's representative testified that she was never told that she needed to apply for a new waiver. She testified that she never received a notice that the waiver was ending and she needed to reapply. In response, the Masshealth representatives explained that a notice does not issue telling Appellant that the current waiver is ending and a new application is needed. They explained that the waiver approval notice explains this and that it is Appellant's responsibility to

file a new application when he decides to do so. Appellant's representative then asserted that she never received the approval notice indicating that the waiver was only for one year.

The record was left open to allow Masshealth to send a copy of the Waiver Approval notice that was issued in April 2024 to both the hearing officer and Appellant's representative. Appellant's representative was given time to file a response if so chose to do so. MassHealth timely filed a copy of the waiver approval notice dated April 8, 2024, which indicates that the waiver is good for one year and waives the premiums on and between May 2024 and April 2025. The notice was sent to Appellant's current address. (Exhibit C). Appellant's representative made no response.

Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant had been receiving Masshealth CommonHealth benefits at the time an annual review process commenced in September 2024.
2. In December 2024, Masshealth determined that Appellant remained eligible for CommonHealth benefits with a monthly premium of \$18.00.
3. Prior to the renewal process, Appellant had applied for hardship waiver to have the monthly premium waived.
4. The waiver application was approved in April 2024 for one year.
5. MassHealth issued the waiver approval notice to Appellant on April 8, 2024, informing him that that the waiver was effective for one year and that he would not have to pay his monthly CommonHealth premium from May 1, 2024 to April 30, 2025 (Exhibit C).
6. Appellant did not file a new application for a waiver in 2025; therefore, premiums commenced again as of May 1, 2025.
7. Premiums went unpaid for the months of May, June, and July 2025 prompting Masshealth to issue the subject notice informing Appellant that his CommonHealth benefits would terminate due to failure to pay past-due premiums (Exhibit A).
8. The total due for these three months is \$54.00 (\$18.00 per month) (Exhibit B).

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, appellant has failed to meet his burden.

This matter is controlled by the undisputed fact that Appellant has an unpaid premium arrearage. Regulations require MassHealth to terminate benefits when a member fails to pay regular monthly premiums and/or payments due on a payment plan (130 CMR 506.011(D)(1)). Accordingly, the subject notice of the scheduled termination of Appellant's benefits due to unpaid premiums was correct.

Masshealth does not issue a notice to a member when the waiver is about to expire or that the member would need to file a new waiver application. The waiver approval notice indicates the dates that the waiver is effective. That is the only notice that a member will receive. If a member wishes to continue under a waiver, it is the member's responsibility to file a new waiver application before the existing waiver expires. Appellant's last waiver expired in April 2024, and he did not file a new premium waiver application; therefore, premiums were properly assessed starting with the month of May 2025.

For the foregoing reasons, the appeal is denied.

Order for MassHealth

If past-due premiums are still owed, remove AID PENDING status and proceed with termination.

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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186

