

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2517825
<b>Decision Date:</b>	2/17/2026	<b>Hearing Date:</b>	01/13/2026
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Carmen Fabery, MassHealth Premium Billing  
Department; Sherianne Paiva, Taunton  
MassHealth Enrollment Center



*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>	Approved	<b>Issue:</b>	Community Eligibility; Under 65; CommonHealth; Premium Billing
<b>Decision Date:</b>	2/17/2026	<b>Hearing Date:</b>	01/13/2026
<b>MassHealth's Reps.:</b>	Carmen Fabery, Sherrienne Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (Taunton)	<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 October 29, 2025, MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$41.60 for November 2025. *See* 130 CMR 506.011(B)(2)(b) and Exhibit 1. The appellant filed this appeal in a timely manner on December 12, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging the calculation of a monthly premium is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the appellant for MassHealth CommonHealth benefits and imposed a monthly premium of \$41.60.

### Issue

The appeal issue is whether MassHealth correctly calculated the appellant's monthly premium.

## Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of two with her spouse. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center and a worker from the MassHealth Premium Billing. Department. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at the hearing:

The appellant is a verified disabled adult who has received MassHealth CommonHealth benefits on and off since at least 2014. Prior to the notice at issue, the appellant was approved for MassHealth CommonHealth with a monthly premium of \$18.00. Through a notice dated October 29, 2025, MassHealth increased that premium to \$41.60, effective November 2025. On December 3, 2025, MassHealth redetermined the appellant's premium to be \$26.00 and adjusted his billed premium for December 2025 onward. The appellant paid \$41.60 for November 2025, which was not adjusted by MassHealth. The parties agree that the appellant has a gross monthly income of \$1,527.00, while his spouse's bi-weekly gross income is \$1,000.00. This equals a total gross monthly income of \$3,694.00 for the household, which is approximately 204.59% of the federal poverty level based on 2025 MassHealth Income Standards.

The appellant is content with the \$26.00 monthly premium imposed for December 2025. Instead, he asks to be reimbursed for any overpayment from November 2025. He stated that his income remained the same throughout 2025.

## Findings of Fact

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

1. The appellant is a verified disabled adult under the age of 65 who resides in a household of two and is currently receiving MassHealth CommonHealth benefits. Testimony, Exhibit 1, Exhibit 4.
2. Prior to the notice at issue, the appellant had a monthly MassHealth premium of \$18.00. Testimony, Exhibit 5 at 5.
3. On October 29, 2025, MassHealth generated a notice that increased the appellant's monthly premium to \$41.60, effective November 2025. Exhibit 1.
4. The appellant filed a timely request for fair hearing on December 3, 2025. Exhibit 2.
5. On December 3, 2025, MassHealth issued a notice decreasing the appellant's monthly premium to \$26.00. This went into effect for January 2026, and MassHealth adjusted the appellant's December premium to reflect this amount. Testimony, Exhibit 5 at 5-7.

6. The appellant paid \$41.60 as his premium for November 2025. Testimony, Exhibit 5 at 5.

7. The appellant and his spouse have a combined total gross monthly income of \$3,694.00 for 2025, which is 204.59% of the federal poverty level for a household of two. Testimony.

## Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type for individuals under the age of 65. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. Among those coverage types is MassHealth CommonHealth, which is for “for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard...” 130 CMR 505.001(A)(2).

Individuals eligible for MassHealth CommonHealth may be assessed a monthly premium payment if their total household income exceeds certain limits. See 130 CMR 505.004(I). MassHealth determines an applicant’s modified adjusted gross income (MAGI) 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). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

(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.

(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.

....

(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.

Per 130 CMR 506.003(B) 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...[and] may include, but is not limited to, social security benefits, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.” Income deductions and Noncountable Household Income can be found at 130 CMR 506.003(D) and 506.004, respectively, but do not include Medicare or other health insurance payments.

As stated, *supra*, a monthly premium may be charged 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(B)(2)(b):

(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.

The regulation includes a formula for young adults and adults above 150% and children above 300% of the FPL. For a household whose income is between 200% and 400% of the FPL the base premium is \$40.00 per month and is increased by \$8 for every 10% of the FPL the household income exceeds. 130 CMR 506.011(B)(2)(b)(effective July 21, 2023).<sup>1</sup> Additionally, members who have health insurance “to which the MassHealth agency does not contribute” are eligible for a supplemental premium formula. *Id.* at 506.011(B)(2)(c). Any such individual whose income is between 200% and 400% of the federal poverty level will be expected to

---

<sup>1</sup> Effective January 2026, the MassHealth regulations were updated, changing the formula for the calculation of premiums for MassHealth members. See 130 CMR 506.011 (effective January 30, 2026). The regulations in effect at the time of the notice are what control for this appeal, but the appellant is advised that MassHealth may issue a new notice updating his premium for 2026.

contribute a monthly premium that is 65% of the full premium amount.

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.085(A). Furthermore, “[t]he effective date of any adjustments to the appellant’s eligibility status is the date on which all eligibility conditions were met, regardless of when the supporting evidence was submitted.” 130 CMR 610.071(A)(2).

In this case, the parties agree that the total gross monthly income of the appellant and his spouse is \$3,694.00, which is approximately 204.59% of the federal poverty level. The appellant credibly testified that this has been the couple’s income for the year. Therefore, based on the MassHealth regulations in effect at the time of the notice at issue, the appellant’s base premium is \$40.00. Because MassHealth adjusted that premium to \$26.00, which is 65% of \$40.00, on December 3, 2025, it can be reasonably inferred that the appellant utilizes other insurance to which MassHealth does not contribute and therefore qualifies for the supplemental formula to calculate his premium (though this was not specifically testified to at hearing). Furthermore, where the issuance of the October 29, 2025, notice was not prompted by an increase to the appellant’s income, and his income has remained the same this year, the appellant should have been assessed a premium of \$26.00 through that notice. I find, as a result, that the October 29, 2025, notice was issued in error, and the appellant should be reimbursed for the difference between the imposed premium and the correct premium.

For the foregoing reasons, the appeal is hereby approved.

## **Order for MassHealth**

Impose a monthly premium of \$26.00 for the month of November 2025 to the appellant's account. Reimburse him for the difference between the premium amount he paid in November 2025 and that premium, and waive any fees associated with reimbursement.

## **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.

---

Mariah Burns  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center

cc: MassHealth Premium Billing Department