

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2515282
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	11/18/2025
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	12/2/2025

**Appearance for Appellant:**

Pro se

**Appearances for MassHealth:**

Sherianne Paiva, Taunton MEC; Carmen Fabery, 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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	1/27/2026	<b>Hearing Date:</b>	11/18/2025
<b>MassHealth's Reps.:</b>	Sherrienne Paiva, Carmen Fabery	<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 September 16, 2025, MassHealth approved the Appellant for MassHealth CommonHealth with a \$62.40/month premium starting in October 2025. 130 CMR 506.011 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 20, 2025. 130 CMR 610.015(B) and Exhibit 2. MassHealth determinations regarding scope and amount of assistance are valid grounds for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth CommonHealth with a \$62.40/month premium starting in October 2025.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the Appellant owes a \$62.40/month CommonHealth 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, who has a household size of three, consisting of the Appellant, her spouse, and her minor child. The MassHealth eligibility specialist testified that the Appellant's household income is 272.33% of the 2025 federal poverty level for a household of three. The MassHealth eligibility specialist testified that the Appellant has a verified disability and is eligible for CommonHealth. She testified that the Appellant's child is eligible for MassHealth Family Assistance and that the Appellant's spouse is eligible for a Connector Care plan. The MassHealth eligibility specialist testified that the \$62.40 monthly premium covers both the Appellant and her child.

The MassHealth premium billing specialist testified that because the Appellant's spouse is enrolled in an insurance plan through the Health Connector with an advanced premium tax credit, the Appellant's premiums are waived. The MassHealth premium billing specialist testified that invoices for the Appellant's CommonHealth \$62.40 premium are not being sent out and that no balance is due on the Appellant's account. *See also* Exhibit 5. The MassHealth premium billing specialist testified that this was based on regulation 130 CMR 506.011(J)(4).

The Appellant verified her identity. The Appellant testified that her spouse's income had changed and that she was concerned that MassHealth no longer covered her Medicare Part B premium, which meant that she received \$185.00 less per month in Social Security benefits. The record was held open until November 25, 2025, for the Appellant to submit proof of the current household income and until December 2, 2025, for MassHealth's response. Exhibit 6. The Hearing Officer did not receive further information from either party.

## **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 has a verified disability and is eligible for MassHealth CommonHealth. Testimony, Exhibit 1.
3. The Appellant has a household size of three, including her spouse and minor child. Testimony.
4. The Appellant's child is eligible for MassHealth Family Assistance and the Appellant's spouse is eligible for a Connector Care plan. Testimony.
5. The Appellant's household income is 272.33% of the 2025 federal poverty level for a household of three. Testimony.

6. On September 16, 2025, MassHealth approved the Appellant for MassHealth CommonHealth with a \$62.40/month premium starting in October 2025. Exhibit 1.
7. On October 20, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
8. The MassHealth premium billing specialist testified that the Appellant's \$62.40/month CommonHealth premium is waived, because the Appellant's spouse is enrolled in an insurance plan through the Health Connector with an advanced premium tax credit. The Appellant does not have a balance due with premium billing. Testimony, Exhibit 5.

## **Analysis and Conclusions of Law**

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.

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).

#### (A) Premium Billing Family Groups.

(1) Premium formula calculations for MassHealth and CMSP premiums are based on premium billing family groups (PBF). A PBF is comprised of

- (a) an individual;
- (b) a couple who are two persons married to each other according to the rules of the Commonwealth of Massachusetts and are living together; or
- (c) a family who live together and consist of
  1. a child or children younger than 19 years old, any of their children, and their parents;

- 2. siblings younger than 19 years old and any of their children who live together, even if no adult parent or caretaker is living in the home; or
- 3. a child or children younger than 19 years old, any of their children, and their caretaker relative when no parent is living in the home.

(2) A child who is absent from the home to attend school is considered as living in the home.

(3) A parent may be natural, adoptive, or a stepparent. Two parents are members of the same PBFPG as long as they are mutually responsible for one or more children who live with them.

(4) In a family with more than one child, any child with a MAGI household income that does not exceed 300% FPL will have its premium liability determined based on the MAGI household income of the child in the family PBFPG with the lowest percentage of the FPL. If a child in the PBFPG has an income percentage of the FPL at or below 150% of the FPL, premiums for all children in the PBFPG are waived.

(5) MassHealth and CMSP premiums for children with a MassHealth MAGI household income greater than 300% of the FPL and all premiums for young adults and adults are calculated using the individual’s FPL and the corresponding premium amount as described in 130 CMR 506.011.

(6) For individuals within a PBFPG that is approved for more than one premium billing coverage type, except where application of 130 CMR 506.011(A)(4) will result in a lower premium for children in the PBFPG, the following apply.

(a) When the PBFPG contains members in more than one coverage type or program, including CMSP, and who are responsible for a premium or required member contribution, the PBFPG is responsible for only the higher premium or required member contribution.

(b) When the PBFPG includes a parent or caretaker relative who is paying a premium for and is receiving Qualified Health Plan (QHP) with Premium Tax Credits, the premiums for children in the PBFPG are waived once the parent or caretaker relative enrolls in and pays for a QHP.

....  
(B)(2)

(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><i>Base Premium</i></b>	<b><i>Additional Premium Cost</i></b>	<b><i>Range of Monthly Premium Cost</i></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

(c) 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>
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

....

(J) Members Exempted from Premium Payment. The following members are exempt from premium payments:

- (1) MassHealth members who have verified that they are American Indians or Alaska Natives who have received or are eligible to receive an item or service furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law;
- (2) MassHealth members with MassHealth MAGI household income or MassHealth Disabled

- Adult household income at or below 150% of the federal poverty level;
- (3) pregnant individuals and children younger than one year old;
  - (4) children when a parent or guardian in the PBFG is eligible for a Qualified Health Plan (QHP) with Premium Tax Credits (PTC) who has enrolled in and has begun paying for a QHP;
  - (5) children for whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age;
  - (6) individuals receiving hospice care;
  - (7) independent former foster care children younger than 26 years old; and
  - (8) members who have accumulated premium and copayment charges totaling an amount equal to 5% of the member's MAGI income of the MassHealth MAGI household or the MassHealth Disabled Adult household, as applicable, in a given calendar quarter do not have to pay further MassHealth premiums during the quarter in which the member reached the 5% cap.

Based on the income information that MassHealth testified to at hearing, \$62.40 is the correct supplemental premium under 130 CMR 506.011(B)(2)(c).<sup>1</sup> Here, during the hearing, the MassHealth premium billing specialist testified that because the Appellant's spouse is enrolled in an insurance plan through the Health Connector with an advanced premium tax credit, the Appellant's CommonHealth premium is waived and she does not have a balance due with premium billing. Therefore, based on MassHealth's testimony at hearing, the appeal is approved. Exhibit 5; 130 CMR 506.011(J)(4).<sup>2</sup>

## Order for MassHealth

None.

## 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

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<sup>1</sup> These premiums are scheduled to increase January 30, 2026. See Eligibility Operations Memo 25-18 (December 2025) and 130 CMR 506.000 et seq. (revised 1/30/2026).

<sup>2</sup> I do note that regulation 130 CMR 506.011(J)(4) states, with regard to exemptions for paying premiums, "*children* when a parent or guardian in the PBFG is eligible for a Qualified Health Plan (QHP) with Premium Tax Credits (PTC) who has enrolled in and has begun paying for a QHP;" it does not refer to disabled adults. 130 CMR 506.011(J)(4) (emphasis added).

on the first page 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