

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309435
Decision Date:	3/22/2024	Hearing Dates:	11/10/2023; 01/23/2024
Hearing Officer:	Scott Bernard	Record Open to:	01/23/2024

Appearance for Appellant:

Pro se via telephone (11/10/2023 only)

Appearance for MassHealth:

Nancy Derisma (Charlestown MEC) *via* telephone (11/10/2023 only)

Karishma Raja (Premium Billing) *via* telephone

Carmen Fabery (Observer) *via* telephone (11/10/2023 only)

Jacob Sommer (Charlestown MEC) *via* telephone (01/23/2024 only)



*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

Appeal Decision:	Denied	Issue:	CommonHealth/Premium
Decision Date:	3/22/2024	Hearing Dates:	11/10/2023; 01/23/2024
MassHealth's Rep.:	Nancy Derisma; Karishma Raja	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Charlestown MassHealth Enrollment Center		

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 25, 2023, MassHealth informed the appellant that effective June 27, 2023 he was eligible for MassHealth CommonHealth with a monthly premium of \$9.00. (See 130 CMR 505.004 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on October 6, 2023. (See 130 CMR 610.015(B) and Ex. 2). A MassHealth determination that the appellant is required to pay a premium in order to receive coverage is valid grounds for appeal. (See 130 CMR 610.032).

Subsequent to the close of the hearing on November 10, 2023, the hearing was reopened by the hearing officer in accordance with 130 CMR 610.081 so that hearing officer could ask the appellant further questions. The Board of Hearings scheduled the continued hearing for January 23, 2024, and sent the parties notice on January 4, 2024. (Ex. 7). As the appellant did not make himself available on January 23, 2024, the hearing record closed without the addition of further evidence to the record.

Action Taken by MassHealth

MassHealth approved the appellant for CommonHealth with a monthly premium of \$9.00.

Issue

The appeal issue is whether MassHealth correctly determined that the appellant was required to pay a monthly premium and whether MassHealth correctly calculated the amount of that premium.

Summary of Evidence

A worker from Charlestown MassHealth Enrollment Center (MEC) (the MassHealth representative), a MassHealth Premium Billing Research Specialist (the Premium Billing representative), and the appellant attended the hearing by telephone.

The MassHealth representative testified to the following: The appellant is a disabled individual 21 through 64 years old. (Testimony; Ex. 3). The appellant has a household of one. (Testimony; Ex. 1). The appellant receives Medicare, and MassHealth does not contribute towards paying his Medicare premium. (Testimony). On September 25, 2023, the appellant contacted MassHealth and reported that his monthly Social Security income had changed to \$2,000.01 per month. (Testimony). The MassHealth representative stated that this amount was equal to 164.61%¹ of the federal poverty level (FPL). (Testimony). The MassHealth representative stated the appellant's income level exceeded the income limit for MassHealth Standard for a household of one, which is 133% of the FPL or \$1,616 per month at the time of the notice on appeal (Testimony). MassHealth determined that the appellant was no longer financially eligible for MassHealth Standard (Testimony). MassHealth further determined that because the appellant was disabled, he was categorically eligible for MassHealth CommonHealth (Testimony). Unlike MassHealth Standard, there is no income limit for MassHealth CommonHealth for disabled adults under age 65, however a premium is calculated based on income. (Testimony). Based on the appellant's income, MassHealth calculated a monthly premium of \$9.00 for CommonHealth coverage (Testimony; Ex. 1). MassHealth notified the appellant of this change in a notice dated September 25, 2023. (Testimony; Ex. 1; Ex. 5, p. 9). The notice states that the calculation of the premium was based on the appellant's countable income level being equal to 159.61% of the FPL. (Testimony; Ex. 1; Ex. 5, p. 9).

The Premium Billing representative testified to the following. MassHealth determined the

¹ The MassHealth representative did not state the correct FPL determination here. MassHealth subtracts five percentage points from of the appellant's current FPL before determining an individual's eligibility. (See 130 CMR 506.007(A)(3)). Thus, the correct figure would have been 159.16% of the FPL, which is what is stated in the notice under appeal. (Ex. 1).

appellant was eligible for MassHealth CommonHealth and he was approved in a notice dated September 25, 2023 with a \$9.00 monthly premium starting in October 2023. (Testimony; Ex. 1; Ex. 5, pp. 7-9). MassHealth had previously downgraded the appellant from MassHealth Standard to CommonHealth and informed the appellant of this change in a notice dated July 7, 2023. (Testimony; Ex. 5, pp. 10-12). In that notice, MassHealth informed the appellant that his reported income, which was equal to 1,647% of the FPL, exceeded the income limit for MassHealth Standard for a household of one. (Testimony; Ex. 5, pp. 10-12). The notice also informed the appellant that he would be required to pay a monthly premium of \$1,659.20, based on his income level. (Testimony; Ex. 5, pp. 10-12).

