

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512759
Decision Date:	11/18/2025	Hearing Date:	10/09/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kiana Saint Jean – MEC Representative
Carmen Fabery – 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:	Premium Billing; Hardship Waiver
Decision Date:	11/18/2025	Hearing Date:	10/09/2025
MassHealth's Reps.:	Kiana Saint Jean; Carmen Fabery	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 August 11, 2025, MassHealth denied the appellant's application for a hardship waiver of his CommonHealth premiums. (Exhibit 1; 130 CMR 506.011(F).) The appellant filed this appeal in a timely manner on September 2, 2025. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's hardship waiver application regarding his CommonHealth premiums because he did not "meet the rules of an extreme financial hardship."

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the appellant had not proven he was facing an extreme financial hardship.

Summary of Evidence

The appellant is a disabled individual over the age of 65. MassHealth's eligibility representative testified that the appellant had been terminated from MassHealth coverage on June 12, 2025, for

nonpayment of CommonHealth premiums. The appellant paid his past due premiums, and his CommonHealth benefits with Buy-in coverage were reinstated without a gap through a notice dated June 26, 2025. The appellant's gross income is \$2,590 from Social Security, and \$43.33 in employment income related to the non-traditional work the appellant performs in order to be eligible for CommonHealth. MassHealth calculated the appellant's income to be equivalent to 196% of the federal poverty level.

MassHealth's Premium Billing representative testified that the appellant is being charged a \$35 premium. The appellant submitted a Hardship Waiver Application on or around August 1, 2025. MassHealth denied this hardship waiver because the appellant claimed the CommonHealth premium was going to cause an extreme financial hardship, but all he submitted was the first page of a bank statement. MassHealth's representative testified that better evidence of a hardship is a past-due notice on rent, or a shut-off notice from a utility company. The appellant testified that he had annotated the bank statement to show that all of his income goes to pay his essential monthly expenses. The appellant testified that at the end of the month he has \$10 or less left.

MassHealth's Premium Billing department had not initially submitted the appellant's hardship waiver into evidence. The waiver was submitted during the hearing, and it was noted that the only page that was scanned by Premium Billing was the coversheet, not the actual financial records. The appellant had written on the coversheet, "over" to indicate that there was more information on the back.

The appellant testified that his rent is \$1,200, and he also has to pay for public transportation, groceries, and other expenses. The appellant testified that he has no other assets. Furthermore, his gas provider has submitted a rate filing indicating that they anticipate raising the utility rate by 37% – 55%. The appellant had received a shutoff notice from the gas company, but the appellant found help from a private charity that paid his past-due balance. The appellant is currently not behind on any bills. The appellant receives assistance from a food pantry and gets about \$4 per week in food assistance through SNAP.

The hardship waiver guidelines were reviewed on the record. The appellant cited paragraph (G)(e)2., and argued that he was likely to suffer extreme financial hardship because paying for his full CommonHealth premium would cause difficulties "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." MassHealth's Premium Billing representative argued that there was not really any evidence submitted about this, but even if there were there are not clear criteria for reviewing eligibility for a hardship waiver under this paragraph of the regulation.

It was noted that the bank statement was not fully in evidence, and the appellant was asked if he would like the opportunity to submit additional financial records into evidence. He declined. MassHealth's Premium Billing representative suggested resubmitting once his utility rate increase actually goes into effect.

Findings of Fact

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

- 1) The appellant is a disabled individual over the age of 65. The appellant receives \$2,590 in gross Social Security benefits and \$43.33 in employment benefits. (Testimony by MassHealth's representative.)
- 2) The appellant pays \$1,200 per month in rent, and at the end of the month he usually has \$10 or less in his bank account. (Testimony by the appellant.)
- 3) The appellant is current with all of his bills, in part because he has received assistance from charitable organizations. The appellant is anticipating his expenses to increase in the future. (Testimony by the appellant.)

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. One of the major dividing lines for eligibility is the age of 65. Individuals aged 65 and older are generally governed by the regulations at 130 CMR 515.000-520.000, and those under 65 are typically determined by the regulations at 130 CMR 501.000-508.000.

MassHealth Standard benefits are generally available to individuals over the age of 65 with income below the federal poverty level. (See 130 CMR 519.002.) A disabled adult aged 65 or older may qualify for CommonHealth coverage with income in excess of the federal poverty level. CommonHealth coverage for individuals over 65 is for "working disabled adults ... [which] means that eligible applicants must meet the requirements of 130 CMR 505.004(B)(2), (3) and (5) to be eligible for CommonHealth." (130 CMR 519.012(A)(1).) Members "who were enrolled in MassHealth CommonHealth for at least ten years" may remain on CommonHealth "whether they work or not." (EOM 23-19 (Aug. 2023).)

Financial eligibility for CommonHealth benefits "as described in 130 CMR 505.004(B)" is determined using the under-65 financial eligibility rules, and counts income based upon a "Disabled Adult Household." (130 CMR 506.002(A)(2).) All countable income for the household is used in eligibility determinations and includes all "taxable income ... after allowable deductions," and specifically includes "social security benefits, ... pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income." (See 130 CMR 506.003(B).) The "allowable deductions" are described at 130 CMR 506.003(D). These are colloquially referred to as above the line deductions on a federal tax return. Countable monthly income is reduced by "[f]ive percentage points of the current federal

poverty level (FPL) ... to determine eligibility of the individual under the coverage type with the highest income standard.” (130 CMR 506.007(A).)

The MassHealth agency 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 150% of the federal poverty level must pay \$15 per month. Five dollars is added for each decile above 150% of the federal poverty level, up to 200%, where the premium would be \$40. (See 130 CMR 506.011(B)(2)(b).) A supplemental premium formula provides that members with income between 150% and 200% of the federal poverty level will only be charged 60% of the full premium if they are not “receiving a premium assistance payment” (130 CMR 506.011(B)(2)(c).)

There is no dispute regarding the appellant’s eligibility for CommonHealth benefits, or how MassHealth calculated his monthly premium. (See 130 CMR 519.012(A); 505.004(B)(2); 506.012(D).) The appellant’s monthly income is \$2,633.33, which is equivalent to 196% of the federal poverty level once 5% has been disregarded. This is the 4th decile over 150%, which results in a full CommonHealth premium of \$35 per month. Because the appellant has Medicare Buy-in coverage, he is not entitled to the supplemental premium formula deduction.

The question on appeal is whether the appellant proved that he is suffering an undue financial hardship:

(G) Waiver or Reduction of Premiums for Undue Financial Hardship.

(1) Undue financial hardship means that the member has shown to the satisfaction of the MassHealth agency that at the time the premium was incurred 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.

(130 CMR 506.011(G)(1).)

The appellant testified that his bank statement shows less than \$10 left at the end of a month. The appellant sent an annotated bank statement to Premium Billing, but it did not come through completely. The appellant declined the opportunity to submit documentary evidence into the record to establish his economic situation. Without this evidence, it is impossible to determine whether the \$35 CommonHealth premium is presenting an extreme financial hardship to the appellant's ability to pay for housing, food, utilities, transportation, or other essential expenses. Therefore, the appellant has not established by a preponderance of the evidence that he is eligible for a hardship waiver under 130 CMR 506.011(G)(1)(e).

The appellant had been delinquent on his utility bills, but he is currently caught up. The appellant also expects a significant increase to his heating bill in the near future, but it has not gone into effect yet. In the event that either of these scenarios arises, the appellant may be eligible for a hardship waiver under 130 CMR 506.011(G)(1)(b) or (d). At this time, however, 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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957