

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510685
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	8/21/2025
<b>Hearing Officer:</b>	Cynthia Kopka	<b>Record Open to:</b>	9/4/2025

**Appearance for Appellant:**



**Appearances for MassHealth:**

Caitlin Aldridge, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community eligibility, CommonHealth premium
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	8/21/2025
<b>MassHealth's Reps.:</b>	Caitlin Aldridge, Carmen Fabery	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Taunton (virtual)	<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

By notice dated July 2, 2025, MassHealth approved Appellant's child for MassHealth's CommonHealth benefit with a monthly premium. Exhibit 1. Appellant filed this timely appeal on July 18, 2025. Exhibit 2. 130 CMR 610.015(B). Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through September 4, 2025 for submission of additional evidence. Exhibit 5.

## Action Taken by MassHealth

MassHealth approved Appellant's child for MassHealth's CommonHealth benefit with a monthly premium.

## Issue

The appeal issue is whether the CommonHealth premium was calculated correctly.

## Summary of Evidence

MassHealth was represented at virtual hearing by an eligibility representative and a Premium Billing representative. Appellant appeared virtually. A summary of testimony and documents submitted before and after the hearing follows.

Appellant is in a household of two with a minor disabled child who is eligible for MassHealth CommonHealth. On December 5, 2024, Appellant's monthly income was \$4,837.36, which was 278.99% of the federal poverty level (FPL). MassHealth calculated Appellant's CommonHealth premium to be \$28 based on the chart found in 130 CMR 506.011(B)(2)(a). On April 15, 2025, Appellant completed a phone renewal and her child was approved for CommonHealth with a \$28 monthly premium pending proof of income. Exhibit 4 at 9. Appellant submitted the proof to MassHealth on June 26, 2025.

On July 2, 2025, MassHealth notified Appellant that the premium for her child's CommonHealth benefit would increase to \$242 beginning August 2025. Exhibit 1, Exhibit 4 at 7. As proof of income, Appellant had submitted two paystubs showing average gross biweekly earnings of \$3,640.62, which MassHealth calculated was 442.62% of the FPL. As the household income had increased over 300% of the FPL, MassHealth calculated the premium based on the chart found at 130 CMR 506.011(B)(2)(b).

The Premium Billing representative testified that MassHealth had billed Appellant \$28 per month for May, June and July 2025. As of the date of hearing, MassHealth had not received a premium payment since April 8, 2025. Exhibit 4 at 13. The Premium Billing representative testified that Appellant's outstanding balance is \$326 but acknowledged that Premium Billing has not yet sent the bill for the August 2025 premium of \$242. On July 28, 2025, MassHealth administratively closed Appellant's case for non-payment. However, MassHealth did not send a termination notice because Appellant's child qualifies for continuing eligibility pursuant to Eligibility Operations Memo (EOM) 24-2. The MassHealth representative testified that this benefit was set to expire on November 30, 2025. Exhibit 6. After the hearing, on September 10, 2025, MassHealth removed the administrative closure for nonpayment after the most recent bill was satisfied. Exhibit 6. Appellant's child remains eligible for MassHealth CommonHealth.

Appellant testified that the most recent bill she received from MassHealth was for \$28. The bill did not indicate that Appellant had a past due amount that was 30 or 60 days late. This bill was presumably for the May 2025 premium. Appellant expressed concern that she has not received timely bills and did not receive an adequate explanation of the dramatic increase of the premium with the July 2, 2025 notice. Appellant testified that she appealed due to the jump in the premium. Appellant argued that her salary only increased by \$500 but the premium increased from \$28 to \$242, which was unaffordable. Appellant argued that her premiums were lower when she was on the Health Connector as a non-disabled individual. Appellant argued that it is unconscionable for a disabled child to be charged a higher premium than a non-disabled adult. Appellant testified that her income appears high, but she lives paycheck to paycheck. Appellant struggled with the \$28

premium but never allowed it to be more than 90 days late. Appellant argued that she is not living in luxury. The Premium Billing representative testified that Appellant can apply for a hardship waiver, which would allow for a one-year waiver of premiums due to financial hardship. The Premium Billing representative provided examples of proof of financial hardship, such as a shut-off notice or past-due bill for utilities, mortgage, or rent. Appellant could also demonstrate an unexpected financial burden. A copy of the hardship waiver application was emailed to Appellant.

Appellant testified that her income fluctuates based on her employer's needs. Appellant works with families and experiences an increase in income when a manager leaves and she has to take over their caseload. The MassHealth representative testified that Appellant can complete a form to report her fluctuating income so MassHealth's decision is based on correct information. The MassHealth representative emailed this form to Appellant.

