

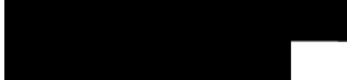
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516364
Decision Date:	01/22/2026	Hearing Date:	12/12/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via Zoom Videoconference:
Andreia DaCosta, Charlestown MEC
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
Decision Date:	01/22/2026	Hearing Date:	12/12/2025
MassHealth's Rep.:	Andreia DaCosta; Carmen Fabery	Appellant's Rep.:	██████
Hearing Location:	Charlestown MassHealth Enrollment Center, Remote	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 October 9, 2025, MassHealth informed the appellant that her child was approved for MassHealth CommonHealth with a \$128 monthly premium (Exhibit 1). The appellant filed this appeal in a timely manner on November 6, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Determinations regarding scope or amount of assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant's child for MassHealth CommonHealth with a monthly premium of \$128.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is eligible for MassHealth CommonHealth with a \$128 monthly premium.

Summary of Evidence

All parties appeared at hearing via Zoom videoconference. MassHealth was represented by an eligibility worker from the Charlestown MassHealth Enrollment Center (MassHealth or MassHealth representative) and a worker from the Premium Billing department (Premium Billing or Premium Billing representative). The appellant appeared pro se.

The MassHealth representative testified that on October 9, 2025, MassHealth notified the appellant that her child was approved for MassHealth CommonHealth with a monthly premium of \$128 starting November 2025. This is the notice under appeal. At the time of the notice, the appellant's most recently verified household income was \$7,018.70 gross per month, or 311.04% of the Federal Poverty Level (FPL) for a household of three. The appellant's child has a verified disability.

Premium Billing testified as follows: the appellant has an outstanding balance of \$1,328 due on her account. The appellant was billed in the amount of \$192 monthly for February through March 2025; \$184 monthly for April 2025; \$120 monthly for July through August 2025; \$392 monthly for September through October 2025; and \$128 for November 2025. The October 2025 premium was adjusted to \$128 due to the October 9, 2025 determination. The November 2025 invoice was not sent because the premium was waived due to the Qualified Health Plan (QHP) Exemption (the appellant is enrolled in the Health Connector with Advance Premium Tax Credit). If a member is enrolled in a QHP, a household can only be charged for one premium, thus the CommonHealth premium was waived when the appellant enrolled in the Health Connector plan. MassHealth records show that the appellant was not enrolled in a QHP February 2025 through September 2025. The appellant's hardship waiver application was denied for failing to meet the criteria. The supporting documentation (written statements and airplane tickets) were not acceptable proof of extreme financial hardship.

Premium Billing provided copies of the following notices that were sent to the appellant: October 15, 2024 (informing the appellant that her child was approved for MassHealth CommonHealth with a monthly premium of \$192 starting November 2024); March 26, 2025 (informing her that her child was approved for MassHealth CommonHealth with a monthly premium of \$184 starting April 2025); May 5, 2025 (informing her that her child was approved for MassHealth CommonHealth with a monthly premium of \$120 starting June 2025); August 5, 2025 (informing her that her child was approved for MassHealth CommonHealth with a monthly premium of \$128 starting August 2025); and August 12, 2025 (informing her that her child was approved for MassHealth CommonHealth with a monthly premium of \$392 starting September 2025).

The appellant testified that her main issues are the premiums assessed for February through April 2025. Her son had private health insurance through her husband's employer during that time. She

got a green card and became a resident of [REDACTED] and is not a native English speaker. In her home country, the health care system is different and she was unfamiliar with how MassHealth coverage and billing worked. She did not understand what a premium was or that she had to pay it. There also isn't a mail system in her home country and she didn't realize she needed to open everything, especially when she gets so much junk mail. She stopped working in [REDACTED] but she did not know she needed to update MassHealth with income and job changes, although the income testified to by MassHealth is accurate and up to date now. She also didn't realize her son would be automatically signed up for the MassHealth CommonHealth plan. She didn't know she had to call and cancel it. She has been trying to resolve this issue since April but every time she called MassHealth, she did not get help. There were long phone lines, no advice, or incorrect information.

MassHealth testified that the February, March, and April 2025 premiums were based off the most recently updated income MassHealth had at the time. It is the member's responsibility to update MassHealth with changes in income or jobs. But at the time the February 2025 premium was assessed, the most recently verified income was based off the appellant's income from a job and her husband's income from a job and Social Security. The household's income was around 384% of FPL for a household of three which resulted in the \$192 premium assessed at the time.

