

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401453
Decision Date:	4/10/2024	Hearing Date:	03/07/24
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:



MassHealth Representatives:

Georges Jorcelin, Charlestown MEC; Roxana Noriega, Premium Assistance



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	MassHealth Premium Assistance/ Premium for CommonHealth
Decision Date:	4/10/2024	Hearing Date:	03/07/24
MassHealth Reps.:	Georges Jorcelin, Charlestown MEC; Roxana Noriega, Premium Assistance	Appellant Rep.:	Mother

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

A notice dated 12/18/23 was sent to the appellant stating that MassHealth had approved her for MassHealth Premium Assistance with a \$0.00 Premium Assistance payment (see 130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on 01/29/24 (see 130 CMR 610.015 and Exhibit 2).

A dispute over the amount of assistance is grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant for MassHealth Premium Assistance with a \$0.00 Premium Assistance payment.

Issue

Pursuant to 130 CMR 506.011, what is the appellant's correct CommonHealth premium amount after deducting her Premium Assistance benefit?

Summary of Evidence

With regard to the announced \$0.00 Premium Assistance payment, the Premium Assistance representative explained that the appellant is entitled to and receiving a \$70.98 Premium Assistance payment which represents the entire monthly cost of her private health insurance. However, the actual amount the appellant is receiving from Premium Assistance is \$0.00, because her monthly CommonHealth fee is much higher than the \$70.98 payment. The Premium Assistance representative explained that the appellant's monthly CommonHealth bill is \$960.00. When her Premium Assistance payment of \$70.98 is deducted, this results in a net CommonHealth bill of \$889.02.

The MassHealth representative testified that the appellant has bi-weekly income of \$5,769.23, or yearly income of \$150,000.00. This income is 1028% of the federal poverty level for one person according to the 2023 income chart. The MassHealth representative further testified that the appellant has supplemental health insurance.

The appellant and her mother did not dispute the \$150,000.00 annual income figure. They testified that the appellant's monthly CommonHealth bill went from \$816.00 before Premium Assistance to \$889.00 after applying and being approved for Premium Assistance. They believed that the CommonHealth bill should be reduced or eliminated through her Premium Assistance payment, not increased.

Findings of Fact

The record shows, and I so find:

1. The appellant is a household of one with supplemental health insurance (testimony).
2. Her gross annual income is \$150,000.00 (testimony).
3. The income is 1028% of the federal poverty level based upon the 2023 Federal Register (\$14,580.00). It is 996% of the federal poverty level using the 2024 Federal Register (\$15,060.00).
4. The appellant is entitled to and receiving a \$70.98 Premium Assistance payment which represents the entire monthly cost of her private health insurance (testimony).

Analysis and Conclusions of Law

130 CMR 506.011(H) provides the formulas that MassHealth uses to determine the monthly CommonHealth premium for which CommonHealth members and certain MassHealth Family Assistance members who are HIV positive are responsible.

(1) Full Premium Formula. Full payment is required of members who have no health insurance and of members for whom the MassHealth is paying a portion of their health-insurance premium. The full premium formula is provided below.

FULL PREMIUM FORMULA		
Base Premium	Additional Premium Cost	Range of 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

(2) Supplemental Premium Formula. A lower supplemental payment is required of members who have health insurance to which the MassHealth does not contribute. The supplemental premium formula is provided below.

SUPPLEMENTAL PREMIUM FORMULA	
% of Federal Poverty Level (FPL)	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

Required Member Contribution. The calculation of the MassHealth required member contribution is as follows.

(1) MassHealth may require that a member contribute towards the cost of their health insurance coverage. MassHealth refers to this amount as the MassHealth required member contribution. The MassHealth required member contribution is based on MassHealth MAGI household income and size and/or the MassHealth Disabled Adult household income and size, as described in 130 CMR 506.002 and 130 CMR 506.003, as it relates to federal poverty guidelines and PBFG rules described at 130 CMR 506.011(A).

(2) The following members are responsible for a required member contribution.

(a) MassHealth CommonHealth premium-assistance eligible members who have MassHealth MAGI household income or MassHealth Disabled Adult household income greater than 150% of the FPL have the following required member contribution amounts...

2. The required member contribution for adults with household MAGI above 150% of the FPL and children with household MAGI above 300% of the FPL is provided as follows.

CommonHealth Required Member Formula		
Adults above 150% FPL and Children above 300% FPL		
Base Premium	Additional Premium Cost	Range of 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

3. CommonHealth members who are eligible to receive a premium assistance payment as described in 130 CMR 506.012 that is less than the CommonHealth required member contribution receive their premium assistance payment as an offset to the CommonHealth monthly premium bill and are responsible for the difference.

(130 CMR 506.012(D)(1), (2)).

In the instant case, I have found that the appellant is a household of one with supplemental health insurance. It is undisputed that her gross annual income is \$150,000.00. I have also found that the income is 1028% of the federal poverty level based upon the 2023 Federal Register (\$14,580.00). It is 996% of the federal poverty level using the 2024 Federal Register (\$15,060.00).

The appellant is eligible for CommonHealth and for Premium Assistance. Using the above chart, the appellant's required member contribution for 2023 is \$960.00 and her required member contribution for 2024 is \$912. CommonHealth members who are eligible to receive a premium assistance payment as described in 130 CMR 506.012 that is less than the CommonHealth required member contribution receive their premium assistance payment as an offset to the CommonHealth monthly premium bill and are responsible for the difference. The appellant is eligible to receive a premium assistance payment of \$70.98 for both 2023 and 2024 and therefore the appellant's offset to her CommonHealth monthly premium bill is \$70.98 for both 2023 and 2024. The appellant's monthly CommonHealth premium for 2023 is \$889.02 and monthly CommonHealth premium for 2024 should be \$841.02. Presumably MassHealth will be recalculating the 2024 premiums based on 2024 federal poverty levels which were just released in March, 2024.

The appeal is therefore denied in that the Premium Assistance payment of \$0.00 is correct.

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: Charlestown MEC
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