

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2515915
Decision Date:	1/20/2026	Hearing Date:	11/25/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Brittany Holliday, 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:	1/20/2026	Hearing Date:	11/25/2025
MassHealth's Reps.:	Brittany Holliday, Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 October 23, 2025, MassHealth approved Appellant's minor child for CommonHealth coverage with a \$1,128.80 monthly premium due starting in November 2025 (130 CMR 506.011 and Exhibit 1). Appellant filed this appeal in a timely manner on October 27, 2025 (130 CMR 610.015(B) and Exhibit 2). A determination of a premium amount due is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved Appellant's minor child for CommonHealth coverage with a \$1,128.80 monthly premium due starting in November 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining a \$1,128.80 monthly premium due starting in November 2025.

Summary of Evidence

The MassHealth representative testified that Appellant's [REDACTED] year-old child is disabled, lives in a household size of 4 and was approved for CommonHealth coverage starting in August 2025. MassHealth testified that tax documents were not submitted with the MassHealth application; however, MassHealth considers the household to include two parents and two children. Appellant has earned income totaling \$98,330.53 per year. Appellant's spouse has earned income of \$248,777.45 per year. MassHealth calculated a federal poverty level for the household that equates to 1,254.53%, resulting in a \$1,128.80 per month premium calculated for CommonHealth eligibility with the premium due in November 2025. Appellant and her spouse are married and file taxes jointly, and both incomes are counted in determining eligibility. The Premium Billing representative testified that Appellant was billed \$1,142.40 for October 2025, and \$1,128.80 for November 2025; however, the premium bill for October 2025 was reduced to \$739.79 in due to a new determination of a lower premium as of November 17, 2025 because Premium Assistance payments started.

Appellant testified that she has not received child support payments from her child's biological father in over 3 years and she is owed over \$100,000. She testified that her spouse is not financially responsible for her child's expenses and pays over \$1,000 per month in expenses for his child from a previous marriage. Appellant stated that she feels that her spouse's income should not be included in the premium calculation which should be based only on her income because her spouse is not financially responsible for her child. Appellant verified that she and her spouse filed taxes jointly and her disabled child is claimed as a tax dependent. Appellant testified that her stepson does not live in their household full-time, and is claimed on their taxes every other year, but she was not certain whether he was claimed as a dependent on the most recent tax return. She added that CommonHealth is a supplemental coverage to her employer sponsored insurance for which she pays over \$600 per month, and she cannot afford the cost of the premium even with Premium Assistance payments. Appellant testified that she would consider changing her tax filing status to an individual and not filing a joint tax return in the future.

Findings of Fact

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

1. Appellant's [REDACTED] year-old child is disabled, lives in a household size of 4 and was approved for CommonHealth coverage.
2. Tax documents were not submitted with the MassHealth application.
3. Appellant has earned income totaling \$98,330.53 per year. Appellant's spouse has earned income of \$248,777.45 per year.
4. MassHealth calculated a federal poverty level for the household equating to 1,254.53%.

5. Appellant was billed \$1,142.40 for October 2025, and \$1,128.80 for November 2025; however, the premium bill for October 2025 was reduced to \$739.79 due to Premium Assistance eligibility.
6. Appellant and her spouse are married and file taxes jointly and claim as a tax dependent her disabled child.
7. Appellant's stepson does not live in their household full-time and is claimed as a tax dependent every other year.
8. Appellant has not received child support payments from her child's biological father in over 3 years, and she is owed over \$100,000.
9. 100% of the federal poverty level for a household size of 4 is \$2,680.
10. 133% of the federal poverty level for a household size of 4 is \$3,564.

Analysis and Conclusions of Law

130 CMR 506.002: Household Composition

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

(1) MassHealth Modified Adjusted Gross Income (MAGI) Household Composition. MassHealth uses the MassHealth MAGI household composition rules to determine member eligibility for the following benefits:

(a) MassHealth Standard, as described in 130 CMR 505.002(B), (C), (D), (F), and (G);

(b) MassHealth CommonHealth, as described in 130 CMR 505.004(F) and (G)¹;

(c) MassHealth CarePlus, as described in 130 CMR 505.008: *MassHealth CarePlus*;

(d) MassHealth Family Assistance, as described in 130 CMR 505.005(B) through

¹ Appellant's disabled ■■■ year-old child meets CommonHealth eligibility requirements at 130 CMR 505.004(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*.

