

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2512944
Decision Date:	12/05/2025	Hearing Date:	10/09/2025
Hearing Officer:	Christopher Jones	Record Open to:	10/23/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Patrick George – Tewksbury MEC
Karishma Raja – 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 in part; Denied in part	Issue:	Community Eligibility - under 65; Income
Decision Date:	12/05/2025	Hearing Date:	10/09/2025
MassHealth's Reps.:	Patrick George; Karishma Raja	Appellant's Rep.:	Pro se
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 July 23, 2025, MassHealth approved the appellant for the CommonHealth benefit with a \$78 per month premium. (Exhibit 1; 130 CMR 506.011.) The appellant filed this appeal in a timely manner on September 4, 2025. (Exhibit 2; 130 CMR 610.015(B).) Premium determinations are valid grounds for appeal. (See 130 CMR 610.032.)

Action Taken by MassHealth

MassHealth auto renewed the appellant's eligibility and recalculated her CommonHealth premium to be \$78 per month.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.000, in calculating the appellant's household income and calculating her CommonHealth premium.

Summary of Evidence

MassHealth's Enrollment Center (MEC) representative testified that the appellant's eligibility was automatically determined and renewed on July 23, 2025. The appellant is a disabled individual between the ages of 21 and 64, and MassHealth used income information available from electronic data sources to determine her eligibility. This electronic data resulted in the appellant's household income being 302% of the federal poverty level, which resulted in a monthly premium of \$78 for the CommonHealth benefit. This also resulted in the appellant's Medicare Savings Program (MSP) benefit being terminated. These changes went into effect as of August 1, 2025. Historically, the appellant's CommonHealth premium had been \$31.20.

The MEC representative testified that the appellant then called in to update her income on September 9, 2025. The appellant reported biweekly employment income of \$575, and monthly Social Security disability benefits of \$1,695. This updated income was equivalent to 220% of the federal poverty level, and MassHealth reduced the appellant's premium to \$36.40.¹

MassHealth's Premium Billing representative testified that the \$78 premium was billed on August 14 and again on September 14. The Premium Billing representative confirmed that the premium had been reduced to \$36.40 for October, based upon the updated income information. Premium Billing's representative testified that she could credit the appellant's account for the difference between the higher premium and the current premium if the MEC worker confirmed the premium amount was correct.

The MEC representative testified that the appellant's case was still pending income verifications. At the appellant's request, the record was held open until October 23, 2025, for the appellant to submit income verifications and for the MEC representative to process them. The MEC representative agreed to process these verifications retroactively to the July 23, 2025, eligibility renewal. The MEC representative was asked to address the appellant's eligibility for the MSP benefit and whether the Supplemental Premium Formula was used in calculating the premium.²

The appellant timely submitted a Social Security award letter detailing that her gross monthly disability benefits were \$1,737.50, as of December 2024. The appellant also submitted a biweekly paystub showing gross income of \$640. Using this information, MassHealth calculated the appellant's monthly income to be \$3,123.88 ($640 \times 2.167 + 1,737 = 3,123.88$). Divided by the

¹ The appellant also later received an approval notice for MSP benefits again. During the record open correspondence, the MEC representative hypothesized that the MSP benefit was reinstated based upon her reported income.

² The MEC representative had initially testified that MSP benefits are only available to members covered by the Standard benefit. It was noted that the appellant had received MSP coverage with CommonHealth in the past, and that the relevant question was at what federal poverty level equivalence MSP could be available to CommonHealth beneficiaries.

monthly federal poverty level of \$1,305, the appellant's income was equivalent to 234.53% of the federal poverty level.³

The MEC representative confirmed that CommonHealth beneficiaries can receive MSP benefits if their income is below 225% of the federal poverty level. Since the appellant's income is over this amount, she would not be eligible for the MSP benefits. Without the MSP benefit, the appellant would be eligible for the Supplemental Premium Formula. MassHealth calculated the appellant's CommonHealth premium to be \$41.60. This premium is calculated by starting at \$40 and adding \$8 for every 10 percent over 200% of the federal poverty level ($40 + (8 \times 3) = \$64$). Because the member has other health insurance toward which MassHealth does not contribute, MassHealth applied the Supplemental Premium Formula which lowers the premium to 65% of the starting value ($64 \times 0.65 = 41.6$).

MassHealth's Premium Billing representative confirmed that the premiums for August and September were reduced to \$41.60, and the appellant's account was credited for the difference (\$72.80). Premium Billing applied \$36.40 of this credit to pay October's premium, which was calculated based upon the appellant's net income as reported in September, leaving a remaining credit of \$36.40.

The appellant submitted an email disagreeing with the outcome because she felt she should be eligible for the MSP benefit.

Findings of Fact

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

- 1) The appellant is a disabled individual. Prior to August, she was covered by MassHealth CommonHealth with a MSP, and her monthly premium was \$31.20. (Testimony by MEC representative; testimony by the appellant; Exhibit 4; Exhibit 5, p. 11.)
- 2) On July 23, 2025, MassHealth automatically renewed the appellant's eligibility using electronic data-match resources. MassHealth calculated the appellant's premium to be \$78, based upon income equivalent to 302% of the federal poverty level. (Testimony by MEC representative; Exhibit 1.)
- 3) The appellant was billed \$78 on August 14, 2025, and on September 14, 2025. The appellant paid these bills. (Testimony by Premium Billing representative; Exhibit 5, p. 11.)
- 4) The appellant filed this appeal on September 4, 2025. (Exhibit 2.)

