

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2510780
Decision Date:	09/11/2025	Hearing Date:	08/21/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Appearances for MassHealth:

Stephanie Herndon – 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 – over 65; Income; Premium
Decision Date:	09/11/2025	Hearing Date:	08/21/2025
MassHealth’s Reps.:	Stephanie Herndon; Carmen Fabery	Appellant’s Rep.:	■
Hearing Location:	Telephonic	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 May 30, 2025, MassHealth approved the appellant for CommonHealth benefits, effective December 23, 2024, and informed the appellant he would owe a \$15 premium for the month of June. On June 26, 2025, MassHealth terminated the appellant’s benefits based upon non-payment of premiums. (Exhibit 1; Exhibit 6; 130 CMR 506.011(D).) The appellant filed a timely appeal on July 21, 2025. (Exhibit 2; 130 CMR 610.015(B).) Termination of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth determined that the appellant was eligible for MassHealth CommonHealth with a premium and then terminated the appellant’s coverage due to nonpayment of premiums for April, May, and June 2025.

Issue

The appeal issues are whether (1) MassHealth correctly determined the appellant’s income and benefit eligibility pursuant to 130 CMR 505.004; 506.001 - .004; and (2) whether MassHealth was correct, pursuant to 130 CMR 506.011, in terminating the appellant’s coverage for nonpayment.

Summary of Evidence

The appellant is over the age of 65, disabled, and he has a household of one. MassHealth's Enrollment Center (MEC) representative testified that the appellant completed an over-65 application in February 2025. The appellant verified gross, monthly Social Security income of \$1,770 and \$40 per month in wages. The MEC representative testified that the appellant had identified that his wife died, but MassHealth erroneously included her in the appellant's household and counted her historical income on the appellant's application. The MEC representative testified that the appellant's current income is below 150% of the federal poverty level, and he should never have been assessed a CommonHealth premium.

The Premium Billing representative testified that the appellant had been billed \$9 for April, \$9 for May, and \$15 for June. The appellant did not pay any of these premiums, and MassHealth closed his coverage, effective July 10, 2025. After his coverage closed, the appellant paid \$33 on July 24, 2025, and his benefits were reactivated with a \$15 per month premium for August. The MEC representative confirmed that his eligibility had been reinstated without a gap and updated so he no longer had a premium due for August. The Premium Billing representative asked for written guidance regarding whether there should be reimbursement for the already paid premiums.

The MEC representative testified that the first approval notice was mailed March 29, 2025, and it assessed a \$9 premium for April 2025. On April 2, 2025, MassHealth sent out an approval notice saying the appellant would owe \$9 for May's premium. On May 30, 2025, MassHealth mailed out an approval notice increasing the premium to \$15 for June 2025.

It was noted that the hearing request was filed on July 21, 2025, and that there may be a jurisdictional issue as to how far back this appeal could adjust the appellant's eligibility. The MEC representative submitted the May notice into the administrative record, as it was within 60 days of the appellant's hearing request. This notice approves CommonHealth coverage as of December 23, 2024, though it only adjusts the premium as of the first day of the following month, June. The appellant's son testified that he helps his father with paperwork, but he does not get copies of the appellant's MassHealth notices and bills. The appellant's son had been informed when his father signed up for CommonHealth that there might be a premium, but he did not see one until after his father's benefits had been terminated.

Findings of Fact

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

- 1) The appellant is an individual over the age of 65. The appellant's monthly gross income consists of Social Security income of \$1,770 and \$40 from employment. (Testimony by MEC representative.)

- 2) The appellant is verified disabled. (Testimony by MEC representative.)
- 3) The appellant completed an over-65 application in February 2025. On March 29, 2025, MassHealth mailed out a notice approving him for CommonHealth, effective December 23, 2024. This notice assessed a \$9 premium for April 2025. On April 2, 2025, MassHealth sent out a notice assessing a \$9 premium for May. (Testimony by MEC representative.)
- 4) On May 30, 2025, MassHealth mailed out a notice approving the appellant for CommonHealth, starting December 23, 2024, and assessing a premium of \$15 for June. (Exhibit 6.)
- 5) On June 26, 2025, MassHealth terminated the appellant's CommonHealth benefit for non-payment of premiums. (Exhibit 1.)
- 6) The appellant filed a fair hearing request on July 21, 2025. (Exhibit 2.)
- 7) The appellant paid \$33 in past due premiums on July 24, 2025. (Exhibit 5, p. 10.)

