

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed; remanded	Appeal Number:	2515015
Decision Date:	01/08/2026	Hearing Date:	12/16/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	1/6/2026

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Ernetta Finch-Reeves, Charlestown 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:	Dismissed; remanded	Issue:	Community eligibility, under 65, termination
Decision Date:	01/08/2026	Hearing Date:	12/16/2025
MassHealth's Rep.:	Ernetta Finch-Reeves, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (remote)	Aid Pending:	Yes

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 October 1, 2025, MassHealth notified Appellant that his coverage would end effective October 15, 2025 for failure to pay past due premiums. Exhibit 1. Appellant filed this appeal in a timely manner on October 15, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth notified Appellant that his coverage would end effective October 15, 2025 for failure to pay past due premiums.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's coverage for failure to pay past due premiums pursuant to 130 CMR 506.011(D)(1).

Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and a Premium Billing representative. Premium Billing submitted documents in support, Exhibit 4. Appellant appeared by phone. A summary of testimony and submitted evidence follows.

Appellant is under the age of 65 and is disabled. On February 19, 2025, MassHealth notified Appellant that he was approved for MassHealth CommonHealth with a monthly premium of \$112 beginning March 2025. Exhibit 4 at 9. This was based on reported income of \$700 per week. Appellant submitted a biweekly paystub verifying that his biweekly income was \$1,729.54. MassHealth determined that this was 236.68% of the federal poverty level (FPL). On April 30, 2025, Appellant updated his income to zero. Appellant was approved for MassHealth Standard effective April 20, 2025. *Id.* at 7.

Appellant had been billed \$112 for the CommonHealth premium for two months, March and April 2025. When Appellant was approved for MassHealth Standard in April 2025, Premium Billing adjusted the April 2025 premium to zero. *Id.* at 5. Premium Billing did not receive payment of the March 2025 premium. *Id.* On October 1, 2025, MassHealth notified Appellant that his MassHealth Standard coverage would end effective October 15, 2025 for failure to pay past due premiums. Exhibit 1, Exhibit 4 at 6. The Premium Billing representative testified that Appellant had submitted a hardship waiver application, but it had been denied because Appellant did not submit documents showing the financial hardship, such as a shut-off notice or a past due rent balance.

Appellant testified that he is federally disabled and received Social Security, but wanted to try working and came off the benefit. Appellant was working in February 2025 but had to stop in April 2025. Appellant was not aware that working would impact his eligibility, as he was told by someone at Social Security to earn under a certain threshold. Appellant was not able to afford the \$112 monthly premium with rent and expenses. Appellant has since returned to work.

The MassHealth representative testified that Appellant's disability status will need to be renewed by the state and explained the process of renewal. The MassHealth representative requested that Appellant submit proof of his current income.

The hearing record was held open through January 6, 2026 to allow Appellant time to submit proof of income and the disability supplement. Exhibit 5. Appellant submitted these documents on December 26, 2025. Exhibit 6. Additionally, Premium Billing agreed to waive the March 2025 premium balance of \$112 and remove the administrative closure on Appellant's case. Exhibit 7. Appellant submitted a hardship waiver application, but the Premium Billing representative advised that it was premature, as the March premium had been waived and a future premium had not yet been assessed. *Id.*

To verify income, Appellant provided paystubs for three pay periods dated November 9, 2025 through December 20, 2025. Exhibit 6. The gross amounts for each biweekly paycheck were \$1,579.64, \$1,810.90, and \$1,575.19. *Id.*

Findings of Fact

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

1. Appellant is in a household of one and under the age of 65.
2. On February 19, 2025, MassHealth notified Appellant that he was approved for MassHealth CommonHealth with a monthly premium of \$112 beginning March 2025. Exhibit 4 at 9.
3. On April 30, 2025, Appellant updated his income to zero. Appellant was approved for MassHealth Standard effective April 20, 2025. *Id.* at 7.
4. On October 1, 2025, MassHealth notified Appellant that his MassHealth Standard coverage would end effective October 15, 2025 for failure to pay the March 2025 premium of \$112. Exhibit 1, Exhibit 4 at 6.
5. Appellant filed this timely appeal on October 15, 2025 and was eligible to keep the previous benefit level pending the outcome of the appeal. Exhibit 2.
6. The hearing record was held open through January 6, 2026 to allow Appellant time to submit proof of income and the disability supplement. Exhibit 5.
7. On December 16, 2025, the Premium Billing representative agreed to waive the March 2025 premium and remove the administrative closure from Appellant's case. Exhibit 7.

Analysis and Conclusions of Law

This appeal follows MassHealth's termination of Appellant's coverage for failure to pay past premiums. Prior to the termination, Appellant was active on a MassHealth Standard benefit after having reported zero income on April 30, 2025. Appellant's Standard benefit was maintained during this appeal pursuant to 130 CMR 610.036. Appellant reported at hearing that he has returned to work, and provided paystubs showing his current income.

After hearing, Premium Billing agreed to waive Appellant's March 2025 premium payment and remove the administrative closure associated with Appellant's failure to pay that premium. With this adjustment, the appeal is dismissed. 130 CMR 610.035(A)(8), 130 CMR 610.051(B), 130 CMR

610.083(C). However, Appellant's eligibility circumstances have changed since he was approved for MassHealth Standard which necessitates a new eligibility decision. Therefore, this appeal is remanded back to MassHealth for a new determination, as addressed in the order below.

At hearing, Appellant expressed confusion as to why he owed a premium and why his benefit had terminated. The analysis below serves to explain the regulations and requirements to be eligible for MassHealth benefits based on Appellant's circumstances.

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 disabled adult, Appellant’s monthly income would have to be less than or equal to 133% of the FPL. 130 CMR 505.002(E)(1)(b). A disabled adult whose income is above 133% of the FPL is eligible for MassHealth CommonHealth. 130 CMR 505.004(C). According to 130 CMR 505.004(I), disabled adults eligible for CommonHealth may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2):

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
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).

It is the responsibility of the applicant or member to “cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility...” 130 CMR 501.010(A).

“The applicant or member must report to the MassHealth agency, within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.” 130 CMR 501.010(B).

Order for MassHealth

Remove aid pending. With the administrative closure removed, redetermine eligibility for CommonHealth with the paystubs provided as verification. Maintain Appellant’s disability status in the system until DES reviews and makes a determination on Appellant’s Adult Disability Supplement submitted on December 26, 2025.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

MassHealth Representative: Premium Billing Unit