Findings of Fact

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

1. On October 9, 2025, MassHealth notified the appellant that her child, who has a verified disability, was approved for MassHealth CommonHealth with a monthly premium of \$128 starting November 2025 (Testimony and Exhibit 1).
2. On November 6, 2025, the appellant timely appealed the October 9, 2025 notice (Exhibit 2).
3. At the time of the notice, the appellant's most recently verified household income was \$7,018.70 gross per month, or 311.04% of the FPL for a household of three (Testimony and Exhibit 1).
4. The appellant did not dispute the current income, but had issues with premiums assessed in February, March, and April 2025 (Testimony and Exhibit 5).
5. The appellant has an outstanding balance of \$1,328 due on her account (Testimony and Exhibit 6).
6. The appellant was billed in the amount of \$192 monthly for February through March 2025; \$184 monthly for April 2025; \$120 monthly for July through August 2025; \$392 monthly for

September through October 2025; and \$128 for November 2025. The October 2025 premium was adjusted to \$128 and the November 2025 premium was waived due to the QHP Exemption (Testimony and Exhibit 6).

7. MassHealth issued notices to the appellant informing her of her child’s approval for MassHealth CommonHealth and the associated monthly premiums on October 15, 2024, March 26, 2025, May 5, 2025, August 5, 2025, and August 12, 2025 (Testimony and Exhibit 6).
8. The appellant did not appeal any of those earlier notices.

Analysis and Conclusions of Law

According to 130 CMR 505.004(I), disabled children who qualify for MassHealth CommonHealth may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2).

Based on the October 9, 2025 notice that was appealed, the issue on appeal is whether MassHealth was correct in determining that the appellant’s monthly premium is \$128.00. To calculate a monthly premium, MassHealth uses the formula outlined in 130 CMR 506.011(B)(2), which states in relevant part:

(b) The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and **children with household income above 300% of the FPL** is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

CommonHealth Full Premium Formula Young Adults and Adults about 150% of the FPL and Children above 300% of the FPL		
Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400%	\$40 - \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600%	\$202 - \$392

(Empasis added).

At the time of the October 9, 2025 notice, the appellant had verified household income of \$7,018.70 per month, or 311.04% of the FPL. The appellant did not dispute this income. Based on 506.011(B)(2)(b), MassHealth correctly determined the monthly premium (\$128), which is determined by the appellant's income. Thus, the premium was correctly assessed at the time of the notice.

The appellant testified that the main issue for her is the premium charges for February, March, and April 2025. Her child had other health insurance coverage at the time. She explained that she only became a [REDACTED] and this was her first experience with the U.S. health insurance system. She did not understand what a premium was or that she had to pay one. In her home country, the health care system is different and she was unfamiliar with how MassHealth coverage and billing worked. Unfortunately, the time to address those premiums was with one of the earlier MassHealth notices when the premiums were assessed. There were notices sent on October 15, 2024, March 26, 2025, and May 5, 2025, but none were appealed.

The Board of Hearings 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 third day after mailing;

(2) unless waived by the Director or his or her designee, 120 days from

(a) the date of application when the MassHealth agency fails to act on an application;

(b) the date of request for service when the MassHealth agency fails to act on such request;

(c) the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action; or

(d) the date of the alleged coercive or otherwise improper conduct, but up to one year from the date of the conduct if the appellant files an affidavit with the Director...

130 CMR 610.015(B); emphasis added.

The current appeal filed on November 11, 2025 far exceeds the 60 days within which a member must file an appeal for an October 15, 2024, March 26, 2025, or May 5, 2025 notice. The appellant did not allege that she did not receive the notices or that MassHealth never sent it, only that the

she was unfamiliar with MassHealth and the U.S. mail and healthcare systems; however, even if MassHealth had failed to send written notice of the action, the filing date of November 11, 2025 also exceeds the 120 days to file when there is no written notice. For these reasons, the premiums assessed for February, March, and April are outside the scope of this appeal.¹

Based on the October 9, 2025 notice under appeal, MassHealth correctly determined the monthly premium and the 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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

¹ The appellant had ample notice to address the premiums sooner: the original October 15, 2024 notice assessing the \$192 premium; the March 26, 2025 notice updating the premium to \$184; and the May 5, 2025 updating the premium to \$120.