Premium Billing billed the appellant \$1,659.20 monthly for the months of August and September 2023. (Testimony; Ex. 5, p. 5). After MassHealth sent the September 25 notice, however, Premium Billing determined that MassHealth's July premium calculation was based on an incorrect statement of the appellant's income level at that time. (Testimony; Ex. 5, p. 5). Premium billing therefore lowered the appellant's premiums for August and September to \$9.00 per month. (Testimony; Ex. 5, p. 5). The appellant was subsequently also billed \$9.00 for October 2023. (Testimony; Ex. 5, p. 5). The appellant had not paid any of the premiums, however, and had past due balance totaling \$27.00 at the time of the hearing. (Testimony; Ex. 5, pp. 5, 6). MassHealth sent the appellant a notice dated October 23, 2023, informing him that he had past due premiums and that his coverage would end on November 6, 2023 if he did not pay his past due premiums, set up a payment plan, or request a hardship waiver. (Testimony; Ex. 5, p. 6). MassHealth has not acted on the October 23, 2023 notice. (Testimony).

The appellant stated that he was only contesting the assessment of a premium. (Testimony; Ex. 2). The appellant stated that he did not have the money to pay the premium. (Testimony; Ex. 2).

Findings of Fact

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

1. The appellant is a disabled individual 21 through 64 years old. (Testimony; Ex. 3).
2. The appellant receives Medicare, and MassHealth does not contribute towards paying the Medicare premium. (Testimony).
3. In a notice dated July 7, 2023, MassHealth informed the appellant that his coverage was being downgraded from MassHealth Standard to CommonHealth beginning on June 27, 2023 because his income was determined to be equal to 1,647.92% of the FPL. (Ex. 5, pp. 10-12).
4. In the same notice, MassHealth informed the appellant that he would be required to pay a monthly premium of \$1,659.20 beginning in August 2023. (Ex. 5, p. 11).

5. MassHealth billed the appellant \$1,659.20 monthly for the months of August and September 2023. (Testimony; Ex. 5, p. 5).
6. On September 25, 2023, the appellant contacted MassHealth and reported that his monthly Social Security income had changed, and he was now receiving \$2,000.01 per month. (Testimony).
7. In a notice dated September 25, 2023, MassHealth informed the appellant that he was eligible for CommonHealth and would be required to pay a monthly premium of \$9.00 beginning in October 2023. (Testimony; Ex. 1; Ex. 5. pp. 7-9).
8. MassHealth calculated the premium based on the appellant having countable income that was equal to 159.61% of the FPL. (Ex. 1; Ex. 5, p. 9).
9. After determining that MassHealth made an error in its initial premium calculation, Premium Billing adjusted the appellant's premiums for August and September 2023 to \$9.00. (Testimony; Ex. 5, p. 5).
10. The appellant had a premium balance of \$27.00 as of the date of the hearing for 3 months of CommonHealth premiums. (Ex. 5, pp. 5, 6; Testimony).
11. On October 23, 2023, MassHealth notified the appellant that his coverage would end if he did not pay these past due premiums. (Ex. 5, p. 6; Testimony).
12. MassHealth has not acted on the October 23, 2023 notice. (Testimony).
13. The appellant is only contesting MassHealth's assessment of a premium. (Testimony; Ex. 2).

Analysis and Conclusions of Law

Disabled adults, disabled working adults, disabled young adults, and disabled children who are eligible for CommonHealth may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). (130 CMR 505.004(I)). The premium for adults with household income above 150% of the FPL begins at \$15.00. (130 CMR 506.011(B)(2)(b)). A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute, however. (130 CMR 506.007(B)(2)(b)). MassHealth applies a supplemental premium formula which is based on an individual's income level. (Id.). For individuals with income that is above 150% to 200% of the FPL, MassHealth will charge only 60% of the full premium. (Id.).

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.

CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL		
Base Premium	Additional Premium Cost	Range of Monthly 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

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.

CommonHealth Supplemental Premium Formula	
% of Federal Poverty Level (FPL)	Monthly 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
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(130 CMR 506.011(B)(2)(b), (c).

The appellant’s income exceeds the limit for MassHealth Standard for disabled adults (130 CMR 505.002). As a disabled adult, the appellant is categorically eligible for MassHealth CommonHealth, but because his income exceeds 150% of the FPL for a household of one, he is responsible for a premium if he wishes to have CommonHealth coverage (130 CMR 505.004; 506.011). The appellant’s verified income of \$2,000.00 a month is 159% of the FPL for a household of one. Based on the appellant’s income, the full (or base) CommonHealth premium is \$15.00 per month (130 CMR 506.011(B)(2)(b)). The appellant has Medicare and is required to pay a premium that MassHealth is not responsible for paying. MassHealth therefore applied the supplemental premium formula for the appellant’s income level and charged only 60% of the full premium, which is \$9.00 per month. MassHealth correctly calculated the appellant’s CommonHealth premium.

For these reasons, this appeal is DENIED.

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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

