

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



**Appeal Decision:**      Approved in Part;  
                                 Denied in Part

**Appeal Number:**      2406478

**Decision Date:**      6/7/2024

**Hearing Date:**      05/28/24

**Hearing Officer:**      Stanley Kallianidis

**Appellant Representative:**

Pro Se

**MassHealth Representatives:**

Sherri Paiva, Taunton MEC; Karishma Raja, Premium Billing



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

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved in Part; Denied in Part	<b>Issue:</b>	Premium for CommonHealth
<b>Decision Date:</b>	6/7/2024	<b>Hearing Date:</b>	05/28/24
<b>MassHealth Reps.:</b>	Sherri Paiva, Taunton MEC; Karishma Raja, Premium Billing	<b>Appellant Rep.:</b>	Pro Se

### 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 February 22, 2024 was sent to the appellant stating that MassHealth had approved her for MassHealth CommonHealth with a \$404.00 CommonHealth Premium starting in March 2024 (see 130 CMR 506.011 and Exhibit 1). The appellant filed this appeal in a timely manner on April 23, 2024 (see 130 CMR 610.015 and Exhibit 2). Notice of the hearing was sent out on May 1, 2024 (Exhibit 3).

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 CommonHealth with a \$404.00 CommonHealth Premium.

### Issue

Pursuant to 130 CMR 506.011, what is the appellant's CommonHealth correct premium amount?

## Summary of Evidence

The MassHealth representative testified that the appellant's household consists of two persons—herself and her spouse. The appellant has no income. Her spouse has annual income of \$120,000.00 or \$10,000.00 monthly. This income is 603% of the federal poverty level for two people. She further testified that the appellant has does not have supplemental health insurance.

The appellant did not dispute the \$120,000.00 annual income figure. She also agreed to the household size and that she had no other health insurance. She objected to the premium amount of \$404.00, however.

The Premium Billing representative testified that the appellant could apply for a hardship waiver and that an application would be sent to her if she wanted it. She stated that the appellant was current in paying her monthly premium (Exhibit 4).

## Findings of Fact

The record shows, and I so find:

1. The appellant is a household of two without supplemental health insurance (testimony).
2. Her household's gross annual income is \$120,000.00 (testimony).
3. I take notice that the income is 587% of the federal poverty level based upon the 2024 Federal Poverty Level Chart for two people (\$20,448.00).
4. The appellant was approved for MassHealth CommonHealth with a \$404.00 CommonHealth Premium starting in March 2024 (Exhibit 1).

## Analysis and Conclusions of Law

130 CMR 506.011(H) provides the formulas that the 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
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In the instant case, I have found that the appellant is a household of two without supplemental health insurance. It is undisputed that her household’s gross annual income is \$120,000.00. I have also found that the income is 587% of the federal poverty level based upon the 2024 Federal Poverty Level Chart (\$20,448.00).

Using the above chart, the appellant would owe \$382.00 for her monthly CommonHealth premium. This is a reduction from the \$404.00 premium that MassHealth established beginning March 2024.

The appeal is therefore approved in part and denied in part due to the slightly reduced CommonHealth premium amount.

**Order for MassHealth**

Revise appellant’s monthly CommonHealth premium to \$382.00 beginning March 2024.

**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 notice, you should contact your local office. 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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

Taunton MEC

Maximus Premium Billing  
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