

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2413976
Decision Date:	12/5/2024	Hearing Date:	10/17/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Sherri Paiva, Taunton MEC
Gretchen Whitworth, 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:	Premium Billing - Monthly Premium
Decision Date:	12/5/2024	Hearing Date:	10/17/2024
MassHealth's Rep.:	Sherri Paiva Gretchen Whitworth	Appellant's Rep.:	
Hearing Location:	Remote (phone)	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 11, 2024, MassHealth approved appellant's minor child for MassHealth CommonHealth benefits with a monthly premium of \$312.00. (Ex. 1). The appellant filed this appeal disputing the monthly premium in a timely manner on September 4, 2024. (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's minor child for CommonHealth with a monthly premium of \$312.00.

Issue

The appeal issue is whether MassHealth was correct in calculating appellant's monthly premium.

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: Appellant lives in a household of 4 with a Federal Poverty Level (FPL) of 618.40%. Appellant has monthly income from employment of \$14,166.67 and his wife has monthly income of \$2,041.67 from employment. Their combined gross monthly income is \$16,208.33. Appellant's minor child has a disability and was found eligible for CommonHealth with a premium of \$312.00 a month. The worker explained how the monthly premium was calculated. She stated anything beginning above 600% of the FPL starts at \$404.00 and \$12.00 is added for every additional 10%, therefore, in this case, the total is \$416.00. However, because MassHealth is the child's supplemental insurance the appellant is only responsible for 75% of the \$416.00, which is \$312.00 a month. (Testimony; Ex. 1, p. 3). The worker testified that when the child incurs medical expenses, her private insurance pays and anything not covered by private insurance is paid by MassHealth. The worker testified if the appeal rep was unsatisfied with MassHealth, he could call MassHealth and voluntarily withdraw from MassHealth. (Testimony).

The premium billing representative offered evidence showing appellant was approved for CommonHealth on July 11, 2024 with an effective date of July 1, 2024. The benefit came with a monthly premium of \$312.00 a month, starting in August 2024. Appellant was billed for the premium for the months of August, September and October 2024 and has a total balance of \$936.00 due on the account. (Ex. 4, pp. 1, 2). She confirmed that appellant has 3 months of premiums outstanding. (Testimony).

The appellant stated he understood how MassHealth calculated the monthly premium. He stated he is a police officer and his salary is unique because of supplemental income due to court appearances and detail work and while he admitted to making \$170,000.00 last year, half of that income was from supplemental work and his base pay was lower.

Findings of Fact

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

1. Appellant's minor child, who is disabled, was approved for CommonHealth on July 11, 2024 with an effective date of July 1, 2024 and a monthly premium of \$312.00. (Ex. 4, pp. 1, 2).
2. Appellant is in a household of 4 with income at 618.40% of the Federal Poverty Level (FPL). Appellant has monthly income from employment of \$14,166.67 and his wife has monthly income of \$2,041.67 from employment. The combined gross monthly income is \$16,208.33. (Testimony).
3. Appellant's child has primary insurance through Blue Cross/Blue Shield. (Worker Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

The sole issue in this appeal is appellant disputing the amount of the monthly premium of \$312.00 for MassHealth CommonHealth.

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 (PBFG) 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 (PBFG). A PBFG 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 19 years old, any of their children, and their parents;
 - 2. siblings younger than 19 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 19 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 18 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

Appellant's FPL is 618.40%. Based on the above chart, the monthly premium would be \$404 plus \$12 for every additional 10%, totaling \$416.00 a month. However, appellant has other primary insurance.

(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, 75% of \$416.00 is \$312.00. MassHealth correctly calculated appellant's monthly premium.

MassHealth's action is upheld and 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616