

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512763
Decision Date:	11/10/2025	Hearing Date:	10/01/25
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:

Pro Se

MassHealth Representatives:

Raybryana Dasher, Taunton MEC; Karishma Raja, Premium Billing



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Premium for CommonHealth
Decision Date:	11/10/2025	Hearing Date:	10/01/25
MassHealth Reps.:	Raybryana Taunton Karishma Premium Billing	Dasher, MEC; Raja,	Appellant Rep.: Pro Se

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

A notice dated August 21, 2025 was sent to the appellant stating that MassHealth had increased his MassHealth CommonHealth monthly premium to \$41.60 (see 130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on September 2, 2025 (see 130 CMR 610.015 and Exhibit 2). Notice of the hearing was sent out on September 4, 2025 (Exhibit 3).

A dispute over the amount of assistance is grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth increased the appellant's MassHealth CommonHealth monthly premium to \$41.60.

Issue

Pursuant to 130 CMR 506.011, what is the appellant's CommonHealth correct premium amount?

Summary of Evidence

The MassHealth representative testified that the appellant's household consists of one person. The appellant has total monthly countable income of \$3,058.00 from Social Security, self-employment, and interest. He pays his own Medicare and claims private health insurance, but this was unverified. She stated that based upon the premium calculations the premium should be \$48.00, not the \$41.60 premium that the system has calculated (Exhibit 4).

The appellant did not dispute the monthly income that was attributed to his household. He referenced his latest federal tax return that was enclosed with his appeal. He pays \$620.00 in yearly self-employment tax and also pays \$3,244.00 annually for his own health insurance. He contended that he should have a lower monthly premium if he were allowed deductions for his self-employment tax and health insurance (Exhibit 2).

The Premium Billing representative testified that the appellant is current with the payments of his monthly premiums.

Findings of Fact

The record shows, and I so find:

1. The appellant is a household of one who pays his own Medicare insurance (Exhibit 4 & testimony).
2. His household's monthly income is \$3,058.00 (Exhibit 4 & testimony).
3. The appellant pays \$620.00 yearly or \$52.00 monthly in self-employment tax (Exhibit 2).
4. The appellant pays \$3,244.00 in health insurance yearly (Exhibit 2).
5. The appellant's MassHealth CommonHealth monthly premium was assessed at \$41.60 (Exhibit 1).
6. I take notice that the monthly federal poverty level for one person is \$1,305.00.

Analysis and Conclusions of Law

The appellant’s modified adjusted gross income (MAGI) is determined by taking the countable income less deductions described in 130 CMR 506.003(D) (see 130 CMR 506.007).

(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 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.

130 CMR 506.011(H) provides the formulas that the MassHealth agency uses to determine the monthly CommonHealth premium for which CommonHealth members and certain MassHealth Family Assistance members who are HIV positive are responsible.

(1) Full Premium Formula. Full payment is required of members who have no health insurance and of members for whom the agency MassHealth is paying a portion of their health-insurance premium. The full premium formula is provided below.

FULL PREMIUM FORMULA		
Base Premium	Additional Premium Cost	Range of 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	\$40 — \$192

	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

(2) Supplemental Premium Formula. A lower supplemental payment is required of members who have health insurance to which the MassHealth agency does not contribute. The supplemental premium formula is provided below.

SUPPLEMENTAL PREMIUM FORMULA	
% of Federal Poverty Level (FPL)	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

In the instant case, I have found that the appellant is a household of one with other health insurance. His monthly income is \$3,058.00. In accordance with the allowable MAGI deductions cited above, he is entitled to a \$52.00 monthly deduction for self-employment tax. The MAGI deductions do not account for health insurance.

The appellant's net countable monthly income is \$3,006.00. Where the federal poverty level for one person is \$1,305.00 the appellant's income is 230% of this figure.

According to top chart outlined above, the full premium for an individual with the appellant's income is \$64.00. However, because the appellant has other health insurance that he pays for, he is responsible for the supplemental premium in the bottom chart, which is 65% of his full premium. 65% of \$64.00 is \$41.60. This is the monthly premium amount that MassHealth determined in the appellant's case.

The 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC

Maximus Premium Billing
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