

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied in part,  
Approved in part

**Appeal Number:** 2403801

**Decision Date:** 6/10/2024

**Hearing Date:** 04/08/2024

**Hearing Officer:** Thomas Doyle

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Chanthy Kong, Tewksbury MEC  
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 in part, Approved in part	<b>Issue:</b>	CommonHealth Eligibility; Premium; Under Age [REDACTED]
<b>Decision Date:</b>	6/10/2024	<b>Hearing Date:</b>	04/08/2024
<b>MassHealth's Reps.:</b>	Chanthy Kong; Karishma Raja	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 March 11, 2024, MassHealth approved appellant for MassHealth CommonHealth benefits. (Ex. 1). The appellant filed this appeal in a timely manner on March 12, 2024 stating he could not afford the monthly premium and he wished to be reinstated to MassHealth Standard. (Ex. 2). MassHealth's determination of scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved appellant for CommonHealth with a monthly premium.

### Issues

The appeal issues are whether MassHealth was correct in finding appellant was only eligible for CommonHealth and if so, whether MassHealth calculated the appellant's CommonHealth premium correctly.

## Summary of Evidence

The appellant, a representative from premium billing, and the MassHealth worker (worker) appeared by phone and were sworn. The worker testified to the following: the appellant is a household of one. He has a total monthly income of \$2,781.86. His Income includes Social Security at \$920.00 a month and income from a part time job earning \$1,819.86 a month. The worker stated that the appellant updated his income with a paystub on March 11, 2024 in person at an enrollment center (MEC) after filling out an application online. The worker stated that MassHealth records indicate that the appellant is disabled. She further stated that the appellant had been covered by MassHealth Standard from April 2014 until February 20, 2024 but was now over income for Standard and was approved for CommonHealth. She stated appellant had to pay a premium of \$31.20 a month for CommonHealth. She stated appellant could update his income information by submitting 2 pay stubs. (Testimony).

The premium billing representative testified that, if the appellant is experiencing financial hardship, he could apply for a Hardship Waiver to possibly waive the monthly premium. He would need to send in bills showing he was behind in payments. She also stated she would mail a waiver application to appellant.<sup>1</sup> She stated appellant was not past due on any premiums as of the date of the hearing and his first premium was due May 14, 2024.

The appellant testified how he came to have his coverage changed from Standard to CommonHealth. He stated that his father died █ years ago. The appellant went to stay with him and updated his address with MassHealth to reflect his father's address. He then updated his address again to his current address after his father died. He stated MassHealth then sent him some information, most likely renewal information, to his father's address but he did not receive it. When he realized that his MassHealth had been cancelled, he called MassHealth.<sup>2</sup> He was told by a MassHealth employee on the phone to fill out an application and that a signed letter from his manager, stating the manager's title, indicating appellant's normal working hours would be sufficient. Appellant stated he decided to visit the MEC and he did so on March 11, 2024. The appellant testified he went to the MEC with the signed letter from his manager stating his normal working hours and a pay stub. When he spoke to a MassHealth representative at the MEC, that person took the pay stub only. MassHealth based appellant's eligibility on that pay stub. He appealed because he could not afford the monthly premium and he wanted to be reinstated to MassHealth Standard. He stated that it was affecting his Medicare coverage. (Testimony).

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<sup>1</sup> I am unaware of the outcome of any request for a Hardship Waiver.

<sup>2</sup> No termination notice was offered into evidence.

## Findings of Fact

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

1. The appellant was approved for CommonHealth, effective March 1, 2024, with a monthly premium of \$31.20. (Ex. 1).
2. The appellant is under [REDACTED] and disabled. (Worker Testimony; Ex. 5).
3. The appellant is a household of one. He has a total monthly income of \$2,781.86, broken down as follows: \$920.00 in Social Security, and earnings from a part-time job of \$1,819.86. This places appellant at a monthly household income of 216.66% of the 2024 federal poverty level (FPL), according to MassHealth (Worker Testimony; Ex. 1).
4. When the appellant realized his benefits had been cancelled, he called MassHealth. (Appellant Testimony).
5. The appellant filled out an application online. (Worker Testimony).
6. The appellant went in person to the MEC on March 11, 2024 and provided a pay stub to a MassHealth employee. (Appellant Testimony).
7. If his income changes, the appellant can update his income information by submitting two pay stubs to MassHealth. (Worker Testimony).
8. The appellant has Medicare. (Appellant Testimony; Ex. 5).

## Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." [REDACTED] v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007).

### 505.002: MassHealth Standard

#### (A) Overview

(1) 130 CMR 505.002 contains the categorical requirements and financial standards for MassHealth Standard serving children, young adults, parents, caretaker relatives, people who are pregnant, disabled individuals, certain individuals with breast or cervical cancer, certain individuals who are HIV positive, independent foster-care adolescents, Department of Mental Health members, and medically frail as such term

is defined in 130 CMR 505.008(F).

...

(E) Disabled Individuals.

