

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416878
Decision Date:	01/17/2025	Hearing Date:	12/02/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:




Appearances for MassHealth:

Christopher Champagne, MEC; Carmen Fabery,
Premium Billing Unit



*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	Issues:	Community Eligibility – Over 65 – Income; Premium Billing
Decision Date:	01/17/2025	Hearing Date:	12/02/2024
MassHealth's Reps.:	Christopher Champagne, MEC; Carmen Fabery, Premium Billing Unit	Appellant's Rep.:	
Hearing Location:	Springfield MassHealth Enrollment Center	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 10/21/2024, MassHealth informed the appellant that it approved his application for MassHealth CommonHealth benefits with a monthly premium of \$128.00 (130 CMR 506.011; Exhibit 1). The appellant filed a timely appeal on 11/04/2024 (130 CMR 610.015; Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth approved the appellant's MassHealth CommonHealth benefits and calculated a monthly premium of \$128.00.

Issue

The issue is whether MassHealth is correct in determining that the appellant is eligible for MassHealth CommonHealth benefits and whether MassHealth correctly calculated the monthly premium of \$128.00.

Summary of Evidence

A MassHealth representative from the MassHealth Premium Billing Unit (PBU) and the MassHealth representative from the MassHealth Enrollment Center (MEC) testified telephonically that on 10/21/2024, the appellant, who is over 65 years of age, was approved for MassHealth CommonHealth benefits as a disabled working adult. His premium was calculated to be \$126.00 per month beginning in November 2024. The premium was based on the appellant's household size of one and the reported income of \$3,939.04 per month, which equals 313% of the federal poverty level (FPL).

The PBU representative testified that the appellant's account is current, and he has a credit balance of \$32.00, as of the date of the fair hearing.

The appellant appeared at the fair hearing telephonically and he testified that he is concerned about the premium, as it appears that it has increased "four times," even though his income has not changed.

The PBU representative informed the appellant that if he is having difficulty paying the premiums, he can apply for a hardship waiver. She volunteered to send the appellant a hardship waiver after the hearing.

Findings of Fact

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

1. The appellant is an adult who is over the age of 65 and he lives in the community. The appellant has been determined to be disabled. He counted as a household of one person (Testimony).
2. On 10/21/2024, the appellant was approved for MassHealth CommonHealth benefits as a disabled working adult with a \$126.00 per month premium beginning in November 2024.
3. The appellant's reported income was \$3,939.04 per month, which equals 313% of the federal poverty level (FPL) for a household of one.

4. One hundred percent of the FPL for a household of one is \$1,255.00 per month.
5. The appellant currently has a credit of \$32.00 on his account.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 519.005 address MassHealth eligibility requirements for community residents aged 65 and older as follows:

Community Residents 65 Years of Age or Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

- (1) the countable income amount, as defined in 130 CMR 520.009: ***Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and***
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

(Emphasis added.)

MassHealth regulations at 130 CMR 505.000 explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

- (1) Standard - for pregnant women, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) ***CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;***
- (3) CarePlus - for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

- (4) Family Assistance - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance - for adults or young adults who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
 - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
 - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) Senior Buy-In and Buy-In - for certain Medicare beneficiaries.

(Emphasis added.)

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. The appellant is categorically eligible for MassHealth Standard and CommonHealth as someone who has been determined to be disabled. As appellant is categorically eligible, the next step is to determine financial eligibility which requires, pursuant to the above regulation, that the MassHealth agency construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. For applicants or members who are categorically eligible for MassHealth Standard or CommonHealth due to their disability, MassHealth uses the MassHealth Disabled Adult household composition rules defined at 130 CMR 506.002(C) as:

- (1) the individual;
- (2) the individual's spouse if living with him or her;
- (3) the individual's natural, adopted, and stepchildren younger than 19 years old if living with him or her; and
- (4) if any woman described in 130 CMR 506.002(C)(1), (2), or (3) is pregnant, the number of expected children.

It is undisputed that the household size is one. The appellant also did not dispute his income of \$3,939.04, as reported to MassHealth. The income limit for MassHealth Standard is 100% of the federal poverty level. 100% of the federal poverty level for a household size of one is equal to \$1,255.00. Therefore, appellant's income of \$3,929.04 exceeds the program limit to qualify for MassHealth Standard.

In order to establish eligibility for MassHealth CommonHealth as a disabled adult the appellant must either meet a one-time-deductible in accordance with 130 CMR 506.009 (130 CMR 505.004(C)(5)(a)) or provide verification that he works at least 40 hours per month. In this case, MassHealth had a record of the appellant's employment that met this requirement. Therefore, MassHealth correctly determined that, based on the information it has in its system, the appellant is eligible for MassHealth CommonHealth benefits as a working disabled adult.

Regulations at 130 CMR 506.011(B)(2)(b) provide the formulas that the MassHealth agency uses to determine the monthly premiums for people who are receiving MassHealth CommonHealth, as follows:

The full premium formula for young adults with household income above 150 percent of the FPL, adults with household income above 150 percent of the FPL, and children with household income above 300 percent 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 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% FPL	\$15 - \$35
<i>Above 200% FPL—start at \$40</i>	<i>Add \$8 for each additional 10% FPL until 400% FPL</i>	<i>\$40 - \$192</i>
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

MassHealth correctly used the appellant's undisputed countable income of \$3,939.04 and correctly determined that his income is 313% of the federal poverty level. Because his income level is between 200% and 400% of the federal poverty level, MassHealth began the premium calculation at \$40.00 and added \$88.00 (\$8.00 for each 10% of the FPL over 200%) to calculate the full premium of \$128.00. MassHealth correctly calculated the appellant's eligibility for MassHealth

CommonHealth benefits and the monthly CommonHealth premium.

This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186