

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2506413
<b>Decision Date:</b>	7/9/2025	<b>Hearing Date:</b>	06/04/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Monica Ramirez, Quincy MEC  
Karishma Raja, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility-Under 65-Income
<b>Decision Date:</b>	7/9/2025	<b>Hearing Date:</b>	06/04/2025
<b>MassHealth's Reps.:</b>	Monica Ramirez, Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 March 1, 2025, MassHealth approved Appellant for CommonHealth effective March 26, 2024 and calculated a \$112 premium per month starting in April 2025 (130 CMR 505.004, 506.011 and Exhibit 1). Appellant filed this appeal in a timely manner on April 24, 2025 (130 CMR 610.015(B) and Exhibit 2). Notice of eligibility and a premium due are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved Appellant for CommonHealth effective March 26, 2024 and calculated a \$112 premium per month starting in April 2025.

### Issue

The appeal issue is whether MassHealth was correct in approving CommonHealth coverage with a \$112 premium.

## Summary of Evidence

A MassHealth eligibility representative appeared by phone and testified that Appellant is under the age of 65 and disabled. Appellant lives with her spouse in a household size of two. Appellant's spouse is also disabled. Appellant and her spouse file taxes jointly. Appellant's spouse receives monthly Social Security income of \$1,870 and Appellant receives \$3,393.95 pension income. MassHealth testified that the couple's total combined monthly gross income is \$5,263.95, which places them at 293.10% of the federal poverty level (FPL). To be eligible for MassHealth Standard, household income must be at or below 133% of the FPL, \$2,345 per-month for a household of 2. Because Appellant's combined household income exceeds this amount, she is ineligible for MassHealth Standard but is eligible for MassHealth CommonHealth with a monthly premium of \$112. Accordingly, through a notice dated March 1, 2025, MassHealth notified Appellant that she was approved for CommonHealth effective March 26, 2024 with a \$112 monthly premium starting in April 2025 (Exhibit 1). A representative from MassHealth's Premium Billing unit also appeared by telephone and testified that MassHealth determines the premium amount using formulas based on household gross 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 she meets one of the specific hardships described in the application. The representative added that Appellant currently owes \$224, and although the coverage has not ended, termination of coverage will occur if the premium is not paid.

Appellant appeared by telephone, verified household size and income, and testified that she cannot afford to pay the monthly premium in addition to mortgage expenses, utilities and other expenses. Appellant testified that she is enrolled in Medicare and her spouse is in a one-year waiting period before he can enroll in Medicare.

## Findings of Fact

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

1. Appellant is under the age of 65, and lives with her spouse in a household size of two disabled adults.
2. Appellant's spouse receives monthly Social Security income of \$1,870 and Appellant receives \$3,393.95 pension income. Total combined monthly gross income is \$5,263.95.
3. The following are federal poverty levels for a household size of 2: 100%, \$1,763; 133%, \$2,345 per month; 150%, \$2,644; 200%, \$3,525.

## 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 below 133% of the federal poverty level (130 CMR 505.002(E), 505.008(A)). MassHealth members 21–64 years old who are disabled and have an income above 133% of the FPL are eligible to receive MassHealth CommonHealth benefits without having to meet a one-time deductible or be employed at least 40 hours per month.<sup>1</sup> 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 \$5,175.80<sup>2</sup> which exceeds 133% of the federal poverty level for a household size of 2 people, \$2,345. Therefore, Appellant's income exceeds program limits for MassHealth Standard or CarePlus (130 CMR 505.002(E), 505.008(A)), and she is eligible for CommonHealth (130 CMR 505.004(B)).<sup>3</sup>

The MassHealth agency assesses a monthly premium for CommonHealth members with household income above 150% of the federal poverty level \$2,644 (130 CMR 506.011). Disabled adults with household income over 200% of the federal poverty level \$3,525, 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 MassHealth agency does not contribute (130 CMR 506.011(B)(2)(c)).<sup>4</sup> Appellant's gross monthly household income is \$5,263.95 which is 293.57% of the federal poverty level ( $\$5,263.95 / \$1,763 = 2.9857 \times 100 = 298.57\%$ ), and results in a full CommonHealth premium of \$112.<sup>5</sup>

Because the MassHealth action is correct, the appeal is DENIED.

## Order for MassHealth

None.

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<sup>1</sup> See Eligibility Operations Memo 23-28, December 2023

<sup>2</sup>  $\$5,263.95 - \$88.15 = \$5,175.80$ .

<sup>3</sup> Appellant did not dispute the coverage type or the CommonHealth effective date.

<sup>4</sup> Medicaid Management Information System (MMIS) shows that Appellant is also receiving Medicare Buy-In (Exhibit 5).

<sup>5</sup>  $\$40$  base premium plus  $9 \times \$8$  increments = \$112.

## 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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

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