

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413329
Decision Date:	11/15/2024	Hearing Date:	10/01/2024
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearances for MassHealth:

Michael Rossi (Quincy MEC) in person;
Carmen Fabery (Premium Billing Unit) *via*
video conference



*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:	Premium Billing/Non-payment
Decision Date:	11/15/2024	Hearing Date:	10/01/2024
MassHealth's Reps.:	Michael Rossi; Carmen Fabery	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South	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 15, 2023, MassHealth notified the appellant that it was terminating her MassHealth CommonHealth coverage because it determined that she had past due premiums. (See 130 CMR 506.011(D), (E)(2); Exhibit (Ex.) 1; Ex. 2, pp. 9-10). The appellant filed this appeal in a timely manner on August 28, 2024. (See 130 CMR 610.015(B) and Ex. 2). Termination of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CommonHealth coverage because of non-payment of premiums.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011, in determining that the appellant's MassHealth coverage should be terminated for non-payment of premiums.

Summary of Evidence

A worker from the Quincy MassHealth Enrollment Center (MEC) and the appellant attended the hearing in-person, while a MassHealth Premium Billing Research Specialist attended the hearing by video conference.

The MassHealth representative provided the following testimony. The appellant is under the age of 65 years old and lives in a household of two, which includes her daughter who is under the age of 19 years old. (Testimony; Ex. 3; Ex. 5, p. 8). In a notice dated April 26, 2024, MassHealth informed the appellant that she was eligible for MassHealth CommonHealth starting on April 16, 2024. (Testimony; Ex. 5, pp. 7-9). The notice also informed the appellant that she would be required to pay a monthly premium of \$128.00 beginning in May 2024. (Testimony; Ex. 5, p. 8). MassHealth calculated the appellant's premium based on the appellant's reported gross monthly income (GMI), which was \$5,375.83 at that time. (Testimony). The appellant's income placed her at 310.61% of the federal poverty level (FPL) for her two person household. (Testimony; Ex. 5, p. 8). In a notice dated July 15, 2024, MassHealth informed the appellant that it would terminate her CommonHealth by July 29, 2024 because she had past due premiums. (Testimony; Ex. 1; Ex. 2, pp. 9-10; Ex. 5, p. 6).

The Premium Billing representative continued by testifying to the following. After MassHealth determined the appellant was eligible for CommonHealth in April, the Premium Billing Unit mailed the appellant bills in the amount of \$128.00 monthly in May, June, and July 2024. (Testimony; Ex. 5, pp. 7-8). The Premium Billing Unit did not receive any payments for these three bills and the termination ensued. (Testimony; Ex. 1; Ex. 5, p. 6). The appellant continues to have a balance of \$384.00, representing the three months of unpaid premiums. (Testimony; Ex. 2, p. 11).

The appellant stated the main reason for the failure to pay was due to her financially stressed situation. (Testimony). The appellant initially applied for MassHealth in December 2023 but was denied due to exceeding the income limit. (Testimony). At that time, she would have needed to pay a \$900 premium for private insurance. (Testimony). After further discussions with MassHealth, she was advised to submit the Adult Disability Supplement for disability evaluation, which ultimately led to her approval for CommonHealth, even though she did not feel disabled. (Testimony).

The appellant continued by stating that while the \$128.00 monthly premium is lower than the cost of private insurance, it was still challenging for her to pay given her present financial situation. (Testimony). The appellant stated that she also resides with her two sons, who are not counted as part of her household by MassHealth because they are both over 21 years old. (Testimony). A significant portion of her income goes towards housing, and her expenses also stem from taking care of her three children. (Testimony). She recently had to pay \$400 for her son's college books, and she has upcoming dental work scheduled (for which she has employer-provided insurance). (Testimony). She also recently had to replace a headlight on her car, a further and unexpected

\$500 expense. (Testimony).

The MassHealth representative discussed the possibility of the appellant submitting a request to waive or reduce her premiums. (Testimony). The appellant stated that she has partially completed the waiver request and would be submitting it soon. (Testimony). The Premium Billing representative noted that while waivers are typically granted to members with higher premiums, it would still be worth pursuing. (Testimony). The Premium Billing representative also explained that the appellant could enter a repayment agreement for up to 18 months, allowing her to spread the cost of three months of unpaid premiums in addition to her regular monthly payments. (Testimony). This agreement would enable her reinstatement. (Testimony).

The appellant expressed her willingness to enter the repayment agreement to regain her benefits. (Testimony). The Premium Billing representative cautioned that failure to make payments would result in termination of benefits and that MassHealth would not enter into more than two repayment agreements within an 18-month period. (Testimony). The appellant confirmed her desire to proceed with the repayment agreement. (Testimony).

