

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517546
<b>Decision Date:</b>	02/05/2026	<b>Hearing Date:</b>	01/08/2026
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Hector Rivera, MassHealth Enrollment Center (MEC); [REDACTED], Premium Billing Unit (PBU)



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Under 65 - Income
<b>Decision Date:</b>	02/05/2026	<b>Hearing Date:</b>	01/08/2026
<b>MassHealth's Reps.:</b>	Hector Rivera, MassHealth Enrollment Center (MEC); [REDACTED] Premium Billing Unit (PBU)	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 10/29/2025, MassHealth informed the appellant that his spouse was determined to be eligible for partial Health Safety Net (130 CMR 506.011; Exhibit 1). The appellant filed a timely appeal on 11/24/2025 (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 determined that the appellant's spouse is eligible for Partial Health Safety Net.

### Issue

The issue is whether MassHealth was correct in determining that the appellant's spouse is eligible for Partial Health Safety Net.

## 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. The PBU representative testified that the appellant wishes to appeal a determination that he and his family were determined eligible for benefits through MassHealth's auto-renewal system. On 10/19/2024, the appellant's children were determined to be eligible for MassHealth Family Assistance benefits with an \$84.00 per month premium. Notices were sent to the appellant on 10/29/2024. The appellant was billed for the premium for February, March, and April 2025 and the balance is \$252.00. On 04/24/2025, the appellant contacted MassHealth and voluntarily withdrew the three children's MassHealth applications.

The MassHealth MEC representative testified that the appellant is a member of a household of five people, the appellant, his spouse, and three children. They have monthly income of \$8,563.25, which puts them at 267% of the federal poverty limit. The appellant's wife was approved for Partial Health Safety Net.

The appellant appeared at the fair hearing and testified that he had private insurance for two years prior to his family's auto-renewal. He did not use the MassHealth Family Assistance benefits. He wishes to have the \$252.00 balance removed.

## 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 is a member of a household of five people for the purposes of MassHealth eligibility (Testimony).
2. On 10/19/2024, the appellant's children were determined to be eligible for MassHealth Family Assistance benefits with an \$84.00 per month premium. Notices were sent to the appellant on 10/29/2024.
3. The appellant was billed \$84.00 per month for the premiums for February, March, and April 2025 and the balance is \$252.00.
4. On 04/24/2025, the appellant contacted MassHealth and voluntarily withdrew the three

children's MassHealth applications.

5. Through a notice dated 10/29/2025, MassHealth informed the appellant that his spouse was determined to be eligible for partial Health Safety Net (Exhibit 1).
6. The appellant did not dispute his spouse's eligibility.
7. The appellant filed a timely appeal on 11/24/2025 (Exhibit 2).
8. A fair hearing took place before the Board of Hearings on 01/08/2026 (Exhibit 3).
9. The appellant has unpaid, past-due premiums totaling \$252.00.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 610.015 address time limits of appeals, as follows:

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH 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 fifth day after mailing...

***(Emphasis added.)***

The appellant appealed a notice informing his spouse that she is eligible for Partial Health Safety Net. The evidence is that he does not dispute that MassHealth eligibility determination as it relates to his spouse's benefits. Instead, the appellant seeks to have a balance on his account eliminated.

The balance the appellant owes stems from an auto-renewal of his three children's MassHealth Family Assistance benefits that was communicated to the appellant by notices dated 10/19/2024. According to the evidence in the hearing record, the appellant owes \$252.00 balance for a monthly premium of \$84.00 for the children's benefits. The premium was not paid for three months, and it remains unpaid. Because the notices from MassHealth are dated 10/19/2024, and the appellant's request for a fair hearing was submitted on 11/24/2025, it is not timely.

Because the appellant's request for a hearing is timely only to the approval of his spouse for Partial Safety Net, and the appellant does not dispute that eligibility determination, 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104

MassHealth Representative: Premium Billing Unit