³ MassHealth disregards 5% of the federal poverty level in calculating eligibility.

- 5) On September 9, 2025, the appellant called MassHealth and updated her income. The appellant reported biweekly employment income of \$575, and monthly income from Social Security of \$1,695. This updated income resulted in a federal poverty level equivalence of 220%, and MassHealth reduced the appellant's premium to \$36.40. (Testimony by MEC representative and Premium Billing representative.)
- 6) MassHealth requested that the appellant verify her income. The appellant submitted a paystub showing gross biweekly income of \$640 and Social Security income of \$1,737.50. (Testimony by MEC representative; Exhibit 6.)
- 7) MassHealth recalculated the appellant's premium to be \$41.60. MassHealth reduced the appellant's August and September premiums to be \$41.60 and allowed the appellant a credit of \$72.80. (Exhibit 7.)

Analysis and Conclusions of Law

After a member or applicant has applied for MassHealth benefits, MassHealth

reviews eligibility once every 12 months. Eligibility may also be reviewed as a result of a member's change in circumstances, or a change in MassHealth eligibility rules, or as a result of a member's failure to provide verification within requested time frames. The MassHealth agency updates eligibility based on information received as a result of such review. The MassHealth agency reviews eligibility ... by information matching with other agencies, health insurance carriers, and information sources

(130 CMR 502.007(A)(1).)

If a household's "continued eligibility can be determined based on electronic data matches with federal and state agencies," the household "will have their eligibility automatically renewed." (130 CMR 502.007(C)(1).) If the automatic renewal "results in no change in benefits or in a more comprehensive benefit for all members of the household, the MassHealth agency will notify the head of household that eligibility has been reviewed using the automatic renewal process." (130 CMR 502.007(C)(1)(a).)

Financial eligibility is "determined by comparing the sum of all countable income ... for the individual's household ... with the applicable income standard for the specific coverage type." (130 CMR 505.007(A).) Generally, applicants between the ages of 20 and 65 who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level. (130 CMR 505.002(E), 505.008(A).) However, disabled adults between the ages of 19 and 64 can qualify for the CommonHealth program, regardless of their income by paying a monthly premium. (See 130 CMR 505.004(B)-(C), 506.009.)

“Countable Household Income” includes the total amount of taxable income received by everyone in a member’s household “after allowable deductions on the U.S Individual Tax Return.” (130 CMR 506.003(B); see also 130 CMR 506.002.) Monthly income is derived by multiplying average weekly income by 4.333, and “[f]ive 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.” (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. The appellant earns \$640 in gross income every two weeks. When divided by 2, and multiplied by 4.333, this equates to \$1,386.56 each month. The appellant also receives gross Social Security disability benefits of \$1,737.50. Reduced by \$65.25, the appellant’s household countable income is \$3,058.81, which equates to 234.39% of the federal poverty level.

Medicare recipients may qualify for a Medicare Savings Program (MSP) with income at or below 225% of the federal poverty level. (See 130 CMR 519.010-519.011.) MassHealth’s representative confirmed that CommonHealth members are eligible for MSP benefits with income below 225% of the federal poverty level. (Exhibit 7; see EOM 24-03 (Mar. 2024); cf. 130 CMR 519.012(D)(1); EOM 23-04 (Feb. 2023).)

The CommonHealth benefit has tiered premiums based upon the household’s percentage of the federal poverty level. For households with income above 200% of the federal poverty level, the monthly premium starts at \$40 and MassHealth will “[a]dd \$8 for each additional 10% FPL until 400% FPL.” (130 CMR 506.011(B)(2)(b).) If the member has “health insurance to which the MassHealth agency does not contribute,” the member pays a reduced premium for their coverage. For income between 200% and 400% of the federal poverty level, the supplemental premium is 65% of the full premium amount. (130 CMR 506.011(B)(2)(c).)

At 234% of the federal poverty level, the appellant is over the income limit for an MSP benefit, which means that MassHealth will not contribute toward her Medicare coverage. The starting CommonHealth premium is \$64, but because MassHealth is not paying her Medicare premium, she is only charged 65% of this premium. This equates to a CommonHealth premium of \$41.60. This appeal is APPROVED-in-part to the extent that this is a reduction from the \$78 premium that was assessed following the auto-renewal in July. MassHealth has already backdated this premium to replace the premiums paid in August and September.

To the extent that the appellant seeks a lower premium or MSP coverage, this appeal must be DENIED. The appellant was temporarily allowed a premium of \$36.40 based upon her reported income. Once the appellant verified her income, it showed that she had reported net income, not gross, taxable income. If the appellant experiences changes in her income, she may report those changes and verify the new income.

Order for MassHealth

If not already done, reduce the \$78 premiums to \$41.60, and charge the appellant \$41.60 for CommonHealth coverage going forward until her income changes.

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.

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 Unit