- (E);
- (e) MassHealth Limited, as described at 130 CMR 505.006: *MassHealth Limited*;
and
- (f) Children’s Medical Security Plan (CMSP), as described in 130 CMR 522.004:
Children’s Medical Security Plan (CMSP).

(B) MassHealth MAGI Household Composition.

(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.**

(2) Individuals Claimed as a Tax Dependent on Federal Income Taxes.

(a) For an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which the initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.002(B)(2)(b)1., 2., or 3., the household consists of

- 1. the individual;
- 2. the individual’s spouse, if living with them;
- 3. the taxpayer claiming the individual as a tax dependent;
- 4. any of the taxpayer’s tax dependents; and
- 5. if any individual described in 130 CMR 506.002(B)(2)(a)1. through 4. is pregnant, the number of expected children.

(b) Medicaid Exceptions. Household size must be determined in accordance with non-tax filer rules for any of the following individuals:

- 1. individuals other than the spouse or natural, adopted, or stepchild who expect to be claimed as a tax dependent by the taxpayer;
- 2. individuals younger than 19 years old who expect to be claimed by one parent as a tax dependent and are living with both natural, adopted or stepparents, but whose natural, adopted, or stepparents do not expect to file a joint tax return;
- 3. individuals younger than 19 years old who expect to be claimed as a tax dependent by a noncustodial parent. For the purpose of determining custody, MassHealth uses a court order or binding separation, divorce, or custody agreement establishing physical custody controls or, if there is no such order or agreement or in the event of a shared custody agreement,

the custodial parent is the parent with whom the child spends most nights.

506.007: Calculation of Financial Eligibility

The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(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.

(B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(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.

506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

The MassHealth agency may charge a monthly premium 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. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premium amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).²

(A) Premium Billing Family Groups.

(1) Premium formula calculations for MassHealth and CMSP premiums are based on premium billing family groups (PBF). A PBF is comprised of

- (a) an individual;
- (b) a couple who are two persons married to each other according to the rules of the Commonwealth of Massachusetts and are living together; or
- (c) a family who live together and consist of
 1. a child or children younger than 19 years old, any of their children, and their parents;
 2. siblings younger than 19 years old and any of their children who live together, even if no adult parent or caretaker is living in the home; or

² There is no evidence or testimony that exemptions at 130 CMR 506.011(J) apply: Members Exempted from Premium Payment. The following members are exempt from premium payments:

- (1) MassHealth members who have verified that they are American Indians or Alaska Natives who have received or are eligible to receive an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law;
- (2) MassHealth members with MassHealth MAGI household income or MassHealth Disabled Adult household income at or below 150% of the federal poverty level;
- (3) pregnant individuals and children younger than one year old;
- (4) children when a parent or guardian in the PBF is eligible for a Qualified Health Plan (QHP) with Premium Tax Credits (PTC) who has enrolled in and has begun paying for a QHP;
- (5) children for whom child welfare services are made available under Part B of Title IV of the *Social Security Act* on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age;
- (6) individuals receiving hospice care;
- (7) independent former foster care children younger than 26 years old; and
- (8) members who have accumulated premium and copayment charges totaling an amount equal to 5% of the member's MAGI income of the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable, in a given calendar quarter do not have to pay further MassHealth premiums during the quarter in which the member reached the 5% cap.

3. a child or children younger than 19 years old, any of their children, and their caretaker relative when no parent is living in the home.
- (2) A child who is absent from the home to attend school is considered as living in the home.
- (3) A parent may be natural, adoptive, or a stepparent. Two parents are members of the same PBFG as long as they are mutually responsible for one or more children who live with them.
- (4) In a family with more than one child, any child with a MAGI household income that does not exceed 300% FPL will have its premium liability determined based on the MAGI household income of the child in the family PBFG with the lowest percentage of the FPL. If a child in the PBFG has an income percentage of the FPL at or below 150% of the FPL, premiums for all children in the PBFG are waived.
- (5) MassHealth and CMSP premiums for children with a MassHealth MAGI household income greater than 300% of the FPL and all premiums for young adults and adults are calculated using the individual's FPL and the corresponding premium amount as described in 130 CMR 506.011.
- (6) For individuals within a PBFG that is approved for more than one premium billing coverage type, except where application of 130 CMR 506.011(A)(4) will result in a lower premium for children in the PBFG, the following apply.
- (a) When the PBFG contains members in more than one coverage type or program, including CMSP, and who are responsible for a premium or required member contribution, the PBFG is responsible for only the higher premium or required member contribution.

