

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Appeal Number:</b>	2308740
<b>Decision Date:</b>	11/27/2023	<b>Hearing Date:</b>	10/23/2023
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Harry Giang, Charlestown MassHealth  
Enrollment Center, 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

<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Issue:</b>	Under 65; CommonHealth; Premium
<b>Decision Date:</b>	11/27/2023	<b>Hearing Date:</b>	10/23/2023
<b>MassHealth's Rep.:</b>	Karishma Raja et. al.	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 14, 2023, MassHealth approved the appellant for MassHealth CommonHealth benefits and assessed a monthly premium of \$239.40. *See* 130 CMR 506.011(B) and Exhibit 1. The appellant filed this appeal in a timely manner on September 22, 2023. *See* 130 CMR 610.015(B) and Exhibit 2. Challenging scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth imposed a monthly premium of \$239.40 on the appellant's CommonHealth benefit.

### Issue

The appeal issue is whether MassHealth correctly calculated the appellant's monthly premium.

### Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of 2 with her adult

spouse. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center and a worker from Maximus Premium Billing. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at hearing:

MassHealth calculated the appellant's household income to be \$108,943.00 annually, which equates to \$9077.76 monthly, or 547% of the federal poverty level (FPL). Based on that, the appellant was assessed a monthly premium of \$239.40. On October 4, 2023, the appellant's benefits were terminated due to a failure to pay past due premiums for June, July, August, and September of 2023. The appellant agreed to be placed on a monthly payment plan to repay the past due premiums, and the MassHealth representative from Premium Billing was able to reinstate the appellant's benefits.

The appellant filed the request for fair hearing to challenge the premium amount. She reported a monthly income of approximately \$7778.00, or 473.31% of the FPL, which included her Social Security payments, part-time work, and her spouses' monthly income. Some confusion lay with whether the spouse's retirement pension is a current source of income, which the appellant reported is not. During the hearing, MassHealth indicated that the appellant's recalculated premium is now \$183.40 and adjusted the past due premiums to reflect the change accordingly. The appellant was not satisfied with this reduction in premium and asked the hearing officer to conduct her own calculation of her premium according to the regulations. The hearing officer reported an intention to do so and would order the appellant to be assessed the lower of the premium calculations.

## **Findings of Fact**

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

1. The appellant is an adult under the age of 65 who resides in a household of two. Testimony, Exhibit 4.
2. On September 14, 2023, MassHealth determined that the appellant is eligible for MassHealth CommonHealth benefits with a monthly premium of \$239.40. Exhibit 1. On October 4, 2023, the appellant's benefits were terminated for past due premiums for the months of June, July, August and September of 2023. Exhibit 5 at 5, Testimony.
3. The appellant's household income was calculated to be 547.40% of the FPL. Exhibit 1. Testimony.
4. The appellant filed a timely request for fair hearing on September 22, 2023. Exhibit 2.
5. At hearing, the appellant's monthly household income was recalculated to be \$7778.00,

which equates to 473.31% of the FPL. Testimony.

6. MassHealth recalculated the appellant's premium to be assessed at \$183.40 and her past due premium balance was adjusted accordingly. Testimony.

7. The appellant agreed to a payment plan for the past due premium balance, which led MassHealth to reinstate her benefits. Testimony.

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 505.004(C), disabled adults between the ages of 18 and 64 may be eligible for MassHealth CommonHealth if they are permanently and totally disabled, as defined in 130 CMR 501.001, ineligible for MassHealth Standard; and be a citizen as described at 130 CMR 504.003. Here, the appellant met the criteria established and was deemed eligible for CommonHealth coverage.

Individuals eligible for MassHealth CommonHealth may be assessed a premium if they exceed certain income limits. See 130 CMR 505.004(I). That premium may be charged 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(B)(2)(b).

(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.

The regulation includes a formula for young adults and adults above 150% and children above 300% of the FPL. This formula would apply in this instance because the appellant's household income as calculated at the hearing is approximately \$7778.00, or 473.31% of the federal poverty level for a household of two. For households whose income exceeds 400%, the base premium is \$202.00 per month and is increased for every 10% of the FPL the household income exceeds.

At the hearing, the MassHealth representatives indicated that, based on the appellant's testimony, her premium was recalculated from \$239.40 to \$183.40. As the evidence before me shows that the appellant's premium should be at least \$202.00, I find that the appellant shall be given the benefit of the lesser premium calculation. The appellant shall be assessed a premium of \$183.00 month based on the reported household income. Because the appellant's premium is adjusted, but not to the desired extent, this appeal is APPROVED in part and DENIED in part.

## **Order for MassHealth**

If not already done so, assess a monthly premium of \$183.40 and adjust the appellant's past due premiums to reflect that amount.

## **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 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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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

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