

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part: Denied in Part	Appeal Number:	2303908
Decision Date:	6/22/2023	Hearing Date:	06/12/23
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:



MassHealth Representatives:

Monica Ramirez, Quincy 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:	Approved in Part: Denied in Part	Issue:	MassHealth Premium
Decision Date:	6/22/2023	Hearing Date:	06/12/23
MassHealth Reps.:	Monica Ramirez, Quincy MEC; Karishma Raja, Premium Billing	Appellant Rep.:	Father

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 04/14/23 was sent to the appellant stating that MassHealth would raise his son's MassHealth CommonHealth premium starting in June 2023 due to the end of the COVID-19 public health emergency (see 130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on 05/11/23 (see 130 CMR 610.015 and Exhibit 2).

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

Action Taken by MassHealth

MassHealth raised the appellant's son's MassHealth CommonHealth premium starting in June 2023 to \$673.60 due to the end of the COVID-19 public health emergency.

Issue

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

Summary of Evidence

With regard to the announced increase of the appellant's CommonHealth premium for his son, the Premium Billing representative testified that the appellant was approved for CommonHealth beginning October 2, 2022, and was assessed a MassHealth CommonHealth premium of \$673.00 beginning January 2023. The premium was waived through May 2023 due to the COVID-19 public health emergency which was in effect up until that time. The appellant has been billed for the month of June 2023 and there is a current balance of \$673.60 on his account (Exhibit 3).

The MassHealth Quincy MEC representative testified that the appellant's income was determined to be 1058% of the federal poverty level and was based upon 85% of the premium schedule because the appellant has supplemental insurance. She testified that the appellant has annual income of \$175,000.00 and his spouse has income of \$88,000.00. The combined yearly income is \$263,000.00.

The appellant did not dispute MassHealth's calculation of gross annual income. He clarified that the household has four members, two adults and two children. He testified that the basis of his appeal was that his son has returned to the community after being in a residential program and that he does not know how much he will need to access his CommonHealth benefits. He also objected to the premium amount because he has a lot of out-of-pocket expenses with his primary insurance.

According to the 2023 Federal Register, 100% of the federal poverty level for a family of four is \$30,000.00 annually (Exhibit 4).

Findings of Fact

The record shows, and I so find:

1. The appellant has a household of four with supplemental health insurance (Exhibits 1 & 3).
2. His household's gross annual income consists of \$263,000.00 in earnings (testimony).
3. The appellant was approved for CommonHealth beginning October 2, 2022, and was assessed a MassHealth CommonHealth premium of \$673.00 beginning January 2023 (Exhibit 3)
4. The appellant's premium was waived through May 2023 due to the COVID-19 public health emergency which was in effect up until that time (Exhibit 3).
5. According to the 2023 Federal Register, 100% of the federal poverty level for a family of four is \$30,000.00 annually (Exhibit 4).

Analysis and Conclusions of Law

130 CMR 506.011(H) provides the formulas that the MassHealth 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 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 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

(2) Supplemental Premium Formula. A lower supplemental payment is required of members who have health insurance to which the MassHealth 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, the appellant was approved for CommonHealth beginning October 2, 2022, and was assessed a MassHealth CommonHealth premium of \$673.00 beginning January 2023. The appellant's premium was waived through May 2023 due to the COVID-19 public health emergency which was in effect up until that time. The appellant is now appealing his June 2023 premium.

I have found that the appellant is a household of four, with a gross annual income of \$263,000.00. Where I have also found that 100% of the federal poverty level for a family of four is \$30,000.00 annually, the appellant's income is 877% of the federal poverty level. (Exhibit 4).

According to the CommonHealth premium schedule at 130 CMR 506.011(H) households of four with supplemental insurance with income between 800%-1000% of the federal poverty level pay 80% of a full premium. The premium schedule indicates a full monthly premium of \$758.00 (\$646.00 + \$112.00). The appellant's supplemental premium is 80% of \$758.00 or \$606.40 monthly. This is slightly lower than the premium established by the MassHealth.

The appeal is therefore approved in part due to the slightly lower premium and denied in part in that the premium does not consider the cost of primary insurance or the usage of the benefit.

Order for MassHealth

Revise appellant's monthly premium to \$606.40 beginning June 2023.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact your local office. 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Maximus Premium Billing
Attn: Karishma Raja
200 Newport Ave., 2nd Fl.
Quincy, MA 02171

Quincy MEC