

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412865
Decision Date:	10/30/2024	Hearing Date:	09/27/2024
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	10/11/2024

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Jenna Cullivan, Quincy MassHealth Enrollment
Center
Carmen Fabery, 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

Appeal Decision:	Denied	Issue:	Eligibility; Under 65; CommonHealth Premium
Decision Date:		Hearing Date:	09/27/2024
MassHealth's Reps.:	Jenna Cullivan; Carmen Fabery	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 2 (Telephone)	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 July 25, 2024, MassHealth downgraded the appellant's benefits from MassHealth Standard to MassHealth CommonHealth after finding the appellant exceeds the income limits and imposed a \$192.00 monthly premium. *See* 130 CMR 505.002 and Exhibit 1. The appellant filed this appeal in a timely manner on August 19, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action related to scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the appellant's benefits to MassHealth CommonHealth and imposed a monthly premium of \$192.

Issue

The appeal issue is whether MassHealth was correct in seeking to downgrade the appellant's

MassHealth Standard benefit on the basis that her household income is too high.

Summary of Evidence

At hearing, MassHealth was represented by an eligibility and benefits social worker and a billing specialist from Premium Billing. Appellant appeared at the hearing acting *pro se*. All parties appeared by telephone and were sworn in.

The MassHealth eligibility representative testified that Appellant is an adult under the age of 65 and resides in a household of two (2). On July 25, 2024, the Appellant completed her renewal application telephonically, and her address and income were updated in the MassHealth system. Testimony. The MassHealth representative stated that as a result of the update to the household income, the household's federal poverty level (FPL) increased from 0% to 392.81%. Testimony. The MassHealth representative testified that there is a verified disability in the household, and therefore the household is eligible for the CommonHealth benefit with a monthly premium of \$192.00 due beginning in August 2024. The July 25, 2024 notice was generated by MassHealth's HIX case management system informing the Appellant that her MassHealth Standard benefit would be ending on August 8, 2024, that she was enrolled in CommonHealth beginning on July 15, 2024, and that a premium in the amount of \$192.00 would be due starting in August 2024. Testimony and Exhibit 1.

The MassHealth representative stated that a caseworker reached out to the Appellant on August 23, 2024, for pre-hearing resolution, and the Appellant reported another change in income. As a result of this conversation with the Appellant, the Appellant's household was calculated to have an FPL of 434.52%, and a monthly premium of \$232.00. Testimony.

The Appellant did not dispute the calculation of her household income in either July or August 2024. She stated that "[my spouse and I] were both working in August, but my husband is recently unemployed and is looking for work again." Testimony. She reported that her spouse's current income is zero. Testimony. The MassHealth representative then updated the HIX case management system and stated that this new income information adjusted the Appellant's household FPL to 200.49%, with a \$40.00 per month premium due for her CommonHealth benefit.

The Premium Billing representative stated that Premium Billing had waived the premiums due in August (\$192.00) and September (\$232.00) to zero because in addition to the HIX CommonHealth benefit that the Appellant is receiving, the MassHealth MA-21 system is showing that the Appellant has two types of coverage – CommonHealth and CarePlus. However, a premium would be due in October 2024. Testimony. The Premium Billing representative stated that for this issue to be resolved, the MA-21, or CarePlus coverage, needs to be removed from the Appellant's account. Testimony. The Premium Billing representative cannot make that adjustment in the case management systems. Testimony.

The MassHealth representative was unable to adjust the HIX case management system or the MA-21 system to remove the Appellant's CarePlus benefit during the hearing. Testimony. She stated that she would need to escalate this issue to a supervisor to resolve this issue. Testimony.

The Appellant stated in response that she is no longer receiving Medicare and emphasized that she is not collecting disability benefits and that she is not disabled. Testimony. The MassHealth representative responded that the Appellant's spouse has a verified disability and that is why their household is eligible for CommonHealth. Testimony.

After testimony concluded, it was determined that a record open period would be necessary for the MassHealth representative to escalate the issue regarding the Appellant showing coverage in both the HIX case management system and the MA-21 case management system. The record was held open until October 11, 2024, so that MassHealth could resolve this issue. Exhibit 6.