## **Findings of Fact**

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

1. Appellant is in a household of two with a minor disabled child who is eligible for MassHealth CommonHealth.
2. On December 5, 2024, MassHealth calculated Appellant's monthly premium to be \$28. At the time, Appellant's monthly income was \$4,837.36.
3. On April 15, 2025, Appellant completed a phone renewal and her child was approved for CommonHealth with a \$28 monthly premium pending proof of income. Exhibit 4 at 9.
4. On June 26, 2025, Appellant submitted two paystubs as proof of income showing average gross biweekly earnings of \$3,640.62.
5. On July 2, 2025, MassHealth notified Appellant that the premium for her child's CommonHealth benefit would increase to \$242 beginning August 2025. Exhibit 1, Exhibit 4 at 7.
6. Appellant filed this timely appeal on July 18, 2025. Exhibit 2.
7. In 2025, 100% of the monthly FPL for a household of two is \$1,763 monthly or \$21,156 annually; 300% of the FPL is \$5,288 monthly or \$63,456 annually.

## **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 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*. The MassHealth coverage types are:

- (1) MassHealth Standard – for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes 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) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (1) Earned income is the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.
- (2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.
- (3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) 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.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes; and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

To be eligible for MassHealth Standard as a child, Appellant's monthly income would have to be less than or equal to 150% of the FPL. 130 CMR 505.002(B)(2). A disabled child is eligible for MassHealth CommonHealth regardless of income, but may be assessed a monthly premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). 130 CMR 505.004(I).

MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). MassHealth subtracts five percentage points from the FPL when determining eligibility. 130 CMR 506.007(A)(3). Here, Appellant's average gross income is \$3,640.62 biweekly, or \$1,820.31 weekly when divided by two. Multiplying weekly income by 4.333 yields monthly income of \$7,887.40, which is 447% of the FPL for a household of two. Subtracting 5% yields a household FPL of 442%.

The eligibility requirements for MassHealth CommonHealth are set forth in pertinent part:

(G) Disabled Children Younger than 18 Years Old. Disabled children younger than 18 years old must meet the following requirements:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: *Definition of Terms*;
- (2) be ineligible for MassHealth Standard; and
- (3) be a citizen as described at 130 CMR 504.002: *U.S. Citizens*, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: *Immigrants*.

(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

(I) MassHealth CommonHealth Premium. Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). No premium is assessed during a deductible period.

(J) Use of Potential Health Insurance Benefits. Applicants and members must use potential health insurance benefits, in accordance with 130 CMR 503.007: *Potential Sources of Health Care*, and must enroll in health insurance, including Medicare, if available at no greater cost to the applicant or member than they would pay without access to health insurance, or if purchased by the MassHealth agency in accordance with 130 CMR 505.002(O) and 130 CMR 506.012: *Premium Assistance Payments*.

Members must access those other health insurance benefits and must show their private health insurance card and their MassHealth card to providers at the time services are provided.

130 CMR 505.004.

Here, Appellant is categorically eligible for CommonHealth as a disabled child pursuant to 130 CMR 505.004(G). According to 130 CMR 505.004(I), children eligible for CommonHealth may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). According to the regulation, children whose household income is below 300% of the FPL are assessed a premium based on the following chart:

<b>CommonHealth Full Premium Formula Children between 150% and 300%</b>	
<b>% of Federal Poverty Level (FPL)</b>	<b>Monthly Premium Cost</b>
Above 150% to 200%	\$12 per child (\$36 PBFM maximum)
Above 200% to 250%	\$20 per child (\$60 PBFM maximum)
Above 250% to 300%	\$28 per child (\$84 PBFM maximum)

130 CMR 506.011(B)(2)(a).

For children whose household income is above 300% of the FPL, MassHealth uses the following formula:

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

130 CMR 506.011(B)(2)(b).

Children under the age of 19 who are determined eligible for MassHealth will receive continuous eligibility for MassHealth for one year regardless of a change in circumstances that would otherwise make a member ineligible. Eligibility Operations Memo (EOM) 24-2. “Even if a child or household experiences a change in circumstances that would otherwise make the child ineligible for benefits, their 12-month continuous eligibility period will not be affected, except as outlined in this EOM. Additionally, **a child may not be downgraded or terminated for non-payment of premiums during their continuous eligibility period.**” *Id.* (emphasis added). The continuous eligibility period begins on the date MassHealth determines the child qualifies for coverage or the date coverage is renewed, even if eligibility is approved retroactively prior to the date of MassHealth’s decision. *Id.*

Here, the CommonHealth premium for Appellant’s child increased from \$28 to \$242 based on a change of income. When Appellant’s household income was 278.99% of the FPL, the premium was calculated at \$28 pursuant to 130 CMR 506.011(B)(2)(a). However, when the FPL increased to 442.62%, MassHealth calculated the premium based on the chart in 130 CMR 506.011(B)(2)(b). MassHealth’s calculation of the monthly premium was correct pursuant to 130 CMR 506.011(B)(2)(b).

Accordingly, this appeal is denied. Appellant may submit updated income information if her income continues to fluctuate for an updated premium calculation. Appellant may also, if she has not already, apply for a hardship waiver of the CommonHealth premium.

## 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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Cynthia Kopka  
Hearing Officer  
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

MassHealth Representative: Premium Billing Unit