

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511819
Decision Date:	10/14/2025	Hearing Date:	08/25/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Jose Berrios, MEC; Karishma Raja, Premium Billing Unit



*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 – Income; Premium Billing
Decision Date:	10/14/2025	Hearing Date:	08/25/2025
MassHealth’s Rep.:	Jose Berrios, MEC; Karishma Raja, Premium Billing Unit	Appellant’s Rep.:	Pro se with Social Worker
Hearing Location:	Springfield MassHealth Enrollment Center	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 06/17/2025, MassHealth informed the appellant that it planned to terminate his MassHealth CommonHealth benefits on 08/04/2025 because he has unpaid, past-due premiums (130 CMR 506.011(D)(1); Exhibit 1). The appellant filed a timely appeal on 08/12/2025 (130 CMR 610.015; Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant’s MassHealth CommonHealth benefits on 08/04/2025.

Issue

The issue is whether MassHealth was correct in terminating the appellant's MassHealth CommonHealth benefits because he has unpaid, past-due premiums.

Summary of Evidence

A MassHealth representative from the MassHealth Premium Billing Unit (PBU) and the MassHealth representative from the MassHealth Enrollment Center (MEC) testified telephonically that the appellant was approved for MassHealth CommonHealth benefits on 03/02/2025. His monthly premium was calculated to be \$46.40 per month beginning in April 2025, based on his verified income of \$3,507.00 per month from Social Security. The appellant has unpaid premiums for the months of May, June and July 2025, totaling \$140.40. To date that balance remains outstanding. No hardship waiver or payment plan has been received by MassHealth.

The appellant appeared at the fair hearing and testified telephonically with the assistance of his social worker. The appellant did not contest his monthly income, but he reported that his expenses have recently increased, primarily because he was living with his sister, who helped pay the rent, but she has moved out of their home. He reports he is recovering from a head injury, which has caused him "cognitive issues." Also, after falling in an icy parking lot, the appellant reports he "fell behind" on things. He acknowledges that he did not pay the premiums from May, June or July 2025. He intends to file a hardship waiver.

Findings of Fact

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

1. The appellant is an adult who lives in the community and is between the ages of 20 and 65. The appellant has been determined to be disabled. He counted as a household of one person for the purposes of MassHealth eligibility (Testimony).
2. On 03/02/2025, the appellant was approved for MassHealth CommonHealth benefits as a disabled working adult with a \$46.80 per month premium beginning in April 2025.
3. The appellant's reported income is \$3,507.00 per month.
4. The appellant did not pay the monthly premiums for his benefits for the months of May, June, and July 2025.
5. The appellant has unpaid, past-due premiums totaling \$140.40.
6. MassHealth informed the appellant that it planned to terminate his MassHealth CommonHealth benefits on 08/04/2025 because he has unpaid, past-due premiums.

7. As of the date of the fair hearing, the appellant has not paid the past due premiums, he has not entered into a payment plan with MassHealth, and he has not submitted a hardship waiver.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 506.011(D) address delinquent premium payments, as follows:

- (1) Termination for Delinquent Premium Payments. If the MassHealth agency 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 member will be sent a notice of termination before the date of termination. The member's eligibility will not be terminated if, before the date of termination, the member
- (a) pays all delinquent amounts that have been billed;
 - (b) establishes a payment plan and agrees to pay the current premium being assessed and the payment-plan-arrangement amount;
 - (c) is eligible for a nonpremium coverage type;
 - (d) is eligible for a MassHealth coverage type that requires a premium payment and the delinquent balance is from a CMSP benefit; or
 - (e) requests a waiver of past-due premiums as described in 130 CMR 506.011(G).

MassHealth informed the appellant that it planned to terminate his MassHealth CommonHealth benefits for his failing to pay the \$46.80 monthly premiums for May, June, and July 2025, totaling \$140.40. The premium was calculated by MassHealth based on the appellant's income of \$3,507.00 per month. The appellant did not dispute his income, the premium amount, or that the premiums have not been paid. Moreover, as of the date of the fair hearing, the appellant had not partially paid the premiums, and he had not entered into a payment plan, or filed a hardship waiver. The appellant testified that his expenses have increased since the determination and that he planned to submit a hardship waiver.

MassHealth's decision to terminate the appellant's MassHealth CommonHealth benefits is supported by the facts in the hearing record, as well as the above MassHealth regulation. Accordingly, this appeal is denied.

Order for MassHealth

Proceed with terminating the appellant's MassHealth CommonHealth benefits, if not already terminated. If a hardship waiver has been submitted, inform the appellant of the determination and include appeal rights.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104