On October 10, 2024, the MassHealth representative sent the following email to the Hearing Officer:

I spoke with my supervisor after we hung up on 9/27/24. We then put in a request for the CarePlus benefit to be closed. On 10/4 I was informed that this closure had been completed. The member is still receiving MassHealth CommonHealth as the member is receiving Medicare benefits. I contacted the member on 10/4 to inform her that her Medicare benefits were still active. She insisted that she was no longer receiving Medicare so together we contacted the MH third party liability department to see if it could be closed. We were told by that representative that we would have to contact Medicare specifically. We contacted Medicare and were once again informed that the benefit was active and the representative provided the member with instructions on how to terminate the benefit with Social Security. As far as her MH benefit it seems that the CommonHealth benefit is correct. During our phone call on 10/4 we also updated the income of her husband as he is now employed through a temp agency. I informed the member that the change in income did increase the monthly premium from \$40 to \$252.

(Exhibit 7.)

With the issue of the appellant appearing as active in both the HIX case management system and the MA-21 case management system having been resolved, the Hearing Officer closed the administrative record on October 11, 2024.

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 two, including herself and her disabled spouse. Exhibit 4, Testimony.
2. On July 25, 2024, the appellant reported an income change to MassHealth, leading to a redetermination of her household's eligibility for MassHealth. Testimony.
3. On July 25, 2024, MassHealth issued a notice downgrading the benefits from MassHealth Standard to MassHealth CommonHealth and imposed a \$192.00 monthly premium based on the household's monthly income. Exhibit 1.
4. The appellant filed a timely notice of appeal on August 19, 2024. Exhibit 2.
5. The appellant reported a change in income in August 2024 which resulted in a recalculation of the household's CommonHealth premium. The new household FPL was 434.52%, and the household premium was increased to \$232.00 per month. Testimony.
6. At hearing, the appellant reported another change in household income, and the household FPL was calculated to 200.49% with a \$40.00 per month premium due for the household's CommonHealth benefit. Testimony.
7. At hearing it was determined that the Appellant was appearing in both the MA-21 and HIX case management systems, and the systems would need to be updated to avoid confusion with Premium Billing in the future. This issue can only be resolved by a supervisor. Testimony and Exhibit 6.
8. During the record open period, the issue with the case management system was resolved, and the appellant is now active in the HIX system only. Exhibit 7.
9. On October 4, 2024, the appellant reported a change in income for the household, and the MassHealth caseworker reported that the appellant's household premium would be \$252.00 per month. Exhibit 7.

Analysis and Conclusions of Law

To be eligible for MassHealth Standard, persons under age 65 who are disabled, such as the appellant's spouse, must have countable income that is less than or equal to 133% of the current FPL for the person's household size, as set forth at 130 CMR 505.002(E)(1):

Disabled Adults.

A disabled adult [REDACTED] years old or a disabled young adult [REDACTED] 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 section 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).

...

(emphasis added)

Here, due to the appellant's household countable income, the household does not qualify for MassHealth Standard.¹ However, the household qualifies for CommonHealth coverage, as per 130 CMR 505.004(B), which states:

Disabled Working Adults. Disabled working adults must meet the following requirements:

(1) be [REDACTED] years of age (for those [REDACTED] see 130 CMR 519.012: MassHealth CommonHealth);

(2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;

(3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;

(4) be 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;

(5) be ineligible for MassHealth Standard; and

(6) comply with 130 CMR 505.004(J).

(emphases added)

Under 130 CMR 506.011, the MassHealth agency may charge a monthly premium to

¹ At the time of the eligibility decision under appeal, the household income was at 392.81% for a household of two.

MassHealth Standard, CommonHealth or Family Assistance members who have income above 150% of the federal poverty level (FPL). 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). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

For adults with income above 150% of the federal poverty level, MassHealth CommonHealth premiums are calculated as follows:

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
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

130 CMR 506.011(B)(2)(b).

The MassHealth action at issue in this case is its July 25, 2024, approval of the appellant's MassHealth CommonHealth coverage with a monthly premium of \$192. As the appellant's income was verified at 392.81% of the federal poverty level, her premium was calculated in accordance with the chart above. MassHealth started with a base premium of \$40 and added \$8 for each additional 10% that the appellant's income exceeds 200% of the FPL—in the appellant's case, this was nineteen increments of 10%, or an additional \$152, resulting in a total premium of \$192. MassHealth's assessment of the \$192 monthly premium was therefore correct. Thus, I find no error in MassHealth's calculation of the appellant's CommonHealth premium.

For the foregoing reasons, the appeal is hereby 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Quincy MEC, Attn: Tosin Adebiyi, Appeals Coordinator, 100 Hancock Street, 7th Floor, Quincy, MA 02171

cc: Premium Billing Representative, Attn: Karishma Raja, Maximus Premium Billing, 1 Enterprise Drive, Suite 310, Quincy, MA 02169