(1) Disabled Adults. A disabled adult ■ through ■ years old or a disabled young adult ■ through ■ years old who does not meet the requirements described at 130 CMR 505.002(B)(3)(a)1 is eligible for MassHealth Standard coverage if they meet the following requirements:

(a) the individual is permanently and totally disabled as defined in 130 CMR 501.001: Definition of Terms;

**(b) the modified adjusted gross income of the MassHealth Disabled Adult household as described in 130 CMR 506.002(C): MassHealth Disabled Adult Household is less than or equal to 133% of the federal poverty level (FPL), or the individual is eligible under § 1634 of the Social Security Act (42 U.S.C. § 1383c) as a disabled adult child or as a disabled widow or widower, or is eligible under the provisions of the Pickle Amendment as described at 130 CMR 519.003: Pickle Amendment Cases;**

(c) the individual is a citizen as described in 130 CMR 504.002: U.S. Citizens or a qualified noncitizen as described in 130 CMR 504.003(A)(1): Qualified Noncitizens; and

(d) the individual complies with 130 CMR 505.002(M).

506.002: Household Composition

...

(C) MassHealth Disabled Adult Household. The household consists of

(1) the individual;

(2) the individual's spouse if living with them;

(3) the individual's natural, adopted, and stepchildren younger than ■ years old if living with them; and

(4) if any individual described in 130 CMR 506.002(C)(1), (2) or (3) is pregnant, the number of expected children.

(emphasis added)

Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five 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.

The appellant lives in a one-person household and has total gross monthly income of \$2,739.86 from employment and Social Security. Five percentage points of the current federal poverty level for a family of one is \$137.00, and thus the appellant's countable income is \$2,602.86. (\$2,739.86 less \$137). The income limit for MassHealth Standard is 133% of the federal poverty level, or \$1,669.00 a month for a household of one. The appellant's income is 207% of the FPL, and thus exceeds this amount. Therefore, he is not financially eligible for MassHealth Standard.

Therefore, this part of the appeal is DENIED.

Appellant was assessed a monthly premium for CommonHealth in the amount of \$31.20. (Testimony; Ex. 1).

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

The MassHealth agency may charge a monthly premium 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. The MassHealth agency may charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the FPL. MassHealth and CMSP premiums amounts are calculated based on a member's household modified adjusted gross income (MAGI) and their household size as described in 130 CMR 506.002 and 130 CMR 506.003 and the premium billing family group (PBF) rules as described in 130 CMR 506.011(A).

#### (A) Premium Billing Family Groups.

(1) Premium formula calculations for MassHealth and CMSP premiums are based on premium billing family groups (PBF). A PBF is comprised of

- (a) an individual;
- (b) a couple who are two persons married to each other according to the rules of the Commonwealth of Massachusetts and are living together; or
- (c) a family who live together and consist of
  - 1. a child or children younger than ■ years old, any of their children, and their parents;
  - 2. siblings younger than ■ years old and any of their children who live together, even if no adult parent or caretaker is living in the home; or
  - 3. a child or children younger than ■ years old, any of their children, and their caretaker relative when no parent is living in the home.

#### (B) MassHealth and Children's Medical Security Plan (CMSP) Premium Formulas

(2) The premium formulas for MassHealth CommonHealth members whose eligibility is described in 130 CMR 505.004(B): Disabled Working Adults through (G): Disabled Children

Younger than ■ Years Old are as follows.

(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		
Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 150% FPL start at \$15	Add \$5 for each additional 10% FPL	\$15 - \$35
Above 200% FPL start at \$40	Add \$8 for each additional 10% FPL	\$40 - \$192
Above 400% FPL start at \$202	Add \$10 for each additional 10% FPL	\$202 - \$392
Above 600% FPL start at \$404	Add \$12 for each additional 10% FPL	\$404 - \$632
Above 800% FPL start at \$646	Add \$14 for each additional 10% FPL	\$646 - \$912
Above 1,000% FPL start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

The appellant's FPL is 207%. Based on the above chart, his monthly premium would be \$40. However, the appellant has Medicare and MassHealth does not contribute to its cost.

(c) The supplemental premium formula for young adults, adults, and children with household income above 300% of the FPL is provided as follows. A lower supplemental premium is charged to members who have health insurance to which the MassHealth agency does not contribute. Members receiving a premium assistance payment from the MassHealth agency are not eligible for the supplemental premium rate.

CommonHealth Supplemental Premium Formula	
% of Federal Poverty Level (FPL)	Monthly 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

Based on the above chart, 65% of the full premium of \$40 is \$26.00. Therefore, MassHealth incorrectly calculated the appellant's CommonHealth premium.

Therefore, this portion of the appeal is APPROVED IN PART.

## **Order for MassHealth**

Rescind notice of March 11, 2024. Send appellant notice of CommonHealth eligibility effective March 1, 2024 with premium due of \$26.00 per month beginning in May, 2024. Do not include appeal rights.

## **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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

Premium Billing: Gretchen Whitworth, Senior Manager