

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2414754
Decision Date:	12/18/2024	Hearing Date:	12/05/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:




Appearance for MassHealth:

Adriel Torres and Michael Rossi, Quincy MEC
Karishma Raja, Premium Billing
Roxana Noriega, Premium Assistance

*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; Premium Assistance
Decision Date:	12/18/2024	Hearing Date:	12/05/2024
MassHealth's Rep.:	Adriel Torres Michael Rossi Karishma Raja Roxana Noriega	Appellant's Rep.:	
Hearing Location:	Remote	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 September 24, 2024, MassHealth approved the appellant's child for MassHealth CommonHealth with a monthly premium of \$185.67 starting in October 2024.¹ See 130 CMR 505.004; 130 CMR 506.011; 130 CMR 506.012; and Exhibit 1. The appellant filed this appeal in a timely manner on September 24, 2024. See 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to suspend, reduce, terminate, or restrict a member's assistance as well as assessment of a monthly premium are valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth approved the appellant's child for MassHealth CommonHealth with a monthly premium of \$185.67 starting in October 2024.

¹ A subsequent notice was sent out by MassHealth on November 12, 2024, regarding an increase to the CommonHealth premium starting in December 2024. This notice is outside the scope of this decision and carries with it its own separate appeal rights.

Issue

Whether MassHealth was correct in determining the appellant's monthly premium start date pursuant to 130 CMR 506.011 and 130 CMR 506.012.

Summary of Evidence

This hearing was conducted in two days during which all parties participated telephonically. During the first day of hearing, MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center and a worker from the Premium Billing Unit (PBU). No representative was present from the Premium Assistance Unit (PAU). The hearing was reconvened for a second day during which all representatives were present. See Exhibit 5. The appellant and her spouse appeared on behalf of their child and verified her identity. The following is a summary of the testimonies and evidence provided at both hearings:

The appellant is the head of household. On December 6, 2023, the appellant's child who is deemed disabled was approved for MassHealth CommonHealth with a premium of \$707.20 per month starting in January 2024. This premium was calculated based on MassHealth's determination that the appellant's income equated to 979.07% of the federal poverty Level (FPL) for a household of three. On March 22, 2024, the appellant's premium was adjusted to \$673.60 per month starting in April 2024 because of a reported a change in the household income. This premium was calculated based on MassHealth's determination that the appellant's income equated to 942.48% of the FPL for a household of three.

On May 23, 2024, the appellant's premium was adjusted to \$456.00 per month starting in June 2024, due to the addition of a new household member. This premium was calculated based on MassHealth's determination that the appellant's income equated to 779.10% of the FPL for a household of four.

On June 4, 2024, MassHealth approved the appellant's application for premium assistance and adjusted her premium to \$317.67 per month starting in July 2024. The appellant's FPL remained unchanged. On September 24, 2024, the appellant's premium was further adjusted to \$185.67 per month starting in October 2024, due to the addition of a new household member. The revised premium was calculated based on MassHealth's determination that the appellant's income equated to 663.78% of the FPL for a household of five.

The PBU representative corroborated the MassHealth representative's testimony and stated that the total amount due on the account was \$5,063.48. No payments have been made.

The PAU representative testified that, due to a conversion issue in MassHealth's HIX system, the

appellant was billed an incorrect amount for June 2024. She said that the premium for the month of June 2024 should be adjusted to \$317.67 because the appellant receives \$290.33 in premium assistance towards the premium of \$608.00. The PAU representative added that, although the appellant's premium assistance application was received in June 2024, the premium for May would also be adjusted to \$317.67.

The appellant verified her total household income of \$10,000.00 biweekly and confirmed her current household size of five. She testified that, after the public health emergency due to COVID-19 pandemic was lifted, she was notified that she would have to pay a premium for MassHealth CommonHealth coverage for her disabled child. She explained that her family is enrolled in Employer Sponsored Insurance (ESI) with CommonHealth serving as her child's secondary insurance. She stated that as soon as she was notified about the premium requirement, she contacted her case manager at [REDACTED]. The case manager informed her that her child would qualify for the Kaileigh Mulligan Program² and advised her to submit an application. She completed and submitted the application in February 2024. Based on her case manager's advice, she did not make any payments towards the assessed premiums because she was anticipating an approval of the pending application. In July 2024, the application was denied because her child was no longer dependent on a feeding tube. The appellant's subsequent appeal of this decision was also denied.

