

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2400923
<b>Decision Date:</b>	05/03/2024	<b>Hearing Date:</b>	03/25/2024
<b>Hearing Officer:</b>	David Jacobs	<b>Record Open to:</b>	04/12/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Tiffany Castallanos, Charlestown MEC  
Carmen Fabery, Premium Billing  
Roxanna Noriega, Premium Assistance



*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>	Eligibility; Under 65; Premium Billing
<b>Decision Date:</b>	05/03/2024	<b>Hearing Date:</b>	03/25/2024
<b>MassHealth's Rep.:</b>	Tiffany Castellanos, Carmen Fabery, Roxanna Noriega	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings; 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 January 5, 2024, MassHealth notified the appellant's daughter that she was approved for MassHealth CommonHealth with a monthly premium of \$402.00 (Exhibit 1). The appellant filed this appeal in a timely manner on January 18, 2024 (130 CMR 610.015(B); Exhibit 2). Assignment of a premium is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant's daughter that she was approved for MassHealth CommonHealth with a monthly premium of \$402.00.

### Issue

The appeal issue is whether MassHealth was correct in determining the appellant's monthly premium amount.

## Summary of Evidence

The MassHealth representative, along with a representative from MassHealth premium billing and MassHealth premium assistance, participated telephonically and provided some background information. She explained that the appellant resides in a household of two with a Federal Poverty Level ("FPL") of 715.08% based on her income. On January 5, 2024, the appellant's daughter was found eligible for MassHealth CommonHealth with a monthly premium of \$402.00 based on the appellant's income (Exhibit 1).

The appellant appeared telephonically and conceded to the background established by MassHealth. However, she argued that MassHealth was not considering the right premium assistance amount when calculating that premium and wanted MassHealth to consider an updated Health Reimbursement Arrangement ("HRA") from her employer. Moreover, she was confused by there had been such a large increase premium considering that before November 2023 the appellant was only paying around \$186.00 per month. MassHealth agreed to review an updated HRA form, and the hearing officer left the record open until April 5, 2024 for the appellant to submit documents and until April 12, 2024 for MassHealth to review them (Exhibit 6, pg. 13).

On March 26, 2024, the appellant submitted an updated HRA form (Exhibit 7). Based on this form, MassHealth came back with an updated monthly premium calculation of \$308.98 in consideration of the new premium assistance amount of \$227.02 (Exhibit 6, pg. 10). In response, the appellant stated that she was still confused why there was such a large jump after October 2023 as there had been no major changes to her income (Exhibit 6, pg. 9). The representative from premium assistance then broke down the calculations to assist the appellant's understanding:

*"For Rate Year 11/1/22-10/31/2023 your premium assistance was \$349.90 based off the compliance form we received from our employer.*

*The member's FPL is 715.08%*

*Full amount is \$404+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12=\$536 – \$349.90 (PA contribution) = \$-186.10*

*New Rate Year 11/1/23 – 10/31/24*

*The member's FPL is 715.08%*

*Full amount is \$404+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12+\$12=\$536 – \$227.02 (PA contribution) = \$-308.98"*

(Exhibit 6, pgs. 3-4)

The appellant expressed that she now understood why the changes to her premium were made

but was still upset with the lack of information and clarity MassHealth gave her about these changes (Exhibit 6, pg. 1).

## Findings of Fact

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

1. The appellant resides in a household of two with an FPL of 715.08%.
2. On January 5, 2024, the appellant's daughter was found to be eligible for MassHealth CommonHealth with a monthly premium of \$402.00.
3. From November 2022 to October 2023, based on the appellant's employer's health insurance contributions she received \$349.90 in premium assistance contributions which resulted in a monthly premium of \$186.10.
4. The appellant submitted a new HRA form from her employer which reduced the premium assistance amount based on her employer's contributions to \$227.02 resulting in a new monthly premium of \$308.98.

## Analysis and Conclusions of Law

130 CMR 506.011(B)(2) contains the rules for calculating premiums for MassHealth CommonHealth:

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 issue on appeal is whether MassHealth calculated the appellant's premium accurately based on her premium assistance and income. Here, the representative from premium assistance very kindly broke down the calculation step by step to help all parties understand why the appellant is being assessed a new premium of \$308.98 after she submitted her new HRA form (Exhibit 6, pgs. 3-4). In response the appellant expressed frustration that MassHealth has been very unclear up to this point on how they have been calculating her premiums (Exhibit 6, pg. 1). However, she stated that she understood why the changes were made and offered no alternative calculation for her monthly premium (Exhibit 6, pg. 1). Therefore, it is found that the new assessed monthly premium of \$308.98 is accurate based on the appellant's income, premium assistance, and the MassHealth regulations.

As such the appellant's 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.

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David Jacobs  
Hearing Officer  
Board of Hearings

cc:

Charlestown MEC  
Premium Billing  
Premium Assistance