Findings of Fact

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

1. The appellant is under the age of 65 years old
2. The appellant lives in a household of two, which includes her daughter who is under the age of 19 years old. (Testimony; Ex. 3; Ex. 5, p. 8).
3. In a notice dated April 26, 2024, MassHealth informed the appellant that she was eligible for MassHealth CommonHealth starting on April 16, 2024. (Testimony; Ex. 5, pp. 7-9).
4. The notice also informed the appellant that she would be required to pay a monthly premium of \$128.00 beginning in May 2024. (Testimony; Ex. 5, p. 8).
5. MassHealth calculated the appellant's premium based on the appellant's reported GMI, which was \$5,375.83 at that time. (Testimony).
6. The appellant's income placed her at 310.61% of the FPL for her two person household. (Testimony; Ex. 5, p. 8).
7. The Premium Billing Unit mailed the appellant bills in the amount of \$128.00 monthly in May, June, and July 2024. (Testimony).
8. The Premium Billing Unit did not receive any payments for these three bills. (Testimony).
9. In a notice dated July 15, 2024, MassHealth informed the appellant that it would terminate

her CommonHealth by July 29, 2024 because she had past due premiums. (Testimony; Ex. 1; Ex. 5, p. 6).

10. The appellant continues to have a balance of \$384.00, representing the three months of unpaid premiums. (Testimony; Ex. 2, p. 11).

11. The appellant also resides with her two sons, who are both over the age of 21 years old and therefore are not counted as part of her household. (Testimony).

Analysis and Conclusions of Law

MassHealth may charge a monthly premium to members with MassHealth Standard, CommonHealth, or Family Assistance who have income above 150% of the federal poverty level. (130 CMR 506.011). Premium billing family groups (PBFG) serve as the basis for calculating MassHealth premiums. (130 CMR 506.011(A)(1)). A PBFG can consist of an individual, a couple who are married and living together, or a family that includes children under 19, their parents, siblings under 19 and their children, or children under 19 and their caretaker relative when no parent is present. (Id.). For children with a household modified adjusted gross income above 300% FPL, as well as for young adults and adults, MassHealth calculates premiums based on the individual's FPL compared with a corresponding amount located in the MassHealth regulations (see below). (130 CMR 506.011(A)(5)). When MassHealth approves a PBFG for multiple premium billing coverage types, the group is only responsible for the higher premium or required member contribution. (130 CMR 506.011(A)(6)(a)).

The premium formulas for MassHealth CommonHealth members who are adults with household income above 150% of the FPL is as follows:

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%	\$15 - \$35
Above 200% FPL--start at \$40	Add \$8 for each additional 10% FPL until 400%	\$40 - \$192
Above 400% FPL--start at \$202	Add \$10 for each additional 10% FPL until	\$202 - \$392
Above 600% FPL--start at \$404	Add \$12 for each additional 10% FPL until	\$404 - \$632
Above 800% FPL--start at \$646	Add \$14 for each additional 10% FPL until	\$646 - \$912
Above 1000% FPL--start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

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

MassHealth members who are assessed a premium are responsible for monthly premium payments beginning with the calendar month following the date of MassHealth's eligibility determination. (130 CMR 506.011(C)(2)). If MassHealth has billed a member for a premium payment, and the member does not pay the entire amount billed within 60 days of the date on the

bill, the member's eligibility for benefits is terminated. (130 CMR 506.012(D)(1)). The member will be sent a notice of termination before the date of termination. (130 CM).

In April 2024, MassHealth determined that the appellant was eligible for CommonHealth. The appellant reported at that time that her GMI was \$5,375.83, which is 310.61% of the FPL for a two person household. MassHealth is permitted to assess a monthly premium for CommonHealth recipients with GMI exceeding 150% of the FPL. Using the graph cited above, MassHealth started with a base figure of \$40.00 since the appellant's income was between 200% and 400% of the FPL. To this figure, it then added \$8.00 for each 10% the appellant's income that exceeded 200% of the FPL (\$8.00 x 11 = \$88.00). Finally, MassHealth added the base premium of \$40.00 to \$88.00 and determined the appellant's monthly premium was \$128.00. MassHealth then issued the notice to the appellant informing her that she was approved for CommonHealth with a \$128.00 monthly premium, which would begin in May 2024.

The record shows that MassHealth billed the appellant for premiums in May, June, and July 2024. As of the date of the hearing, MassHealth had not received any payments from the appellant for these premiums and the appellant therefore had an outstanding balance of \$384.00. Since 60 days elapsed after the date MassHealth issued the first premium bill in May 2024, MassHealth then terminated the appellant's CommonHealth in accordance with the regulations cited above. The appellant, for her part, did not contest this fact.

As indicated at the hearing, the appellant does have the option of entering into a repayment agreement with MassHealth or requesting that MassHealth waive part or all of the outstanding or future premiums. (See 130 CMR 506.011(E), (G)). If she has not done so already, the appellant would need to contact MassHealth in order to discuss or pursue these options as they are outside the scope of this appeal.

For the above reasons, the 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.

Scott Bernard
Hearing Officer
Board of Hearings

Cc:

Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171

Maximus Premium Billing, Attn: Carmen Fabery, 1 Enterprise Drive, Suite 310, Quincy, MA 02169