

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516271
Decision Date:	2/11/2026	Hearing Date:	12/11/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	2/6/2026

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Alyshia Guertin-Aguirre, Charlestown MEC
Karishma Raja, Premium Billing
Louis Scibelli, 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:	Denied	Issue:	Community eligibility, over 65, premium
Decision Date:	2/11/2026	Hearing Date:	12/11/2025
MassHealth's Rep.:	Alyshia Guertin-Aguirre, Karishma Raja, Louis Scibelli	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (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

By notice dated October 22, 2025, MassHealth notified Appellant that Appellant was approved for CommonHealth with a monthly premium. Exhibit 1. Appellant filed this appeal in a timely manner on November 3, 2025. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Challenging the scope of assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through December 19, 2025 and reopened on February 6, 2026 for additional information. Exhibits 6, 8.

Action Taken by MassHealth

MassHealth notified Appellant that Appellant was approved for CommonHealth with a monthly premium.

Issue

The appeal issue is whether MassHealth was correct in calculating Appellant's monthly premium.

Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and Premium Billing representatives. Appellant appeared by phone. Documents were submitted by both sides prior to the hearing and during the record open period. Exhibits 4-10. A summary of testimony and documentation follows.

In August 2025, Appellant's MassHealth renewal application was processed. The MassHealth eligibility representative testified that Appellant is eligible for MassHealth CommonHealth pursuant to a work-around for individuals who have had that benefit type for a long time. Appellant had provided income verification for himself and his spouse, which totaled \$10,085¹ per month, broken down as follows:

Appellant's earned monthly income	\$2,144
Appellant's Social Security income	\$2,291
Appellant's pension	\$71
Appellant's spouse's monthly income	\$5,823

The MassHealth eligibility representative testified that the last time Appellant's household income had been verified was 2024. The new income was calculated to be 572.2% of the federal poverty level (FPL). Appellant also receives Medicare which allows for a supplemental premium calculation. On October 22, 2025, MassHealth notified Appellant that his monthly premium for CommonHealth benefits would be \$260.40 effective November 2025. Exhibit 1. The Premium Billing representative provided documents showing a past premium calculation of \$83.20. Exhibit 5. Appellant received a bill for \$260.40 for November 2025 and is currently up to date with payments.

Appellant testified that the income did not appear to be correct, as his spouse is currently earning less income than at her previous job. Appellant testified that he works 30 hours per week and makes \$18 per hour (estimated to be \$540 per week). Appellant's spouse works 40 hours per week and makes \$19 per hour (estimated to be \$760 per week). Appellant's spouse used to have a higher-paying job. Appellant's spouse was also out on family leave for a time due to a recurrence of [REDACTED] Appellant's spouse's new job started in October 2025. Exhibit 4. Appellant testified that he was surprised that the premium increased so dramatically at a time they are earning less.

The hearing record was held open through December 19, 2025 for Appellant to submit updated paystubs. Exhibit 6. Appellant submitted paystubs for himself and his spouse for dates between October 6 and November 30, 2025. Exhibit 4, 7. These paystubs showed Appellant's average biweekly income of \$1,466.35:

10/6-10/19	\$1,449.00
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¹ The totals provided at hearing add up to \$10,329. After hearing, the MassHealth eligibility representative reported that Appellant's Medicare premium was deducted from countable income. Exhibit 8.

10/20-11/2	\$1,626.75
11/3-11/16	\$1,354.50
11/17-11/30	\$1,435.14

Additionally, Appellant provided two paystubs for his spouse's income, showing a biweekly average of \$3,258.59:

11/3-11/16	\$3061.66
11/17-11/30	\$3455.52

Exhibit 7.

On February 6, 2026, the MassHealth eligibility representative reported that Appellant's income and premium were updated. Exhibit 8. An approval letter dated February 6, 2026 showed that Appellant's premium had not changed and was still \$260.40. Exhibit 9. The MassHealth eligibility representative reported that Appellant's income was 572.2% of the FPL. Exhibit 8. The MassHealth eligibility representative provided a screen shot of MassHealth's MA21 system showing monthly income of \$10,085.62. Exhibit 10.

