

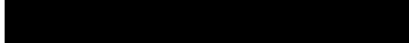
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517152
<b>Decision Date:</b>	02/12/2026	<b>Hearing Date:</b>	01/08/2026
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Eric Mattos, MEC; Louis Scibelli, Premium Billing Unit



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility – Under 65 - Income
<b>Decision Date:</b>	02/12/2026	<b>Hearing Date:</b>	01/08/2026
<b>MassHealth's Rep.:</b>	Eric Mattos, MEC; Louis Scibelli, Premium Billing Unit	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 11/13/2025, MassHealth informed the appellants, a married couple, are eligible for MassHealth CommonHealth benefits with an \$18.00 per month combined premium, with a benefit effective date of 06/01/2025 (Exhibit 1). The appellant filed this appeal timely on 11/19/2025 (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations); are valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellants, a married couple, are eligible for MassHealth CommonHealth benefits effective 06/01/2025 with an \$18.00 combined monthly premium.

### Issue

Did MassHealth correctly determine the appellants' eligibility for MassHealth programs?

## Summary of Evidence

The MassHealth representative from the MassHealth Enrollment Center testified that the appellants are a married couple living in the community. They have two adult children who live on their own and the children are not tax-dependents of the appellants. The appellants are counted as a household of two people for the purposes of MassHealth eligibility.

In August 2025, MassHealth sent the appellant a request for information about the couple's employment status and income. It was due on 09/04/2025. It was not received and MassHealth relied on data matches to confirm the couple's eligibility. On 10/27/2025, MassHealth informed the appellants that they were approved for MassHealth CommonHealth benefits. Based on the income obtained by MassHealth through a data match, the couple's monthly premium was calculated to be \$384.00 per month, starting on 11/01/2025.

On 11/23/2025, MassHealth received updated income information from the couple. They remained eligible for MassHealth CommonHealth benefits, but the monthly premium was reduced to \$18.00 combined, beginning on 11/01/2025.

The couple has income from the appellant husband's social security benefits totaling \$3,275.00 monthly. The appellants' income is 180.82% of the federal poverty level for a household of two people.

The representative from the Premium Billing Unit testified that the current monthly premium remains \$18.00. The couple currently has an unpaid balance of \$36.00.

The [REDACTED] appeared at the fair hearing telephonically.<sup>1</sup> She testified that since the beginning of 2025, she has been unable to be approved for benefits. She explained that she tries to comply with the MassHealth requests; however, because of many factors, she sometimes sends in the paperwork late.

The Hearing officer explained to the appellant that he has jurisdiction over the MassHealth actions, as noticed by a date within 60 days of the request for a hearing. In this case, the appellant's request for a hearing was received by the Board of Hearings on 11/19/2025. Therefore, the hearing officer has jurisdiction over the MassHealth notices between 09/19/2025 and 11/19/2025. Only one notice was produced by the parties – the approval notice dated 11/13/2025.

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<sup>1</sup> The appellants requested that the hearing be conducted virtually, through a video conferencing system. The appellants did not log on at the appointed time. The hearing officer then telephoned the appellants and the appellant wife agreed to proceed telephonically.

## **Findings of Fact**

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

1. The appellants are a married couple who live in the community. They are counted as a household of two people for the purposes of MassHealth eligibility.
2. Both appellants have been determined to be disabled.
3. In August 2025, MassHealth sent to the appellants a request for information about the couple's employment status and income. It was due on 09/04/2025.
4. MassHealth did not receive the requested income verification by the date it was due.
5. MassHealth relied on data matches to confirm the couple's income.
6. On 10/27/2025, MassHealth informed the appellants that they were approved for MassHealth CommonHealth benefits. Based on the income obtained by MassHealth through a data match, the couple's monthly premium was calculated to be \$384.00 per month, starting on 11/01/2025.
7. On 11/23/2025, MassHealth received updated income information from the couple.
8. They remained eligible for MassHealth CommonHealth benefits, but the monthly premium was reduced to \$18.00 combined, beginning on 11/01/2025.
9. The couple has income from the appellant husband's social security benefits totaling \$3,275.00 monthly.
10. The appellants' income is 180.82% of the federal poverty level for a household of two people.
11. The appellants have Medicare benefits; MassHealth is a supplemental insurance.
12. The couple currently has an unpaid balance of \$36.00 for the monthly CommonHealth premiums.

## **Analysis and Conclusions of Law**

Fair hearing regulations at 130 CMR 610.015 address time limits as follows:

(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits:

(1) **60 days after an applicant or member receives written notice from the MassHealth agency of the intended action.** Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing;

(2) unless waived by the BOH Director or his or her designee, 120 days from

(a) the date of application when the MassHealth agency fails to act on an application;

(b) the date of request for service when the MassHealth agency fails to act on such request;

(c) the date of MassHealth agency action when the MassHealth agency fails to send written notice of the action; or

(d) the date of the alleged coercive or otherwise improper conduct, but up to one year from the date of the conduct if the appellant files an affidavit with the BOH Director stating the following, and can establish the same at a hearing (failure to substantiate the allegation either before or at the hearing will be grounds for dismissal):

1. he or she did not know of the right to appeal, and reasonably believed that the problem was being resolved administratively or he or she was justifiably unaware of the conduct in question; and

2. the appeal was made in good faith.

