

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2310289
Decision Date:	1/17/2024	Hearing Date:	11/22/2023
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Amelia Montbleau, Tewksbury MEC
Karishma Raja & Carmen Fabery, 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

Appeal Decision:	Approved in part; Denied in part	Issue:	CommonHealth Premium; Premium Billing
Decision Date:	1/17/2024	Hearing Date:	11/22/2023
MassHealth's Rep.:	Amelia Montbleau; Premium Billing	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	Aid Pending:	Yes

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 October 12, 2023, MassHealth approved the Appellant for MassHealth CommonHealth, with an assessed monthly premium of \$155.40 (see 130 CMR 506.011(B)(2) and Exhibit 1). The Appellant filed this appeal in a timely manner on November 23, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Reduction of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the Appellant owes a CommonHealth monthly premium of \$155.40, starting in November 2023.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011(B)(2), in determining that the Appellant owes a monthly premium of \$155.40. Additional issues raised at the hearing are whether the Appellant was incorrectly charged a monthly premium of \$169.40 for September and October 2023 and whether she can access her MassHealth records.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified as follows: the Appellant is an adult between the ages of 21-64 and has a household of three, consisting of the Appellant, her husband, and a minor child. Two representatives from Maximus Premium Billing also appeared on behalf of MassHealth and testified telephonically.

The MassHealth representative testified that MassHealth determined that the Appellant had a household income that is 428.7% of the federal poverty level.¹ The MassHealth representative testified that, due to the Appellant's household income, MassHealth assessed that the Appellant owed a monthly premium of \$155.40. The MassHealth representative testified that the Appellant was found eligible for CommonHealth on December 4, 2020, and that at the time the Appellant had a household size of one. The MassHealth representative explained that when the Appellant married, the Appellant's husband's income was considered for the household, and that the Appellant would have owed a monthly premium at that time, if not for the Covid protections due to the public health emergency. The Premium Billing representative testified that the Appellant was billed a premium of \$169.40 for September and October 2023.

The Appellant appeared at the hearing telephonically and verified her identity. The Appellant testified that she has been determined to be disabled by the Social Security Administration, and that Medicare is her primary insurance, covering 80% of her medical costs, and that MassHealth CommonHealth covers the remaining 20%. The Appellant testified that she is trying to understand what costs MassHealth CommonHealth actually pays for, so that she can make an informed and cost-effective decision as to whether to continue with MassHealth CommonHealth and pay a premium, or to pay out of pocket for her medical expenses that are not covered by Medicare.² The Appellant testified that she has called MassHealth ten times since August 2023, and that she has been transferred between Customer Service and Premium Billing, without receiving a clear or consistent answer. The Appellant also asked why her premium was higher in September and October 2023.

¹ The MassHealth representative testified that the Appellant receives \$1,219 in disability income monthly and that the Appellant's husband earns \$3,803 biweekly. The Appellant did not dispute these totals. The MassHealth representative stated that the Appellant needs to submit to MassHealth verifying pay stubs dated within the past sixty days of the Appellant's husband's earnings.

² The Appellant testified that her husband and child are enrolled in her husband's employer sponsored insurance.

The MassHealth representative explained that the Appellant’s household income was higher in August 2023, but testified that the minor child’s social security benefits were wrongly counted as income. The Premium Billing representative testified that she would correct the Appellant’s bill to reflect a charge of \$155.40/monthly for September and October 2023, rather than \$169.40/month.

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).
2. The Appellant has a household size of three (Testimony).
3. The Appellant’s household income is 428.7% of the Federal Poverty Level (Testimony).
4. During the hearing, Premium Billing corrected the Appellant’s September and October 2023 premium bills, to reflect a charge of \$155.40/monthly (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 (FPL), as provided in 130 CMR 506.011. Specifically, 130 CMR 506.011(B)(2)(b) & (c), provides the following formula for CommonHealth members:

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		
<i>Base Premium</i>	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	Add \$8 for each additional 10% FPL until 400% FPL	\$40 — \$192

\$40		
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

130 CMR 506.011(B)(2)(b) & (c).

The Appellant's household income is 428% of the FPL. Accordingly, using the calculation provided by 130 CMR 506.011(B)(2)(b) & (c), here, the Appellant's premium is $\$202 + (\$10 \times 2) = \$222 \times 70\%$ of full premium = \$155.40. Therefore, MassHealth did not err in calculating the Appellant's premium as \$155.40/monthly, and the appeal regarding the \$155.40/monthly premium is denied.

As discussed above, at the hearing, the Premium Billing representative testified that the Appellant's September and October 2023 bills would be corrected to reflect a premium of \$155.40/monthly, rather than \$169.40/monthly. Therefore, the appeal is approved, regarding the September and October 2023 bills.

Regarding the Appellant's MassHealth records, she may submit a request for her member records by following the instructions at: <https://www.mass.gov/info-details/masshealth-member-records-request>.

Order for MassHealth

If MassHealth Premium Billing has not already done so, adjust the Appellant's September and October 2023 premium bills to reflect a premium of \$155.40, instead of \$169.40.

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.

Emily T. Sabo, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

Maximus Premium Billing

