

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513217
Decision Date:	1/5/2026	Hearing Date:	10/14/2025
Hearing Officer:	Emily Sabo	Record Open to:	11/12/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Liz Nickoson, Taunton MEC; Karishma Raja,
Maximus 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—under 65; Premium Billing
Decision Date:	1/5/2026	Hearing Date:	10/14/2025
MassHealth's Reps.:	Liz Nickoson, Karishma Raja	Appellant's Rep.:	Pro se
Hearing Location:	Taunton Enrollment Center (Telephone)	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 September 3, 2025, MassHealth approved the Appellant for MassHealth CommonHealth with a monthly premium of \$176.00. Exhibit 1. The Appellant filed this appeal in a timely manner on September 11, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth CommonHealth with a monthly premium of \$176.00.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the Appellant owed a \$176.00 monthly premium.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by an eligibility specialist and a Premium Billing specialist. The MassHealth eligibility specialist testified that the Appellant is an adult between the ages of 21-64, is a tax filer, has a verified disability, and has a household size of one. The MassHealth representative testified that the Appellant's income is \$60,000.00 annually, which equals 378.39% of the 2025 federal poverty level. The MassHealth representative testified that, based on his income, the Appellant's CommonHealth premium is \$176.00 monthly. The MassHealth representative testified that the Appellant had paid his past due CommonHealth premiums on September 3, 2025.

The Appellant verified his identity. The Appellant explained that he had also received a letter from MassHealth directing him to enroll in employer-sponsored insurance if he wanted to continue to receive MassHealth. The Appellant explained that he was concerned about how much enrolling in employer-sponsored insurance, plus his CommonHealth premium, would actually cost him. The Appellant explained that he is currently paid \$248.00 per week for "health and welfare" payments, and if he enrolls in employer-sponsored insurance, that those payments would go to zero, and that he would additionally have to pay \$75.00-100.00 per week for the employer-sponsored insurance, in addition to his CommonHealth premium. The Appellant submitted part of his pay statement. Exhibit 6.

The record was held open until October 28, 2025, for the Appellant to submit a complete copy of his most recent pay statement. Exhibit 7. The record was held open until November 12, 2025, for MassHealth's response.¹ *Id.* The MassHealth representative responded that MassHealth did not receive a recent, complete pay statement from the Appellant. Exhibit 8.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64. Testimony, Exhibit 4.
2. The Appellant is a tax filer, has a verified disability, and a household size of one. Testimony.
3. The Appellant's income is 378.39% of the 2025 federal poverty level. Testimony, Exhibit 1.
4. On September 3, 2025, MassHealth notified the Appellant that he was approved for MassHealth CommonHealth with a monthly premium of \$176.00. Exhibit 1.

¹ While not directly related to the notice on appeal, the hearing officer also included the Premium Assistance representatives on the record open email to answer the Appellant's questions about the costs associated with enrolling in his employer-sponsored insurance. Exhibit 7.

5. The Appellant filed a timely appeal with the Board of Hearings on September 11, 2025. Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 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 premiums 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).

....

(B) MassHealth and Children’s Medical Security Plan (CMSP) Premium Formulas.

....

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

\$40	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

Here, because the Appellant’s income is greater than 150% of the federal poverty level, it is appropriate that MassHealth charge him a premium as part of his CommonHealth enrollment. 130 CMR 506.011. Following the formula provided, because the Appellant’s income is 378.39% of the federal poverty level, his premium starts at \$40.00 and then is ($\$8.00 \times 17 = \136.00) for a total of \$176.00. 130 CMR 506.011(B)(2)(b). Accordingly, MassHealth did not err in its calculation of a premium in the September 3, 2025 notice, and the appeal is denied.

If the Appellant has questions about the Premium Assistance program, he can also contact MassHealth Premium Assistance at 1-800-862-4840.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

cc: Maximus Premium Billing