

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402734
Decision Date:	04/30/24	Hearing Date:	03/28/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Marcus Levine, Charlestown MEC
Carmen Fabery, Premium Billing

Interpreter:



*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/Premium Billing
Decision Date:	04/30/24	Hearing Date:	03/28/2024
MassHealth Reps.:	Marcus Levine, Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 Appellant is eligible for CommonHealth with a \$57.20 monthly premium (130 CMR 505.001, 506.011 and Exhibit 1). Appellant filed this appeal in a timely manner on February 21, 2024 (130 CMR 610.015(B) and Exhibit 2). A determination of eligibility and a premium amount are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant is eligible for CommonHealth with a \$57.20 monthly premium.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 506.011, in determining that Appellant is eligible for CommonHealth coverage with a \$57.20 monthly premium.

Summary of Evidence

Appellant is disabled, under the age of 65, and a household size of one tax-filer with no tax-dependents. Appellant's gross monthly income includes \$1,818.60 from Social Security Disability benefits, and employment income totaling \$340 per week for monthly household income of \$3,291.82.¹ MassHealth testified that Appellant's monthly household income equates to 265.93% of the federal poverty level for a household size of 1. MassHealth verified Appellant's income using electronic data match information. MassHealth reviewed how it arrived at the CommonHealth Premium of \$57.20 per month. Appellant is receiving SSDI/Medicare, MassHealth applies a supplemental premium calculation equating to 65% of the full premium. Premium Billing testified that Appellant's premium started on February 1, 2024, and he has a \$57.20 balance.

Appellant did not challenge the premium amount or coverage type and testified that he is not sure if he is receiving Social Security because it was reduced in 2023, and that he will verify his income with a friend who assists him in managing his benefits. Appellant testified that he appealed to get additional information about covered services. Appellant verified that he works for Amazon and his earned income is correct. Appellant added that he will update any income changes to MassHealth.

MassHealth testified that Appellant's Social Security income amount was verified through an auto-renewal in November 2023. MassHealth added that older information shows Social Security income of \$1,951.10 in March 2023, which might account for the reduction Appellant referenced; however, his current \$1,818.60 Social Security amount has been electronically verified by Social Security. Appellant was previously eligible for CommonHealth with the same \$57.20 premium.

Findings of Fact

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

1. Appellant is disabled, between 19 and 64 years of age, and a household size of one tax-filer with no tax-dependents.
2. Appellant is employed with gross monthly household income that includes \$1,818.60 from Social Security Disability benefits, and employment income totaling \$340 per week for monthly household income of \$3,291.82.
3. Appellant's monthly household income equates to 262.29% of the federal poverty level for a household size of 1.²

¹ MassHealth multiplies weekly income by 4.333 to arrive at monthly income (130 CMR 506.007(A)(2)(c)).

² $\$3,291.82 / \$1,255 \times 100 = 262.29\%$

4. The following are federal poverty levels (FPLs) for a household size of 1 person: 100% is \$1,255; 133% is \$1,670; 150% is \$1,883; 200% is \$2,510; 400% is \$5,020.
5. Appellant's \$1,818.60 Social Security income amount was verified through an auto-renewal in November 2023. MassHealth records show Social Security income of \$1,951.10 in March 2023.

Analysis and Conclusions of Law

MassHealth coverage types are based on an individual's circumstances and finances. To qualify for MassHealth, an individual must meet categorical eligibility requirements, and have income below certain financial thresholds. MassHealth Standard for disabled adults and CarePlus coverage require countable income under 133% of the federal poverty level (130 CMR 505.002(E), 505.008(A)). However, disabled adults between the ages of 19 and 64 can qualify for CommonHealth regardless of their income, by meeting either a one-time deductible or by working 40 hours a month (130 CMR 505.004(B)-(C), 506.009). Countable household income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D). In calculating a member's eligibility, "[f]ive percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard" (130 CMR 506.007(A)(3)). For purposes of determining MassHealth eligibility, Appellant's income is \$3,229.07³ which exceeds 133% of the federal poverty level for a household size of 1 person, \$1,670. Therefore, Appellant's income exceeds program limits for MassHealth Standard or CarePlus (130 CMR 505.002(E), 505.008(A)), and he is eligible for CommonHealth as a working disabled adult (130 CMR 505.004(B)).

The MassHealth agency assesses a monthly premium for CommonHealth members who are working disabled adults with household income above 150% of the federal poverty level (130 CMR 506.011). Working disabled adults with household income over 200% of the federal poverty level are assessed a premium of \$40 per month, with \$8 added for each additional 10% of the FPL until 400% of the FPL (130 CMR 506.011(B)(2)(b)). A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute (130 CMR 506.011(B)(2)(c)). Appellant's monthly household income is \$3,291.82 which is 262% of the federal poverty level, and results in a full CommonHealth premium of \$88 per month. Because Appellant has SSDI and Medicare, MassHealth correctly applied the supplemental premium formula at 65% of the full premium to arrive at a premium of \$57.20 (130 CMR 506.011(B)(2)(c)).

The appeal is DENIED.

Order for MassHealth

³ \$3,291.82 - \$62.75 = \$3,229.07.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

MassHealth Premium Billing