Findings of Fact

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

1. Appellant is over 65 and lives in a household of two with his spouse.
2. Appellant is disabled and receives Medicare.
3. Appellant's income includes earned income, \$2,291 per month from Social Security, and \$71 per month from a pension.
4. On October 22, 2025, MassHealth notified Appellant that Appellant was approved for CommonHealth benefits with a monthly premium of \$260.40. Exhibit 1.
5. Appellant filed this appeal in a timely manner on November 3, 2025. Exhibit 2.
6. Appellant submitted paystubs showing an average biweekly income of \$1,466.35. Exhibits 4 and 7.
7. Appellant provided two paystubs for his spouse's income, showing a biweekly average of \$3,258.59. Exhibit 7.

8. In 2025, 100% of the FPL for a household of two was \$1,763 monthly and \$21,156 annually.

Analysis and Conclusions of Law

MassHealth's CommonHealth benefit for working disabled adults is available to community residents 65 years old or older, provided that eligible applicants meet the requirements of 130 CMR 505.004(B)(2), (3), and (5). 130 CMR 519.012(A)(1). Applicants are also subject to the provisions of 130 CMR 505.004(A)(2), (H) through (J), (M)(1) and (2), and (N). 130 CMR 519.012(A)(2).

The eligibility requirements for MassHealth CommonHealth are set forth in pertinent part:

(B) Disabled Working Adults. Disabled working adults must meet the following requirements:

- (1) be 21 through 64 years of age (for those 65 years of age or older, see 130 CMR 519.012: *MassHealth CommonHealth*);
- (2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;
- (3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: *Definition of Terms*;
- (4) be a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*;
- (5) be ineligible for MassHealth Standard; and
- (6) comply with 130 CMR 505.004(J).

...

(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.

130 CMR 505.004. An individual whose countable income exceeds 133% of the FPL is not eligible for MassHealth Standard. 130 CMR 505.002(E)(1)(b). Countable income 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). 130 CMR 506.007. In addition to countable income, financial eligibility includes a determination of household size. 130 CMR 506.001(A).

According to 130 CMR 505.004(I), disabled working adults eligible for CommonHealth may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). For adults above 150% of the FPL, MassHealth uses the following formula:

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). Adults who have health insurance to which MassHealth does not contribute are entitled to a lower premium subject to the supplemental premium formula, set forth in 130 CMR 506.011(B)(2)(c):

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

Appellant is undisputably eligible for MassHealth CommonHealth. At issue in this appeal is the

calculation of the CommonHealth premium.

MassHealth determined that Appellant's monthly household income was \$10,085, after deducting the Medicare premium. Appellant disputed this and provided updated paystubs. However, the paystubs Appellant provided actually exceed MassHealth's calculation. Based on the paystubs provided at hearing, Appellant's average income is \$1,466.35 biweekly, or \$733.17 weekly. MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c). Appellant's average monthly earned income is \$3,176.84 (733.17 x 4.333).

The paystubs provided for Appellant's spouse showed average income of \$3,258.59 biweekly, or \$1,629.30 weekly. Appellant's spouse's average monthly earned income is \$7,059.74 (1,629.30 x 4.333). Combining the spouses' earned income with Appellant's unearned income shows a monthly total of \$12,599.08:

Appellant's earned income average	\$3,176.84
Spouse's earned income average	\$7,059.74
Pension	\$71.50
Social Security	\$2,291.00
Total	\$12,599.08²

MassHealth had determined that Appellant's income was 572.2% of the FPL.² According to the chart at 130 CMR 506.011(B)(2)(b), Appellant's base monthly premium would be \$372. Appellant has Medicare to which MassHealth does not contribute, and therefore he is entitled to only pay 70% of the base premium, or \$260.40, pursuant to 130 CMR 506.011(B)(2)(c). Accordingly, Appellant has not demonstrated that his premium was calculated in error.

This appeal is denied. If Appellant or his spouse's income is reduced in the future, or if the paystubs provided are higher than average, Appellant should submit additional paystubs to MassHealth for a new premium calculation.

Order for MassHealth

None.

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

² Monthly income of \$12,599.08 would be 715% of the FPL for a household of two in 2025. However, this hearing decision will not disturb MassHealth's more favorable calculation of Appellant's monthly income and FPL percentage, particularly because MassHealth may have received more paystubs than what was submitted at hearing.

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt 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

Premium Billing