In May 2024, the appellant began working with a case manager from MassHealth who advised her to apply for Premium Assistance. She was also instructed to update her household size with MassHealth to reflect the addition of her second child, born in [REDACTED]. The appellant stated that she was approved for Premium Assistance in May 2024. She said that with the addition of her second child, her monthly premium was reduced to \$317.67 per month, effective June 2024.

The appellant testified that in September 2024, she updated her household size again to include the birth of her third child. Through a notice which is the issue in this appeal she was informed that the monthly premium was further reduced to \$185.67 per month starting in October 2024. Based on her testimony, she requested that the lowest premium amount calculated based on her household size and Premium Assistance, be applied retroactively to her bills starting in January 2024.

The appellant's spouse testified that they have received conflicting information regarding their monthly premiums. According to the Premium Assistance approval notice, their premiums should be \$0, but they continue to receive monthly bills from Premium Billing. He added that, because their household size was four as of January 2024, they were incorrectly billed by Premium Billing. While denying any arrears on their household bills, he requested that their past due premiums be

² The Kaileigh Mulligan Program enables severely disabled children younger than [REDACTED] years old to remain at home. The income and assets of their parents are not considered in the determination of eligibility.

forgiven.

In response, the MassHealth representative explained that it is the member's responsibility to inform MassHealth of any changes in the household, including the household size. The PAU representative explained that the premium assistance payments will be subtracted from the premium bills and the appellant will receive \$0 from Premium Assistance. Both the PBU and PAU representatives stated that the bills could not be adjusted retroactively but agreed to adjust the bills for the months of May and June 2024 to \$317.67 per month.

Findings of Fact

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

1. The appellant is the mother of a minor child whose MassHealth benefits are at issue in this appeal. (Testimony and Exhibit 1).
2. On December 6, 2023, the appellant's child who is deemed disabled was approved for MassHealth CommonHealth with a premium of \$707.20 per month starting in January 2024 because the appellant's household income equated to 979.07% of the FPL for a household of three. (Testimony and Exhibit 6, 7).
3. The appellant was billed in the amount of \$707.20 per month for the months of January, February, and March 2024. (Testimony and Exhibits 6, 7).
4. On March 22, 2024, the appellant's premium was adjusted to \$673.60 per month starting in April 2024 because the appellant's adjusted income equated to 942.48% of the FPL for a household of three. (Testimony and Exhibit 7).
5. The appellant was billed in the amount of \$673.60 for the months of April and May 2024. (Testimony and Exhibits 6, 7).
6. On May 23, 2024, the appellant's premium was adjusted to \$456.00 per month starting in June 2024 because a new member was added to the household. (Testimony and Exhibit 7).
7. The appellant's household income equated to 779.10% of the FPL for a household of four. (Exhibit 7).
8. The appellant was billed in the amount of \$456.00 for the month of June 2024. (Testimony and Exhibits 6, 7).
9. In May 2024, the appellant submitted an application for premium assistance on behalf of her

child which was approved. (Testimony).

10. On June 4, 2024, MassHealth approved the appellant's application for premium assistance and adjusted her premium to \$317.67 per month starting in July 2024. (Testimony and Exhibit 7).
11. The appellant was billed in the amount of \$317.67 per month for the months of July, August, and September 2024. (Testimony and Exhibits 6, 7).
12. Through a notice dated September 24, 2024, the appellant's premium was adjusted to \$185.67 per month starting in October 2024 because a new member was added to the household. (Testimony and Exhibit 1).
13. The appellant's household income equated to 663.78% of the FPL for a household of five. (Testimony and Exhibit 1).
14. The appellant was billed in the amount of \$185.67 per month for the months of October and November 2024. (Testimony and Exhibits 6, 7).
15. The appellant did not make any payments. (Testimony).
16. The appellant filed this appeal in a timely manner on September 24, 2024. (Exhibit 2).
17. No representative was present on behalf of the PAU at the hearing conducted on October 31, 2024.
18. The hearing was ordered to be reconvened and the presence of a representative from the PAU was requested. (Exhibit 5).
19. The hearing was reconvened on December 5, 2024. (Exhibit 3).

