

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405858
Decision Date:	05/28/2024	Hearing Date:	05/22/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Eric Mattos, Springfield MEC; Carmen Fabery,
Premium Billing Unit



*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	Issues:	Eligibility – Under 65 Years of Age; Premium Billing
Decision Date:	05/28/2024	Hearing Date:	05/22/2024
MassHealth's Reps.:	Eric Mattos, Springfield MEC; Carmen Fabery, Premium Billing Unit	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center	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 02/26/2024, MassHealth informed the appellant that it approved her child's CommonHealth benefits with a benefit start date of 10/15/2023. MassHealth calculated a monthly premium of \$242.00 for the CommonHealth benefits starting on 03/01/2024 (130 CMR 506.011; Exhibit 1). The appellant filed a timely appeal on 04/11/2024 (Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance are valid grounds



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for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant's child for MassHealth CommonHealth benefits effective on 10/15/2023 and calculated a monthly premium of \$242.00 beginning on 03/01/2024.

Issues

The first issue is whether the appellant's child is eligible for MassHealth Standard benefits. The second issue is whether MassHealth correctly calculated the child's eligibility and monthly premium.

Summary of Evidence

A MassHealth representative testified that the appellant and her child are members of a household of two people. In October 2023, the child was approved for Children's Medical Security Plan with a \$64.00 per month premium. Through a subsequent notice dated 02/26/2024, the child's eligibility was upgraded based on a determination by MassHealth that he is disabled; MassHealth determined he is eligible for MassHealth CommonHealth benefits. The coverage was made retroactive to 10/15/2023.

According to the information provided by the appellant, the household has gross monthly income of \$7,684.00. In order for a child to be eligible for MassHealth Standard benefits, the household's income must be less than 150% of the federal poverty limit (FPL), which is \$2,555.00 as of 03/2024. Because the household's income exceeds 150% of the FPL, MassHealth approved the child for MassHealth CommonHealth benefits. MassHealth used the financial regulations to calculate a monthly premium for the MassHealth CommonHealth benefits. The household's gross monthly income is equal to 446% of the FPL. The premium was calculated to be \$242.00 per month for the benefits.

The representative from the Premium Billing Unit testified that the appellant has been billed the premium for March, April, and May 2024, and she has a balance of \$726.00 due to MassHealth. She has not paid the premiums. If the appellant would like to cancel the benefits, she must do so by 05/24/2024 to avoid paying a premium. Alternatively, the appellant may enter into a payment plan if she is having difficulty paying the premium. The appellant declined to cancel the benefits or enter into a payment plan at the hearing. She was provided with the Premium Billing Unit contact information.

The appellant testified that she is disappointed that the CommonHealth benefits are so expensive.

She stated she cannot afford the \$242.00 for her child's health insurance. The appellant testified that she is in the process of applying for the MassHealth Premium Assistance benefits to help her pay for her employer-sponsored health insurance.

Findings of Fact

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

1. The appellant lives with her child, who is under 19 years of age. They are considered a household of two people.
2. The appellant provided verification of her income to MassHealth.
3. The appellant has gross monthly income of \$7,684.44.
4. 150% of the Federal Poverty Limit for a household of two is \$2,555.00 per month.
5. The appellant's gross monthly income is 446% of the federal poverty limit for a household of two (as of 03/2024).
6. In October 2023, the appellant's child was approved for Children's Medical Security Plan with a \$64.00 per month premium.
7. The appellant submitted a disability supplement to MassHealth alleging that the child has a disability.
8. On 02/26/2024, MassHealth determined that the appellant's child met the MassHealth disability criteria.
9. On 02/26/2024, MassHealth upgraded the child's benefits to MassHealth CommonHealth benefits, effective retroactive to 10/15/2023.
10. MassHealth calculated a monthly premium of \$242.00 for the child's MassHealth CommonHealth benefits.

Analysis and Conclusions of Law

MassHealth Standard benefit eligibility requirements for children and young adults is described in regulations at 130 CMR 505.002(B), as follows:

Children and young adults may establish eligibility for MassHealth Standard coverage subject to the requirements described in 130 CMR 505.002(B).

(1) Children Younger than One Year Old.

(a) A child younger than one year old born to an individual who was not receiving MassHealth Standard on the date of the child's birth is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the federal poverty level (FPL); and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) A child born to an individual who was receiving MassHealth on the date of the child's birth is automatically eligible for one year and is exempt from the requirement to provide verification of citizenship and identity.

(c) A child receiving MassHealth Standard who receives inpatient services on the date of their first birthday remains eligible until the end of the stay for which the inpatient services are furnished.

(2) Children One through 18 Years Old.

(a) A child one through 18 years old is eligible if

1. ***the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level;*** and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

(Emphasis added.)

MassHealth CommonHealth Eligibility for disabled children younger than 18 years old is addressed by regulations at 130 CMR 505.004(G), as follows:

Disabled children younger than 18 years old must meet the following requirements:

- (1) be permanently and totally disabled, as defined in 130 CMR 501.001: Definition of Terms;
- (2) be ineligible for MassHealth Standard; and
- (3) be a citizen as described at 130 CMR 504.002: U.S. Citizens, lawfully present immigrant, or a nonqualified PRUCOL, as described in 130 CMR 504.003: Immigrants.

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 (see 130 CMR 505.004(I)).

Regulations at 130 CMR 506.011(b) address the calculation of CommonHealth premiums for disabled children 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 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
<i>Above 400% FPL—start at \$202 Add \$10 for each additional 10% FPL until 600% FPL</i>	<i>\$202 - \$392</i>
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

(Emphasis added.)

The appellant and her child are counted as household of two. The household has gross monthly income of \$7,648.00, which places them at 446% of the federal poverty limit. Because the income exceeds 150% of the FPL (\$2,555.00 as of 03/2024), the child is not eligible for MassHealth Standard benefits. There is no dispute that the child was determined to be disabled using MassHealth's criteria. Accordingly, he is eligible for MassHealth CommonHealth benefits. MassHealth determined the child to be eligible for CommonHealth benefits on 02/26/2024, with the benefits made retroactive to the date of application, 10/15/2023. MassHealth calculated the monthly CommonHealth premium to be \$242.00, based on the household's income. The income level of 446% of the FPL, starts the premium at \$202.00 per month and adds \$10 for each 10% of the FPL over 400%. MassHealth correctly determined that the monthly premium for the child's

CommonHealth benefits is \$242.00 (\$202.00 + \$10.00 + \$10.00 + \$10.00 + \$10.00). Thus, MassHealth correctly determined the child's MassHealth CommonHealth premium.

The appellant testified that she could not afford to pay the \$242.00 monthly premium for her son's MassHealth CommonHealth benefits. MassHealth informed her how to cancel the benefit within 90 days of the date of the notice without paying the premium; or, alternatively, how to enter into a payment plan. At hearing, the appellant declined an opportunity to do either.

MassHealth's eligibility determination is based on the correct facts in the hearing record as well as the above regulations. For the foregoing reasons, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

Carmen Fabery, Premium Billing Unit

