

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2517032
Decision Date:	1/23/2026	Hearing Date:	12/18/2025
Hearing Officer:	Mariah Burns	Record Open to:	12/30/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Louis Scibelli, Carmen Fabery for Maximus
Premium Billing; Carmen Rivera, Quincy
MassHealth Enrollment Center



*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:	Approved	Issue:	Community Eligibility; Under 65; Premium Billing; Hardship Waiver
Decision Date:	1/23/2026	Hearing Date:	12/18/2025
MassHealth's Reps.:	Louis Scibelli, Carmen Fabery, Carmen Rivera	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Quincy)	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 November 10, 2025, MassHealth denied the appellant's application for a premium hardship waiver after finding that she does not meet the requirements for extreme financial hardship. *See* 130 CMR 506.001(F) and Exhibit 1. The appellant filed this appeal in a timely manner on November 17, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for a hardship waiver of her MassHealth CommonHealth premium.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant does not meet

the definition of extreme financial hardship to qualify for a waiver of her MassHealth premium.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with her spouse. MassHealth was represented by a worker from the Quincy MassHealth enrollment center and two workers from the Premium Billing department. The following is a summary of the testimony and evidence provided at the hearing:

The appellant is a MassHealth CommonHealth member who was previously approved for a hardship waiver of her premium from September 2024 to August 2025. The appellant was approved for MassHealth CommonHealth on April 4, 2025, with a monthly premium of \$216.06, which was waived due to her approved hardship waiver. That benefit and premium were automatically renewed on November 15, 2025. Because the appellant's hardship waiver expired in August of 2025, she was billed her \$216.06 premium for the months of September, October, and November 2025. She re-applied for a hardship waiver for the upcoming year and was denied for failing to provide proof of extreme financial hardship, as required by the regulations. She appealed that denial on November 17, 2025¹.

The MassHealth representative from the enrollment center reported that Aid Pending was placed on her account by mistake, and as a result an erroneous notice generated on December 12, 2025, stating that the appellant's monthly premium was \$0.00. She stated that the appellant and her spouse receive a combined gross monthly income of \$4,083.79, which equals 497.13% of the federal poverty level for a household of two.

The appellant did not disagree with MassHealth's calculation of her income, though she admitted she is unsure of her spouse's monthly income. She submitted several documents in support of her appeal. The first was a letter from the appellant's property manager dated July 15, 2025, which stated that "[e]ffective September 1st, 2025, the monthly rent will be increased by \$100 to \$1,800." Exhibit 5 at 1. The second was an additional letter from the property manager dated November 26, 2025, which stated "[e]ffective January 1, 2026, the monthly rent will increase by \$100, changing from \$1,800 to \$1,900 per month." Exhibit 5 at 2. The appellant reported that this increase in rent by \$200.00 per month was unexpected and would cause her and her spouse extreme financial hardship if they had to pay for this in addition to her MassHealth premium.

The MassHealth representative from the Premium Billing department stated that, although the appellant submitted the July 15 letter from the property manager with her hardship waiver

¹ On November 24, 2025, an administrative closure was placed on the appellant's account and her benefits were terminated for failure to pay past-due premiums despite the appellant appealing the denial of her hardship waiver application.

application, it was not deemed sufficient because it did not state the appellant's original rent amount. The record was kept open for the Premium Billing department to review and reconsider the letters submitted by the appellant. On December 30, 2025, the representative from the Premium Billing department reported that the appellant's hardship waiver was approved. He stated that the waiver was only approved for past-due premiums from September, October, and November 2025, because the appellant currently has CommonHealth coverage with no premium. The administrative closure has been removed from the appellant's account, and her benefits have been reinstated.

