

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2515124
<b>Decision Date:</b>	1/7/2026	<b>Hearing Date:</b>	11/18/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Sherianne Paiva, Taunton MEC; Karishma Raja,  
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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility—under 65; Income; Premium Billing
<b>Decision Date:</b>	1/7/2026	<b>Hearing Date:</b>	11/18/2025
<b>MassHealth's Reps.:</b>	Sherrienne Paiva; Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center (Telephone)	<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 1, 2025, MassHealth notified the Appellant that her MassHealth coverage was changing from Standard to CommonHealth with \$48.00 monthly premium starting in November 2025. 130 CMR 505.002(E) and Exhibit 1. The Appellant filed this appeal in a timely manner on October 16, 2025. 130 CMR 610.015(B) and Exhibit 2. Reduction of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth determined that the Appellant is eligible for MassHealth CommonHealth with a monthly premium of \$48.00, starting in November 2025.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(E) and 130 CMR 506.011(B)(2)(b), in determining that the Appellant is not financially eligible for MassHealth Standard and determining that the Appellant owes a monthly CommonHealth premium of \$48.00.

## Summary of Evidence

The hearing was held telephonically. MassHealth was represented by an eligibility specialist and a premium billing representative, who testified as follows: the Appellant is an adult between the ages of 21-64 and has a household size of two. The Appellant is a tax filer and her household includes herself and her [REDACTED]-year-old child. The Appellant has a federally verified disability. The Appellant's gross monthly income is \$3,835.00, which equals 212.59% of the federal poverty level for a household of two in 2025. The MassHealth representative explained that because the Appellant's income is greater than 133% of the federal poverty level, that she is not eligible for MassHealth Standard. The MassHealth representative also explained that because the Appellant's income is greater than 150% of the federal poverty level, MassHealth may charge her a CommonHealth premium. The MassHealth representative testified that the Appellant's income comes from Social Security and based on that, she owes a \$48.00 monthly premium. The premium billing representative testified that the Appellant could apply for a hardship waiver, which may be granted if she can show proof that she is behind on her mortgage or has received a utilities shut-off notice.

The Appellant verified her identity. The Appellant agreed that her gross monthly income is \$3,835.00 but explained that her expenses are so high that she is trying to spread her income around to cover her mortgage, condominium fees, and a loan for a furnace replacement. The Appellant testified that her expenses exceed her income and that she rotates what bills she pays. The Appellant testified that she did not expect to be in this position but that when she got [REDACTED] she lost her job.

## 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 and Exhibit 4.
2. The Appellant has a household size of two made up of herself and her [REDACTED]-year-old child. Testimony.
3. The Appellant has a monthly income of \$3,835.00. Testimony.
4. The Appellant's monthly income, for a household of two, equals 212.59% of the federal poverty level for 2025. Testimony.

5. On October 1, 2025, MassHealth notified the Appellant that her benefit was changing from Standard to CommonHealth, and that beginning in November 2025, she would have a \$48.00/month premium. Exhibit 1.
6. On October 16, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
7. The Appellant has a federally verified disability. Testimony.

## Analysis and Conclusions of Law

MassHealth regulations provide:

### 130 CMR 505.002: MassHealth Standard

...

#### (E) Disabled Individuals.

(1) Disabled Adults. A disabled adult 21 through 64 years old or a disabled young adult 19 through 20 years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1. is eligible for MassHealth Standard coverage if they meet the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: *Definition of Terms*;

(b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): *MassHealth Disabled Adult Household* is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under section 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: *Pickle Amendment Cases*;

(c) the individual is 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*; and

(d) the individual complies with 130 CMR 505.002(M).

(2) Determination of Disability. Disability is established by

(a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);

(b) a determination of disability by the SSA; or

(c) a determination of disability by the Disability Evaluation Services (DES).

(3) Extended MassHealth Eligibility. Disabled persons whose SSI disability assistance has been terminated and who are determined to be potentially eligible for MassHealth continue to receive MassHealth Standard until the MassHealth agency makes a determination of ineligibility.

MassHealth may charge a monthly premium to MassHealth Standard, CommonHealth, or Family Assistance members who have income above 150 % of the federal poverty level, as provided in 130

CMR 506.011. Specifically, 130 CMR 506.011(B)(2), provides the following formula for CommonHealth members:

(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.

<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>
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

Regarding the Appellant’s eligibility, because her income exceeds 133% of the federal poverty level for 2025, she is not eligible for MassHealth Standard. 130 CMR 505.002(E)(1)(b). Here, the Appellant’s monthly income is 212.59% of the federal poverty level for a household of two in 2025. Accordingly, using the calculation provided by 130 CMR 506.011(B)(2), the full premium amount is  $\$40 + (\$8 \times 1) = \$48.00$ . Therefore, MassHealth did not err in calculating the Appellant’s CommonHealth premium at \$48.00/monthly, and the appeal is denied.<sup>1</sup>

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<sup>1</sup> I am sorry for the Appellant’s situation. As discussed at the hearing, the Appellant may wish to request a hardship waiver regarding her CommonHealth premium under 130 CMR 506.011(G). Otherwise MassHealth may terminate a member’s eligibility for benefits if a premium bill is not paid within 60 days. If the Appellant receives a termination notice,

## 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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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: MassHealth Representative: Maximus Premium Billing, Attn: Karishma Raja, 1 Enterprise Drive, Suite 310, Quincy, MA 02169

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she has the right to file an appeal of that notice with the Board of Hearings.