Analysis and Conclusions of Law

The regulations at 130 CMR 505.004 contain the categorical requirements and financial standards for CommonHealth coverage available to both disabled children and disabled adults, and to disabled working adults. 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). See 130 CMR 506.011(I).

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 premium 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). See generally 130 CMR 506.011.

The full premium formula for MassHealth CommonHealth members who are 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.

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

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.

See 130 CMR 506.011(B)(2)(c).

Here, the appellant verified her total household income of \$10,000.00 biweekly, which equates to \$21,665.00 monthly.³ Both sides agreed that on September 24, 2024, the appellant reported the addition of a new household member, increasing her household size to five. To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's total countable income. See 130 CMR 506.007(A). After deducting five percentage points of the FPL (\$152.45) from the appellant's total income of \$21,665.00, the appellant's countable income equals \$21,512.55 per month. Accordingly, the total household income is 663.78% of the FPL for the household of five. See 130 CMR 506.007. As such, the appellant's CommonHealth monthly premium was correctly reduced to \$476.00 per month starting in October 2024.⁴ See 130 CMR 506.011(B)(2)(b).

The appellant testified that she applied for premium assistance⁵ on May 23, 2024. On June 4, 2024, MassHealth approved the appellant's application for premium assistance. The PAU representative stated that the appellant receives \$290.33 in premium assistance towards her monthly premium bill. See 130 CRM 506.011(B)(2)(c)(members receiving premium assistance payment are not eligible for the supplemental premium rate). CommonHealth members who are eligible to receive a premium assistance payment, as described in 130 CMR 506.012, that is less than the full CommonHealth premium receive their premium assistance payment as an offset to the CommonHealth premium assistance bill and are responsible for the difference. See 130 CMR 506.011(B)(2)(d). Thus, subtracting the premium assistance payment from the premium equals to \$185.67 (\$476.00-\$290.33) per month. As such, MassHealth correctly calculated the appellant's

³ In determining monthly income, MassHealth averages weekly income multiplied by 4.333. See 130 CMR 506.007(A).

⁴ Although the calculation of the monthly premium was not contested, this decision will determine its correctness.

⁵ Premium assistance payments are available to MassHealth members who are eligible for MassHealth CommonHealth, as described in 130 CMR 505.004. See 130 CMR 506.012(A)(3).

monthly premium.

The appellant and her spouse argued that because their second child was born before [REDACTED] and they were unaware of the requirement to report household changes, their premium bills should be reduced to \$317.67 per month, retroactive to January 1, 2024. In support of this argument, the appellant stated that MassHealth representatives failed to inform her of the need to update her household size. Therefore, MassHealth should retroactively adjust her household size to four starting in January 2024. Additionally, she requested that her premium assistance be applied retroactively, reducing her monthly premiums to \$185.67 per month starting in January 2024 onward. During the hearing, the PAU representative agreed to adjust the appellant's premium to \$317.67 for the months of May and June 2024.⁶

While I am sympathetic to the appellant's position, as stated supra, the regulations do not support her arguments. See 130 CMR 506.011(C)(3)(b); 130 CMR 506.012(F)(1)(d). Additionally, the regulations place the responsibility of reporting changes, including household size updates, squarely on the shoulders of the member. See 130 CMR 501.010(B)(the applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility). Accordingly, there is no regulatory provision to support retroactive adjustments to premiums for unreported changes and the appellant did not provide any authority in support of her argument. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(proof by a preponderance of the evidence is the standard generally applicable to administrative proceedings). As such, MassHealth correctly calculated the appellant's premiums and their effective start dates, with the exception of the months of May and June 2024, which were adjusted during the hearing in the appellant's favor.

For the foregoing reasons, this appeal is DENIED.

Order for MassHealth

To the extent that Premium Billing has not already done so, adjust the premium bills for the months of May and June 2024 to \$317.67 per month, thereby adjusting the total outstanding premium bills as of the end of November 2024 to \$4,754.89.

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.

⁶ This favorable adjustment by the PAU representative will not be disturbed.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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