Findings of Fact

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

1. The appellant is an adult MassHealth CommonHealth member under the age of 65 who resides in a household of two with her spouse. Exhibit 4, Testimony, Exhibit 1.
2. On November 15, 2026, the appellant was automatically renewed for MassHealth CommonHealth benefits with an imposed monthly premium of \$216.06. Exhibit 1 at 2-3. The appellant previously received a hardship waiver of her MassHealth premium from September 2024 through August 2025. Testimony, Exhibit 6 at 5.
3. The appellant applied for another hardship waiver on November 10, 2025. Exhibit 6 at 5. That application was denied on the grounds that the appellant did not provide sufficient evidence that she meets the rules of extreme financial hardship. Exhibit 1.
4. The appellant filed this appeal of the denial of her application for a hardship waiver in a timely manner on November 17, 2025. Exhibit 2.
5. The appellant was billed \$216.06 for September, October, and November 2025. Exhibit 6 at 5. When she did not pay these bills, the Premium Billing department placed an administrative closure on her account on November 24, 2025, terminating her MassHealth CommonHealth benefits. Exhibit 6 at 5, 8.
6. On December 12, 2025, MassHealth issued another notice approving the appellant for MassHealth CommonHealth and erroneously stating that she has a \$0.00 monthly premium. Exhibit 6 at 6-7, Testimony.
7. The appellant provided two letters in support of her request for a hardship waiver of her premium. Exhibit 5. The first letter was from the appellant's property manager dated July 15, 2025, which stated that "[e]ffective September 1st, 2025, the monthly rent will be increased by \$100 to \$1,800." Exhibit 5 at 1. The second was an additional letter from the property manager

dated November 26, 2025, which stated “[e]ffective January 1, 2026, the monthly rent will increase by \$100, changing from \$1,800 to \$1,900 per month.” Exhibit 5 at 2.

8. On December 30, 2025, the representative from the Premium Billing department reported that the appellant’s hardship waiver was approved, but that the waiver was only approved for past-due premiums from September, October, and November 2025, because the appellant currently has CommonHealth coverage with no premium. Exhibit 7 at 1.

Analysis and Conclusions of Law

Certain MassHealth members are charged a monthly premium, depending on their household income level. See 130 CMR 506.011. Specifically, MassHealth Standard, CommonHealth, or Family Assistance members who have income above 150% of the federal poverty level (FPL) are required to pay a monthly premium calculated in accordance with the relevant formula found at 130 CMR 506.011(B). Failure to pay this premium can result in a termination of benefits and a referral to the State Intercept Program for collection of any delinquent payments. 130 CMR 506.011(D).

If a member is financially unable to pay their monthly premium, they may apply for a hardship waiver in accordance with 130 CMR 506.011(G). Such an individual can establish undue financial hardship by demonstrating that 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). If MassHealth grants a member a hardship waiver, MassHealth may:

(a) waive payment of the premium or reduce the amount of the premiums assessed to a particular family; or

(b) grant a full or partial waiver of a past due balance. Past due balances include all or a portion of a premium accrued before the first day of the month of hardship; or

(c) both...

Id. at 506(G)(2).

In this case, the appellant has demonstrated, and MassHealth agrees, that she has experienced a significant, unavoidable increase in her living expenses in the six months preceding her application for a hardship waiver. Thus, she is eligible for that waiver pursuant to 130 CMR 506.011(G)(1)(d), and MassHealth has waived her past-due premiums and reinstated her benefit. However, the Premium Billing department reported that she will not be approved for the waiver prospectively because her premium is currently \$0.00, despite the MassHealth representative's assertions at the hearing that the notice decreasing her premium to \$0.00 was issued in error due to the appeal. There is no dispute between the parties that the appellant has met the requirements to qualify for a hardship waiver. In an abundance of caution, I issue this decision approving the appellant's appeal to ensure that her hardship waiver of her MassHealth CommonHealth premium is approved for one year and is not affected by any future notices that could adjust her premium.

For the foregoing reasons, the appeal is hereby approved.

Order for MassHealth

Approve the appellant's application for a hardship waiver of her CommonHealth premium for one year from September 2025 through August 2026. If it has not already done so, reduce the appellant's past-due premium balance to \$0.00 and reinstate her MassHealth CommonHealth benefits retroactive to the termination date of November 24, 2025. Remove any administrative closures relating to premium payments from the appellant's account.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

cc: Maximus Premium Billing