

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part	<b>Appeal Number:</b>	2515403
<b>Decision Date:</b>	1/13/2026	<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>	Approved in part	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	1/13/2026	<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 September 12, 2025, MassHealth notified the Appellant that he was approved for MassHealth CommonHealth with \$41.60 monthly premium starting in October 2025. 130 CMR 505.002(E) 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 determined that the Appellant is eligible for MassHealth CommonHealth with a monthly premium of \$41.60, 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 monthly CommonHealth premium of \$41.60.

## 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 one. Based on an update to his income on November 4, 2025, the Appellant's gross monthly income is \$2,394.72, and the source of his income is Social Security and wages from a job. The MassHealth representative testified that the Appellant's income is 178.62% of the 2025 federal poverty level, and that his CommonHealth premium was adjusted to \$15.00 per month. The MassHealth representative testified that Appellant has a verified disability and is a Medicare member. The MassHealth representative explained that MassHealth assesses a premium for CommonHealth members whose countable incomes are greater than 150% of the federal poverty level. The MassHealth representative testified that the Appellant should update MassHealth if his job ends.

The Appellant verified his identity. The Appellant testified that the work he performs is part-time and that his overall job would end before Christmas. The Appellant testified that he also has rent, utility, and child support payments that make his financial situation challenging.

## **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 one. Testimony.
3. The Appellant has a monthly income of \$2,394.72. Testimony.
4. The Appellant's monthly income, for a household of one, equals 178.62% of the federal poverty level for 2025. Testimony.
5. On September 12, 2025, MassHealth notified the Appellant that he was approved for MassHealth CommonHealth, and that beginning in October 2025, he would have a \$41.60/month premium. Exhibit 1.
6. On October 20, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
7. The Appellant has a verified disability. Testimony.
8. At the hearing, MassHealth testified that the Appellant's CommonHealth premium has been adjusted to \$15.00 per month. Testimony.

9. The Appellant is a Medicare member. Testimony.

## 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. 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><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

Here the Appellant's income is 178.62% of the 2025 federal poverty level for a household of one. Accordingly, because the Appellant has other insurance, Medicare, using the supplemental premium formula the Appellant's CommonHealth premium is \$15.00. ( $\$15.00 + (\$5 \times 2 = \$10.00) = \$25.00 \times 60\% = \$15.00$ ). 130 CMR 506.011(B)(2)(c). Accordingly, MassHealth correctly calculated the Appellant's premium, based on its testimony at the hearing; though the \$41.60 premium as stated in the September 12, 2025 notice is incorrect. Therefore, the appeal is approved in part.<sup>1</sup>

## **Order for MassHealth**

If MassHealth has not already done so, update the Appellant's record to reflect that his CommonHealth premium is \$15.00 per month, retroactive to November 2025.

## **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

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<sup>1</sup> As discussed at the hearing, if the Appellant's employment ends he should update MassHealth. Without his other job income, his overall income may be below 150% of the federal poverty level and he will not be charged a premium. He may also request a hardship waiver under 130 CMR 506.011(G).

Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

## **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.

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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