(3) 30 days after a resident receives written notice of an intent to discharge or transfer pursuant to 130 CMR 610.029(A);

(4) 30 days after a nursing facility initiates a transfer or discharge or fails to readmit and fails to give the resident notice;

(5) 14 days after a resident receives written notice of an emergency intent to discharge or emergency transfer pursuant to 130 CMR 610.029(B);

(6) 14 days after a resident receives written notice of a transfer or discharge that is the result of a nursing facility's failure to readmit the resident following hospitalization or other medical leave of absence;

(7) for appeals of a decision reached by a managed care contractor:

(a) 120 days after the member's receipt of the managed care contractor's final internal appeal decision where the managed care contractor has reached a decision wholly or partially adverse to the member, provided however, that if the managed care contractor did not resolve the member's appeal within the time frames described by 130 CMR 508.010(A), 120 days after the date on which the time frame for resolving that appeal has expired;

(b) for timing of request for continuation of benefits pending appeal, see 130 CMR 610.036.

(8) for appeals of PASRR determinations, 30 days after an individual receives written notice of his or her PASRR determination. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing.

***(Emphasis added.)***

The parties produced one MassHealth notice that was issued within 60 days of the appellants' request for a fair hearing dated 11/19/2025. Thus, the 11/13/2025 notice approving the appellants for MassHealth CommonHealth benefits with a monthly premium of \$18.00, is the disputed action.

MassHealth regulations at 130 CMR 505.000 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*.

- (1) **Standard** - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance - for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-In and Buy-In - for certain Medicare beneficiaries.

***(Emphasis added.)***

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. The appellant is categorically eligible for MassHealth Standard and CommonHealth as someone who has been determined to be disabled. As appellant is categorically eligible, the next step is to determine financial eligibility which requires, pursuant to 130 CMR 506.007, that the MassHealth agency construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. For applicants or members who are categorically eligible for MassHealth Standard or CommonHealth due to their disability, MassHealth uses the MassHealth Disabled Adult household composition rules defined at 130 CMR 506.002(C) as:

- (1) the individual;
- (2) the individual's spouse if living with him or her;
- (3) the individual's natural, adopted, and stepchildren younger than 19 years old if living with him or her; and
- (4) if any woman described in 130 CMR 506.002(C)(1), (2), or (3) is pregnant, the number of expected children.

It is undisputed that the household size is two. The undisputed income from the appellant husband's social security benefits is \$3,275.00 per month. The income limit for MassHealth Standard is 133% of the federal poverty level which is determined by taking the modified adjusted gross income of the MassHealth Disabled Adult household (see 130 CMR 505.002(E)(1)(b)). 133% of the federal poverty level for a household size of two is equal to \$2,345.00. Therefore, appellants' income has to be less than or equal to \$2,345.00 to qualify for MassHealth Standard.

The next step is to determine appellant's modified adjusted gross income which is determined 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) (see 130 CMR 506.007). Regulation 130 CMR 506.003 which is below defines earned income, unearned income and deductions:

(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. The following are allowable deductions from countable income when determining MAGI:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses;
- (5) self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;
- (8) alimony paid to a former spouse;
- (9) individual retirement account (IRA);
- (10) student loan interest; and
- (11) higher education tuition and fees.

The appellant has not asserted that they have any of the above deductions. At the times relevant to this appeal, the appellant reported income to MassHealth as \$3,275.00 per month, which exceeds 133% of the FPL, \$2,345.00. MassHealth properly determined that the appellants are not financially eligible for MassHealth Standard benefits.

In order to establish eligibility for MassHealth CommonHealth as a disabled adult the appellant must either meet a one-time-deductible in accordance with 130 CMR 506.009 (130 CMR 505.004(C)(5)(a)) or provide verification that she works at least 40 hours per month. In this case, MassHealth had a record of the appellants' employment that met this requirement. Therefore,

MassHealth correctly determined that, based on the information it has in its system, the appellant is eligible for MassHealth CommonHealth benefits.

Regulations at 130 CMR 506.011(B)(2)(b) provide the formulas that the MassHealth agency uses to determine the monthly premiums for people who are receiving MassHealth CommonHealth, as follows:

The full premium formula for young adults with household income above 150 percent of the FPL, adults with household income above 150 percent of the FPL, and children with household income above 300 percent 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.

<b>(CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL)</b>		
<b>Base Premium</b>	<b>Additional Premium Cost</b>	<b>Range of Monthly Premium Cost</b>
<b><i>Above 150% FPL—start at \$15</i></b>	<b><i>Add \$5 for each additional 10% FPL until 200% FPL</i></b>	<b><i>\$15 - \$35</i></b>
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

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.

<b>CommonHealth Supplemental Premium Formula</b>	
<b>% of Federal Poverty Level (FPL)</b>	<b>Monthly Premium Cost</b>
<b><i>Above 150% to 200%</i></b>	<b><i>60% of full premium</i></b>
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

***(Emphasis added.)***

The appellants have not presented evidence that they meet the requirements of 130 CMR 506.011(J) as members who are exempted from paying premiums. Therefore, after receiving the couple's corrected income information on 11/13/2025, MassHealth correctly used the appellants' gross monthly countable income of \$3,275.00 and correctly determined that their income is 180.82% of the federal poverty level. Because the income level fell between 150% and 200% of the federal poverty level, MassHealth began the premium calculation at \$15.00 and added \$5.00 for each 10% of the FPL over 150% to calculate the full premium of \$30.00. Because the appellants have other health insurance as a primary insurer, her MassHealth CommonHealth premium is 60% of the full premium. MassHealth's calculation of a monthly premium of \$18.00 ( $\$30.00 \times 0.60$ ) is supported by the relevant facts in the hearing record and the MassHealth regulations. This appeal is therefore denied.

## **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 Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings



MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243  
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