

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2401859
Decision Date:	04/09/2024	Hearing Date:	3/11/24
Hearing Officer:	Patrick Grogan	Record Open to:	3/29/24

Appearance for Appellant:



Appearance for MassHealth:

Elizabeth Nickoson, Taunton MEC
Carmen Fabery, Premium Billing

Interpreter:

N/A



*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:	Eligibility under 65, CommonHealth Premium, Premium Billing
Decision Date:	04/09/2024	Hearing Date:	3/11/24
MassHealth's Rep.:	Elizabeth Nickoson, Carmen Fabery (Premium Billing)	Appellant's Rep.:	
Hearing Location:	Taunton MEC (Hearing Officer, MEC Worker) and Telephone (Appellant, Premium Billing)	Aid Pending:	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 26, 2024, MassHealth determined that the Appellant is eligible for MassHealth CommonHealth with an attributed monthly premium of \$40 beginning February 2024 (see 130 CMR 505.002, 130 CMR 505.004, 130 CMR 506.011 and Exhibit 1). The Appellant filed this appeal in a timely manner on January 23, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Imposition of a premium is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the Appellant qualifies for MassHealth CommonHealth and owes a monthly premium of \$40, starting in February of 2024.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, 130 CMR 505.004 and 130 CMR 506.011(B)(2)(b), in determining that the Appellant qualifies for MassHealth CommonHealth and owes a monthly premium of \$40.

Summary of Evidence

The Appellant is an adult under the age of 65 who resides in a household of 1. (Testimony, Exhibit 1) On January 26, 2024, MassHealth determined the Appellant was eligible for MassHealth CommonHealth with a premium assessed at \$40/month. (Testimony, Exhibit 2) MassHealth testified that the Appellant's income was \$2,535.39/ month, which calculated at 203.67% of the Federal Poverty Level for a household of one. (Testimony, Exhibit 1). MassHealth testified that due to the Appellant's income, MassHealth assessed that the Appellant owed a premium of \$40/monthly starting in February of 2024.

Premium Billing testified that subsequent to the Notice on appeal, the Appellant's coverage had been terminated due to non-payment of the premium. (Testimony) Premium Billing indicated that the Appellant had applied for a Hardship Waiver, twice, and was denied, twice. (Testimony). Premium Billing stated that a notation on the Appellant's case indicated Premium Billing required National Grid invoices to make a determination regarding a Hardship Waiver. (Testimony) Premium Billing confirmed that should the Appellant bring his balance up to date, the Appellant's MassHealth coverage would be reinstated. (Testimony)

The Appellant confirmed the accuracy of his income. (Testimony). The Appellant stated that due to rise of costs, he was experiencing financial hardship regarding his assessed premium as well as the arrears of the premium. (Testimony) The Appellant had testified that he had requested aid pending and did not understand how his coverage had been discontinued¹. (Testimony) The Appellant indicated that he was never informed about reasoning for the denial and requested time to provide the information to Premium Billing. (Testimony).

Premium Billing explained the process for submitting the information for Premium Billing to make a determination regarding the Hardship Waiver. (Testimony) The Appellant stated that he would decide whether to request the premium to be included in the waiver or rectify his account to reinstate his coverage. (Testimony) The Record was left open for the Appellant until March 22 for the Appellant to provide to Premium Billing the information needed to determine his eligibility for a Hardship Waiver, and until March 29, 2024 for Premium Billing to assess the Appellant's

¹ It was confirmed that aid pending was not applied. It was suggested that aid pending had not been granted because the Appellant had been approved. (Testimony) The Appellant was informed of his appeal rights regarding the Notice of Termination which is NOT included in the instant appeal.

request for the Hardship Waiver. The Waiver was submitted and approved. (Exhibit 8) The issue remaining on appeal is the calculation of the deductible.

Findings of Fact

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

1. The Appellant is an adult under the age of 65 who resides in a household of 1. (Testimony, Exhibit 1)
2. On January 26, 2024, MassHealth determined the Appellant was eligible for MassHealth CommonHealth with a premium assessed at \$40/month. (Testimony, Exhibit 2)
3. MassHealth testified that the Appellant's income was \$2,535.39/ month, which calculated at 203.67% of the Federal Poverty Level for a household of one. (Testimony, Exhibit 1).
4. MassHealth testified that due to the Appellant's income, MassHealth assessed that the Appellant owed a premium of \$40/monthly starting in February of 2024.
5. For 2023, for a household of 4, 250% of the Federal Poverty Level is a monthly income of \$6,250, annual income of \$75,000.

Analysis and Conclusions of Law

The Appellant is challenging the assessment of his premium for MassHealth CommonHealth. MassHealth may charge a monthly premium to MassHealth CommonHealth members who have income above 150 % of the Federal Poverty Level (FPL) as codified within 130 CMR 505.004(I):

(I) MassHealth CommonHealth Premium

Disabled adults, disabled working adults, disabled young adults, and disabled children who meet the requirements of 130 CMR 505.004 may be assessed a premium in accordance with the premium schedule provided in 130 CMR 506.011(B)(2). No premium is assessed during a deductible period.

As 130 CMR 505.004(I) indicates, the premium schedule is codified within 130 CMR 506.011(B)(2):

506.011: MassHealth Premiums and the Children's Medical Security Plan (CMSP) Premiums

(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.

CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL		
<i>Base Premium</i>	<i>Additional Premium Cost</i>	<i>Range of Monthly Premium Cost</i>
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 Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

The Appellant's income is \$2,535.39/ month which calculates to 203.67% of the Federal Poverty Level. (Testimony, Exhibit 1) Accordingly, using the calculation provided by 130 CMR 506.011(B)(2)(b), here, the Appellant's premium is \$40.

Based upon the evidence presented, I find MassHealth did not err in determining that the Appellant does qualify for MassHealth CommonHealth, with a premium attributable. I find that

MassHealth did not err in calculating the Appellant's premium at \$40/monthly. Accordingly, 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.

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.

Patrick M. Grogan
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

Premium Billing