

Office of Medicaid

BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2510227
Decision Date:	9/22/2025	Hearing Date:	08/05/2025
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Tiffany Altman, MEC; Karishma Raja,
MassHealth 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

Appeal Decision:	Denied	Issue:	Community Eligibility – Over 65 - Income; Premium Billing
Decision Date:	9/22/2025	Hearing Date:	08/05/2025
MassHealth's Reps.:	Tiffay Altman, MEC; Karishma Raja, MassHealth Premium Billing Unit	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 07/09/2025, MassHealth informed the appellant that it increased her monthly premium amount for MassHealth Commonwealth benefits from \$25.00 per month to \$30.00 (130 CMR 506.011; Exhibit 1). The appellant filed a timely appeal on 07/09/2025 (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 increased the appellant's MassHealth Commonwealth monthly premium from \$25.00 per month to \$30.00.

Issue

The issue is whether MassHealth correctly calculated the appellant's monthly premium for her MassHealth CommonHealth benefits.

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 that the appellant, who is over the age of 65 and living in the community, applied for MassHealth benefits on 01/16/2025. MassHealth needed financial information in order to process her application.

To be eligible for MassHealth Standard benefits as a person who is over 65, an applicant must have gross monthly income below 100% of the federal poverty level (FPL), which is \$1,305.00. On 5/28/2025, MassHealth received the appellant's income information and determined she was eligible for MassHealth CommonHealth benefits. At that time, based on the appellant's income and household size of one person, MassHealth calculated a monthly premium of \$15.00. On 06/23/2025, the appellant updated her income with MassHealth, and she was again determined to be eligible for MassHealth CommonHealth benefits with an increased premium of \$25.00. On 07/09/2025, the appellant again updated her income with MassHealth, and her premium increased to \$30.00 per month.

The 07/09/2025 determination was made based on verification that the appellant's countable monthly income is \$2,408.00, which is equal to 184.71% of the FPL. Based on the regulations and the appellant's household size and income, her monthly premium was calculated to be \$30.00.

A representative from the MassHealth PBU testified that the appellant account is up to date and, as of the date of the fair hearing, the appellant has no outstanding premiums due.

The appellant appeared at the fair hearing and testified telephonically that her rent is \$1,800.00 per month. Together with her other monthly expenses, the appellant has only about \$400.00 per month left. She testified she cannot afford to pay the MassHealth CommonHealth monthly premium. She concluded that her income change was because her husband passed away and she receives Social Security survivor benefits.

Findings of Fact

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

1. The appellant is an adult who is over the age of 65 and she lives in the community. The

appellant has been determined to be disabled. She counted as a household of one person (Testimony).

2. On 05/28/2025, the appellant was approved for MassHealth CommonHealth benefits with a \$15.00 per month premium beginning in June 2025.
3. The appellant reported income changes on 06/23/2025 and her MassHealth CommonHealth monthly premium was increased to \$25.00.
4. The appellant contacted MassHealth again on 07/09/2025 to report an income change.
5. Through a notice dated 07/09/2025, MassHealth informed the appellant that it increased her monthly premium amount for MassHealth CommonHealth benefits from \$25.00 per month to \$30.00
6. The appellant's reported income was \$2,408.00 per month, which equals 184.71% of the federal poverty level (FPL) for a household of one.
7. One hundred percent of the FPL for a household of one is \$1,305.00 per month (as of 03/2025).

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 519.005 address MassHealth eligibility requirements for community residents aged 65 and older as follows:

Community Residents 65 Years of Age or Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable income amount, as defined in 130 CMR 520.009: ***Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and***
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028:

Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

(Emphasis added.)

MassHealth regulations at 130 CMR 505.000 explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

- (1) **Standard** - for pregnant women, children, parents and caretaker relatives, young adults, **disabled individuals**, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) **CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;**
- (3) CarePlus - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-In and Buy-In - for certain Medicare beneficiaries.

(Emphasis added.)

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. The appellant is categorically eligible for MassHealth Standard and CommonHealth as someone who has been determined to be disabled. As appellant is categorically eligible, the next step is to determine financial eligibility which requires, pursuant to the above regulation, that the MassHealth agency construct a household as described in 130 CMR 506.002

for each individual who is applying for or renewing coverage. For applicants or members who are categorically eligible for MassHealth Standard or CommonHealth due to their disability, MassHealth uses the MassHealth Disabled Adult household composition rules defined at 130 CMR 506.002(C) as:

- (1) the individual;
- (2) the individual's spouse if living with him or her;
- (3) the individual's natural, adopted, and stepchildren younger than 19 years old if living with him or her; and
- (4) if any woman described in 130 CMR 506.002(C)(1), (2), or (3) is pregnant, the number of expected children.

It is undisputed that the household size is one. The appellant also did not dispute her income of \$2,408.00, as reported to MassHealth. The income limit for MassHealth Standard is 100% of the federal poverty level. 100% of the federal poverty level for a household size of one is equal to \$1,305.00. Therefore, appellant's income of \$2,408.00 exceeds the program limit to qualify for MassHealth Standard.

In order to establish eligibility for MassHealth CommonHealth as a disabled adult the appellant must either meet a one-time-deductible in accordance with 130 CMR 506.009 (130 CMR 505.004(C)(5)(a)) or provide verification that she works at least 40 hours per month. In this case, MassHealth had a record of the appellant's employment that met this requirement. Therefore, MassHealth correctly determined that, based on the information it has in its system, the appellant is eligible for MassHealth CommonHealth benefits as a working disabled adult.

Regulations at 130 CMR 506.011(B)(2)(b) provide the formulas that the MassHealth agency uses to determine the monthly premiums for people who are receiving MassHealth CommonHealth, as follows:

The full premium formula for young adults with household income above 150 percent of the FPL, adults with household income above 150 percent of the FPL, and children with household income above 300 percent 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.

(CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL		
Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
<i>Above 150% FPL—start at \$15</i>	<i>Add \$5 for each additional 10% FPL until 200% FPL</i>	<i>\$15 - \$35</i>

Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 - \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 - \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 - \$632
Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000%	\$646 - \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

MassHealth correctly used the appellant's undisputed countable income of \$2,408.00 per month and correctly determined that her income is 184.71% of the federal poverty level. Because her income level is between 150% and 200% of the federal poverty level, MassHealth began the premium calculation at \$15.00 and added \$15.00 (\$5.00 for each 10% of the FPL over 150%) to calculate the full premium of \$30.00. MassHealth correctly calculated the appellant's eligibility for MassHealth CommonHealth benefits and the monthly CommonHealth premium.

This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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