Analysis and Conclusions of Law

MassHealth offers a variety of benefits based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold. One of the major dividing lines for eligibility is the age of 65. Individuals aged 65 and older are generally governed by the regulations at 130 CMR 515.000-520.000, and those under 65 are typically determined by the regulations at 130 CMR 501.000-508.000.

MassHealth Standard benefits are generally available to individuals over the age of 65 with income below the federal poverty level. (See 130 CMR 519.002.) A disabled adult aged 65 or older may qualify for CommonHealth coverage with income in excess of the federal poverty level. CommonHealth coverage for individuals over 65 is for "working disabled adults ... [which] means that eligible applicants must meet the requirements of 130 CMR 505.004(B)(2), (3) and (5) to be eligible for CommonHealth." (130 CMR 519.012(A)(1).) Members "who were enrolled in MassHealth CommonHealth for at least ten years" may remain on CommonHealth "whether they work or not." (EOM 23-19 (Aug. 2023).)

Financial eligibility for CommonHealth benefits "as described in 130 CMR 505.004(B)" is determined using the under-65 financial eligibility rules, and counts income based upon a "Disabled Adult Household." (130 CMR 506.002(A)(2)) All countable income for the household is used in eligibility determinations and includes all "taxable income ... after allowable deductions," and specifically includes "social security 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.”¹ (See 130 CMR 506.003(B).) The “allowable deductions” are described at 130 CMR 506.003(D) but are generally described as above the line deductions on a federal tax return. Countable monthly income is reduced by “[f]ive percentage points of the current federal poverty level (FPL) ... to determine eligibility of the individual under the coverage type with the highest income standard.” (130 CMR 506.007(A).)

The federal poverty level for an individual in 2025 is \$1,305 per month. Five percent of the federal poverty level is \$65.25. Therefore, the appellant’s income for eligibility purposes is \$1,744.75, after allowing the five percent disregard. This is equivalent to 133.7% of the federal poverty level.² MassHealth CommonHealth does not begin charging a premium until a household’s income reaches 150% of the federal poverty level. (130 CMR 506.011(B)(2)(b).) Furthermore, CommonHealth members with income below 135% of the federal poverty level are entitled to Medicare Savings Program (MSP) – Qualifying Individual (QI) coverage, which covers the cost of their Medicare premiums. (130 CMR 505.004(L)(1); 519.011.) MSP – QI coverage with CommonHealth “may be retroactive up to three months prior to the date the application was received by MassHealth.” (130 CMR 505.004(L)(2).)

This appeal is APPROVED. The appellant should have been approved for CommonHealth with MSP – QI benefits, effective March 1, 2025. Prior to March 1, 2025, the appellant should have been eligible for CommonHealth without a premium, because his income was between 135% and 150% of the 2024 federal poverty level. Effectively, this is the coverage the appellant had, as he was not billed for CommonHealth for March 2025.

To have a CommonHealth premium reviewed, an appellant must appeal within 60 days of the premium calculation. (See 130 CMR 610.015.) This appeal reaches the appellant’s eligibility beyond his premium, based upon MassHealth’s notice from May 30, 2025. While the premium calculation in that notice was prospective, the eligibility determination reached back to the initial approval as of December 23, 2024. The evidentiary record establishes that the appellant was eligible for MSP – QI as of March 1, 2025, the day the 2025 federal poverty level went into effect. In a fair hearing, the “effective date of any adjustments to the appellant’s eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” (130 CMR 610.071(A)(2).)

Furthermore, the MSP – QI benefit may be approved retroactively up to 3 months prior to reported change that allows eligibility. On May 30, 2025, MassHealth erroneously approved the appellant

¹ SSI benefits, however, are specifically defined as noncountable income. (130 CMR 506.004.)

² The federal poverty level for 2025 is only effective for MassHealth purposes, March 1, 2025. (See <https://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members#2025-masshealth-income-standards-and-federal-poverty-guidelines> (last visited Sept. 10, 2025).) The federal poverty level in 2024 was \$1,255. The appellant’s federal poverty level equivalence before March 1, 2024, was 139%.

for CommonHealth with a premium, instead of CommonHealth with MSP – QI. Had MassHealth correctly determined the appellant’s eligibility in that notice, he would have been approved for CommonHealth with MSP – QI, effective March 1, 2025. CommonHealth with MSP – QI implicitly includes a \$0 premium. Therefore, this appeal is APPROVED. The appellant’s past due premiums shall be waived, and the MSP – QI benefit backdated to March 1, 2025.

Order for MassHealth

Backdate the appellant’s CommonHealth with MSP coverage to March 1, 2025. Reimburse the appellant for any paid premiums incurred after March 1, 2025, if paid.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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

MassHealth Representative: Premium Billing