

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310327
<b>Decision Date:</b>	12/20/2023	<b>Hearing Date:</b>	12/14/2023
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Tambria Pioggia, Springfield 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>	Denied	<b>Issue:</b>	Over 65; CommonHealth; Premium Calculation
<b>Decision Date:</b>	12/20/2023	<b>Hearing Date:</b>	12/14/2023
<b>MassHealth's Rep.:</b>	Tambria Pioggia, Karishma Raja	<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 October 3, 2023, MassHealth approved the appellant's application for MassHealth CommonHealth and imposed a monthly premium of \$40.00. *See* 130 CMR 506.011 and Exhibit 1. The appellant filed this appeal in a timely manner on November 9, 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 \$40.00 on the appellant's CommonHealth benefits.

### Issue

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

## Summary of Evidence

The appellant is an adult over the age of 65 who resides in a household of 2 with her adult spouse. MassHealth was represented by a worker from the Springfield 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 \$40,160.80 annually, which equates to \$3,346.73 monthly, or 203.66% of the federal poverty level (FPL) for a household of two. The appellant was assessed a monthly premium of \$40.00 based on the regulatory premium charts, which impose a premium of that amount on members whose income is at least 200% of the FPL.

The appellant filed the request for fair hearing to challenge the premium amount. At hearing, she agreed with the calculation of her income and understood how the premium amount was determined. She asked for a decision in writing to fully explain the calculations in anticipation of applying for a hardship waiver.

## Findings of Fact

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

1. The appellant is an adult over the age of 65 who resides in a household of two. Testimony, Exhibit 4.
2. On October 3, 2023, MassHealth determined that the appellant is eligible for MassHealth CommonHealth benefits with a monthly premium of \$40.00. Exhibit 1.
3. The appellant's household monthly income was calculated to be \$3,346.73, which equates to 203.66% of the FPL for a household of two. Exhibit 1. Testimony.
4. The appellant filed a timely request for fair hearing on November 9, 2023. Exhibit 2.
5. The appellant does not challenge MassHealth's determination of her monthly income. Testimony.

## Analysis and Conclusions of Law

Pursuant to 130 CMR 519.012(A), working disabled adults over the age of 65 may be eligible for MassHealth CommonHealth under the same requirements as individuals under 65. The

regulations require such applicants to be 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 their total household income exceeds certain 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 monthly income is approximately \$3,346.73, or 203.66% of the federal poverty level for a household of two. For households whose income exceeds 200%, the base premium is \$40.00 per month and is increased for every 10% of the FPL the household income exceeds. 130 CMR 506.011(B)(2)(b).

At the hearing, the MassHealth representative testified that, because the appellant's monthly household income exceeds 200% of the FPL but is under 210%, her monthly premium was set at \$40. This is consistent with the regulations. Thus, I find that MassHealth properly assessed the appellant a monthly premium of \$40 and correctly issued the October 3, 2023, notice. For the foregoing reasons, the appeal is hereby 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.

---

Mariah Burns  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186