

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510123
Decision Date:	9/02/2025	Hearing Date:	08/08/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Jessica Ramirez, Tewksbury MassHealth Enrollment Center; Carmen Fabery, MassHealth Premium Billing Department

Interpreter:



*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:	Community Eligibility; Under 65; CommonHealth; Premium Billing
Decision Date:	9/02/2025	Hearing Date:	08/08/2025
MassHealth's Reps.:	Jessica Ramirez, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury (Video)	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 June 24, 2025, MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$40.00. *See* 130 CMR 506.011(B)(2)(b) and Exhibit 1. The appellant filed this appeal in a timely manner on July 8, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging the calculation of a monthly premium is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$40.00.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's monthly premium.

Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with her spouse. She was assisted at the hearing by an American Sign Language interpreter. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center and a worker from the MassHealth Premium Billing. Department. All parties appeared by video conference. The following is a summary of the testimony and evidence presented at the hearing:

The appellant is a verified disabled adult who has received MassHealth CommonHealth benefits on and off since at least 2011. She reported filing this appeal because her premium has fluctuated in recent months despite having a fixed income. The MassHealth representative reported that the reason for the fluctuation was due to an inconsistency between the member's reported income and the income that MassHealth was able to verify from Social Security. The appellant's spouse's reported income on file was listed as \$1,847.00 in monthly Social Security benefits. However, an automatic data match concluded that he actually receives \$2,032.00 in gross monthly benefits. The parties agree that the appellant receives \$1,599.00 in gross monthly Social Security benefits. This equals a total monthly income of \$3,631.00 for the household, which is approximately 206.01% of the federal poverty level.

During the hearing, it became clear that the \$1,847.00 reported by the appellant was not technically incorrect, but is her spouse's take-home income after a Medicare deduction. She provided benefit letters from Social Security that report a gross monthly benefit of \$1,599.00 for the appellant and \$2,032.00 for her spouse. The appellant asked simply that her income be updated with MassHealth to ensure that her premium does not continue to fluctuate, and that she be granted any premium refund to which she may be entitled.

Findings of Fact

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

1. The appellant is a verified disabled adult under the age of 65 who resides in a household of two and is currently receiving MassHealth CommonHealth benefits. Testimony, Exhibit 1, Exhibit 4.
2. Due to a discrepancy between the appellant's reported and verified income, her CommonHealth premium has fluctuated in recent months. Testimony, Exhibit 5.
3. Most recently, the MassHealth system conducted an automated data match for the Social Security income of the appellant and her spouse. Testimony. That data match reported that the appellant receives \$1,599.00 in monthly benefits, while her spouse receives \$2,032.00 in similar benefits. Testimony. MassHealth concluded that the appellant's total household income is

approximately 206.01% of the federal poverty level, and, on June 24, 2025, generated a notice that imposes a monthly premium of \$40.00 for the appellant to continue to receive CommonHealth benefits. Exhibit 1.

4. The appellant filed a timely request for fair hearing on July 8, 2025. Exhibit 2.

5. The appellant provided Social Security benefit letters that confirm the information from the automatic data match made by the MassHealth system. Exhibit 7.

6. The appellant has been charged a monthly premium of \$40.00 or less since November 2024. Exhibit 5 at 8.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type for individuals under the age of 65. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. Among those coverage types is MassHealth CommonHealth, which is for “for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard...” 130 CMR 505.001(A)(2).

Individuals eligible for MassHealth CommonHealth may be assessed a premium if their total household income exceeds certain limits. *See* 130 CMR 505.004(I). MassHealth determines an applicant’s modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

(A)(2)Once the individual’s household is established, financial eligibility is determined by using the total of all countable monthly income for each person in that individual’s MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual’s eligibility.

(a) A household’s countable income is the sum of the MAGI-based income of every individual included in the individual’s household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(M).

(b) Countable 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).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

....

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the Federal Register using the following formula. The MassHealth agency adjusts these standards annually.

(1) Multiply the annual 100% figure posted in the Federal Register by the applicable federal poverty level income standard.

(2) Round these annual figures up to the nearest hundredth.

(3) Divide by 12 to arrive at the monthly income standards.

Per 130 CMR 506.003(B) unearned income is “the total amount of taxable income that does not directly result from the individual’s own labor after allowable deductions on the U.S. Individual Tax Return...[and] may include, but is not limited to, social security benefits, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.” Income deductions and Noncountable Household Income can be found at 130 CMR 506.003(D) and 506.004, respectively, but do not include Medicare or other health insurance payments.

As stated, *supra*, a monthly premium may be charged to MassHealth Standard, CommonHealth or Family Assistance members who have income above 150% of the federal poverty level (FPL), as provided in 130 CMR 506.011(B)(2)(b):

(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.

The regulation includes a formula for young adults and adults above 150% and children above 300% of the FPL. For a household whose income is between 200% and 400% of the FPL the base premium is \$40.00 per month and is increased by \$8 for every 10% of the FPL the household income exceeds. 130 CMR 506.011(B)(2)(b).

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the

administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.085(A).

Here, MassHealth determined, and the appellant’s evidence shows, that the total household gross monthly income is \$3,631.00, which is approximately 206% of the federal poverty level. Because that amount is over 200% but less than 210% of the FPL, MassHealth properly imposed a monthly premium of \$40.00 per month for the appellant to continue to receive MassHealth CommonHealth benefits. As that is the amount that MassHealth imposed, I find no error with MassHealth’s issuance of the June 24, 2025 notice. Furthermore, the appellant has not made any premium payments exceeding \$40.00 for the entirety of 2025, so she is not entitled to any refund.

For the foregoing reasons, the appeal is hereby DENIED. However, MassHealth should adjust the appellant’s income on file to ensure that she does not continue to see a fluctuation of her monthly premium.

Order for MassHealth

None, except to adjust the appellant’s reported income on file to \$1,599.00 for the appellant and \$2,023.00 for her spouse to ensure no further fluctuation of her premium.

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center