

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2501156
Decision Date:	3/24/2025	Hearing Date:	02/20/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Lorena Garcia, Tewksbury 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:	Approved	Issue:	Community Eligibility-Under 65-Income
Decision Date:	3/24/2025	Hearing Date:	02/20/2025
MassHealth's Reps.:	Lorena Garcia, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	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 December 19, 2024, MassHealth approved Appellant for CommonHealth effective May 12, 2023, and calculated a \$36.40 premium per month starting in January 2025 (130 CMR 505.004, 506.011 and Exhibit 1). Appellant filed this appeal in a timely manner on January 16, 2025 (130 CMR 610.015(B) and Exhibit 2). Notice of a premium due is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved Appellant for CommonHealth effective May 12, 2023, and calculated a \$36.40 premium per month starting in January 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in calculating a \$36.40 premium for CommonHealth benefits.

Summary of Evidence

A MassHealth eligibility representative appeared by phone and testified that Appellant is under the age of ■ and has been deemed disabled by Social Security. Appellant lives with his spouse in a household size of two. Appellant's spouse is also disabled. Appellant and his spouse file taxes jointly. Appellant receives monthly Social Security income of \$2,076 and his spouse receives monthly Social Security income of \$1,411. MassHealth testified that the couple's total combined monthly gross income is \$3,487, which MassHealth asserted places them at 224.65% of the federal poverty level (FPL). To be eligible for MassHealth Standard, household income must be at or below 133% of the FPL. The income limit for a household size of two equates to 133% of the FPL, \$2,266 per-month. Because Appellant's combined household income exceeds this amount, he does not qualify for MassHealth Standard, but is eligible for MassHealth CommonHealth with a monthly premium of \$36.40. Accordingly, through a notice dated December 19, 2024, MassHealth notified Appellant that he is approved for CommonHealth effective May 12, 2023¹ and that he would owe a \$36.40 premium starting January 1, 2025 (Exhibit 1). The representative explained that MassHealth determines the premium amount using formulas based on the individual or household gross income.

A representative from MassHealth's Premium Billing unit also appeared by telephone and testified that the \$36.40 monthly premium covers both Appellant and his spouse's MassHealth CommonHealth coverage. The representative stated that Appellant's appeal request states that his premium went up from \$21 per month to \$36.40 per month because Appellant and his spouse received increases to their Social Security income. The representative explained that members may apply for a "premium hardship waiver" through an application available online. To qualify for a waiver of the premium, Appellant must submit proof to MassHealth verifying that he meets one of the specific hardships described in the application.

Appellant appeared at hearing by telephone and testified that he cannot afford to pay the increased monthly premium. Appellant testified that his gas bill has doubled, along with other household expenses, making it difficult to budget for the increased cost of insurance. Appellant testified that through a previous appeal, his premium amount was lowered to \$21.² Appellant also testified that his actual Social Security income is \$2,387, and his wife's Social Security income is \$1,622, for total monthly income of \$4,009.

¹ The May 23, 2023 start date for CommonHealth was based on a prior hearing decision in Appeal No. 2305572 which addressed a renewal submitted by Appellant after the Public Health Emergency and determined that Appellant and his spouse were no longer eligible for MassHealth Standard coverage, and were downgraded to MassHealth CommonHealth effective May 12, 2023 with a \$40 premium (Exhibit 5).

² It is unclear how the \$21 premium amount was derived as the previous hearing decision calculated a \$40 monthly premium. Appellant filed another appeal, No. 2414288, which did not result in a hearing decision. A Premium Billing spreadsheet shows varying premium amounts of \$36.40 until March 2024; a \$21 premium from April 2024 through August 2024; a \$36.40 premium for September and October 2024; a \$21 premium for November and December 2024, and a \$36.40 premium for January and February 2025. (Exhibit 4)

Findings of Fact

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

1. Appellant is under the age of [REDACTED] and lives with his spouse in a household size of two.
2. MassHealth records show Appellant's Social Security income is \$2,076, and his spouse receives gross monthly Social Security income of \$1,411 for a total monthly household income of \$3,487.
3. The following are 2024 federal poverty levels for a household size of 2: 100%, \$1,704; 133%, \$2,266 per month.³

Analysis and Conclusions of Law

MassHealth coverage types are based on an individual's circumstances and finances. To qualify for MassHealth, an individual must meet categorical eligibility requirements and have income below certain financial thresholds. MassHealth Standard for disabled adults and CarePlus coverage require countable income under 133% of the federal poverty level (130 CMR 505.002(E), 505.008(A)). MassHealth members with disabilities who have an income above 133% of the FPL and are [REDACTED] years old are eligible to receive MassHealth CommonHealth benefits without having to meet a one-time deductible or be employed at least 40 hours per month.⁴ Countable household income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D). In calculating a member's eligibility, "[f]ive percentage points of the current federal poverty level (FPL) are subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard" (130 CMR 506.007(A)(3)). For purposes of determining MassHealth eligibility, Appellant's income is \$3,401.80⁵ which exceeds 133% of the federal poverty level for a household size of 2 people, \$2,266.⁶ Therefore, Appellant's income exceeds program limits for MassHealth Standard or CarePlus (130 CMR 505.002(E), 505.008(A)), and he is eligible for CommonHealth (130 CMR 505.004(B)).

The MassHealth agency assesses a monthly premium for CommonHealth members with household income above 150% of the federal poverty level (130 CMR 506.011). Disabled adults with household income over 200% of the federal poverty level are assessed a premium of \$40 per month, with \$8 added for each additional 10% of the FPL until 400% of the FPL (130 CMR 506.011(B)(2)(b)). A lower supplemental premium is charged to members who have health insurance to which the

³ These 2024 FPL figures were used to calculate the premium.

⁴ See Eligibility Operations Memo 23-28, December 2023

⁵ \$3,487 - \$85.2 = \$3,401.8.

⁶ \$2,344 in 2025.

MassHealth agency does not contribute (130 CMR 506.011(B)(2)(c)). MassHealth calculated Appellant's income to equate to 224.65% of the federal poverty level. Appellant's monthly household income is \$3,487 which is 204.63% of the federal poverty level ($\$3,487/\$1,704 = 2.046 \times 100 = 204.63\%$), and results in a full CommonHealth premium of \$40.⁷ Because Appellant has Social Security income and Medicare for which MassHealth does not pay, applying the supplemental premium formula at 65% of the full premium yields a premium of \$26 (130 CMR 506.011(B)(2)(c)).⁸

The appeal is APPROVED in that the correct premium amount beginning January 2025 is \$26 per month.

Order for MassHealth

Effective January 2025, recalculate the premium amount due to \$26 and refund any overpayments made by Appellant since January 2025. Verify and update Appellant's and his spouse's Social Security income and recalculate the CommonHealth Premium by new notice.

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.

⁷ Appellant testified that his and his spouse's current Social Security income combine to equal \$4,009 per month in 2025, which would result in a higher premium; however, the higher income amount will not be applied to the December 19, 2024 premium determination through this hearing decision.

⁸ The calculations in the December 19, 2024 notice are based on a \$56 full premium and 65% supplemental premium because Appellant has Medicare: $(224\% \text{ FPL} = \$40 + 16 = \$56 \times .65 = \$36.40)$.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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