Pursuant to 130 CMR 506.011(B)(2), the premium formulas for MassHealth CommonHealth members whose eligibility is described in 130 CMR 505.004(B): *Disabled Working Adults* through (G): *Disabled Children Younger than 18 Years Old* are as follows.

(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.**

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	at	Add \$5 for each additional 10% FPL until 200% FPL	\$15 — \$35
Above 200%		Add \$8 for each additional	\$40 — \$192

FPL—start at \$40	10% FPL until 400% FPL	
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

(c) The supplemental premium formula for young adults, adults, and children with household income above 300% of the FPL is provided as follows. A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute. **Members receiving a premium assistance payment from the MassHealth agency are not eligible for the supplemental premium rate.**

CommonHealth Supplemental Premium Formula	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1000%	80% of full premium
Above 1000%	85% of full premium

(d) **CommonHealth members who are eligible to receive a premium assistance payment, as described in 130 CMR 506.012, that is less than the full CommonHealth premium receive their premium assistance payment as an offset to the CommonHealth premium assistance bill and are responsible for the difference.**

MassHealth testified at the hearing that Appellant’s household is considered a household size of 4 although tax documents were not submitted with the MassHealth application. Appellant testified that her stepchild does not live in the same household on a full-time basis and is claimed by her and

her spouse on their joint tax return as a tax dependent every other year. For purposes of this analysis, the household will be treated according to the MassHealth testimony as a household size of 4.³ As described above at 130 CMR 506.007(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. Appellant and her spouse file taxes jointly with two tax dependents, all of whom are included in the household for MassHealth eligibility purposes (130 CMR 506.002(B)(1)(a)). MassHealth correctly included Appellant's \$98,330.53 income and her spouse's \$248,774.45 income in determining eligibility for Appellant's disabled child under 18 years of age. Based on the combined annual household income \$347,104.98, which equates to \$28,925.41 monthly income, MassHealth calculated a federal poverty level of 1,254.53%, which exceeds 133% of the monthly federal poverty level \$3,564 for a household of 4, and results in the calculation of a premium for CommonHealth eligibility (130 CMR 505.004(I)).⁴ The calculation of the federal poverty level percentage is based on 100% of the federal poverty level for a household size of 4, \$2,680: $\$28,925.41 / \$2,680 \times 100 = 1,079\%$. The premium amount for a Premium Billing Family Group with income over 1,000% of the federal poverty level starts at \$928 and increases by \$16 for each additional 10% of the federal poverty level: $7 \times \$16 = \112 , resulting in a premium amount of \$1,040 per month. MassHealth verified that Appellant is receiving Premium Assistance, which precludes a premium calculation at the reduced supplemental rate as stated at 130 CMR 506.011(B)(2)(c). Further, as described at 130 CMR 506.011(B)(2)(d), CommonHealth members who are eligible to receive a premium assistance payment, as described in 130 CMR 506.012 that is less than the full CommonHealth premium, receive their premium assistance payment as an offset to the CommonHealth premium assistance bill and are responsible for the difference.⁵

The appeal is DENIED in that MassHealth correctly calculated household size and income.

The appeal is APPROVED in that the premium amount is adjusted from \$1,128.80 per month to \$1,040 effective November 2025.

Order for MassHealth

Adjust the November 2025 premium amount to \$1,040 and adjust the offset to the CommonHealth premium assistance bill accordingly.

³ The notice dated October 23, 2025 states a household size of 3 (Exhibit 1).

⁴ 130 CMR 505.004(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.

⁵ Premium Assistance calculations and payment amounts are not included in the October 23, 2025 notice and are outside the scope of this appeal. However, based on a premium amount adjusted to \$739.79 for October 2025, the premium assistance payment is less than the full premium amount of \$1,040 calculated here.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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