

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2511196
Decision Date:	9/17/2025	Hearing Date:	09/05/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Geraldine Eliscard, Charlestown MassHealth Enrollment Center; Karishma Raja, Premium Billing Department



*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; Under 65; Income; Premium
Decision Date:	9/17/2025	Hearing Date:	09/05/2025
MassHealth's Reps.:	Geraldine Eliscard, Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Charlestown)	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 July 17, 2025, MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$46.80. *See* Exhibit 1. The appellant filed this appeal in a timely manner on July 30, 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 610.032.¹

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$46.80.

¹ At the hearing, the appellant reported that she has funds taken out of her Social Security check for Medicare, which is a benefit she reports that she does not have. The appellant was informed that this appeal offers her no remedy for that issue and that she must contact the Social Security Administration directly for a resolution.

Issue

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

Summary of Evidence

The appellant is a verified disabled adult who lives in a household with her spouse and two minor grandchildren. MassHealth was represented by workers from the Charlestown MassHealth Enrollment Center and the Premium Billing Department. The following is a summary of the evidence and testimony provided at the hearing.

On or around July 17, 2025, the appellant updated her income with MassHealth. On that day, MassHealth issued a notice approving her for MassHealth CommonHealth and imposing a monthly premium of \$46.80. The appellant was billed that amount for the month of August 2025. In determining this premium, MassHealth verified that the appellant's household income is 242.24% of the federal poverty level for a household of two. The MassHealth representative reported that the appellant's yearly income is \$13,692.00, while her spouse receives \$550.67 each month from a pension and \$2,666.00 in monthly Social Security benefits.

The appellant agreed with the verified income described by MassHealth. However, she testified that she and her spouse are tax-filers who claim their two grandchildren on their taxes. Therefore, the appellant argued that she resides in a household of four, not a household of two. The MassHealth representative agreed with this argument and attempted to update the appellant's case in the MassHealth computer system. The parties agreed that the appellant's total household monthly income is \$4357.67 which, for a household of four, is 162.66% of the federal poverty level. For unknown reasons, the MassHealth computer system was unable to calculate an updated premium amount based on the new income and household size.

Findings of Fact

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

1. The appellant is a disabled adult MassHealth member under the age of ■ who is eligible for MassHealth CommonHealth benefits. Exhibit 1, Exhibit 4.
2. On July 17, 2025, MassHealth issued a notice approving the appellant for MassHealth CommonHealth and imposed a monthly premium of \$46.80. Exhibit 1. The appellant was charged that amount as a premium for the month of August 2025. Exhibit 5. This amount was based on MassHealth's determination that the appellant resides in a household of two whose income is 242.24% of the federal poverty level. *Id.*

3. The appellant filed a timely request for fair hearing on July 30, 2025. Exhibit 2.
4. The appellant's total household gross monthly income is \$4,357.67. Testimony.
5. The appellant and her spouse are tax-filers and caretakers of their two minor grandchildren, whom they claim as tax dependents. Testimony. As a result, the appellant resides in a household of four. Testimony.

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. MassHealth must also construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (1) Taxpayers Not Claimed as a Tax Dependent on Their Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with them regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

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 150% and 200% of the FPL the base premium is \$15.00 per month and is increased by \$5 for every 10% of the FPL the household income exceeds. 130 CMR 506.011(B)(2)(b). A member's household size determines how its monthly income equates to the federal poverty level. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 150% of the federal poverty level equates to a monthly income of \$4019.00 for a household of four. See chart at <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

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, the parties agree that, because the appellant claims her two minor grandchildren as tax dependents, the appellant resides in a household of four. The parties further agree that the appellant's total household gross monthly income is \$4,357.67, which is approximately 162.66% of the federal poverty level. Because that amount is over 150% but less than 170% of the FPL, the appellant should be given a base premium of \$15.00 per month, plus \$5.00 for the additional 10% of the federal poverty level the appellant's income equals. Therefore, the appellant's premium should be \$20.00 per month. I find that the July 17, 2025 notice was issued in error, and the appellant's monthly premium should be adjusted accordingly.

For the foregoing reasons, the appeal is hereby APPROVED.

Order for MassHealth

Update the appellant's account to reflect a household of four and total monthly income of \$4,357.67. Impose a monthly premium of \$20.00 and adjust the August 2025 premium bill to reflect that amount.

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.

Mariah Burns
Hearing Officer
Board of Hearings

cc: MassHealth Representative - Thelma Lizano, Charlestown MassHealth Enrollment Center,
529 Main Street, Suite 1M, Charlestown, MA 02129

cc: Karishma Raja, Maximus Premium Billing