

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2417356
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	12/10/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Carmen Rivera, Quincy MEC; Carmen Fabery,  
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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	12/30/2024	<b>Hearing Date:</b>	12/10/2024
<b>MassHealth's Reps.:</b>	Carmen Rivera, Carmen Fabery	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<b>Aid Pending:</b>	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 12, 2024, MassHealth terminated the Appellant's MassHealth benefit due to unpaid premiums. 130 CMR 506.011(D) and Exhibit 1. The Appellant filed this appeal in a timely manner on November 12, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial or reduction of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth benefit for failure to pay monthly premiums of \$67.60 for the months of July-September 2024.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011(B)(2), in determining that the Appellant owed a monthly premium of \$67.60 for July-September 2024.

### Summary of Evidence

The hearing was held by telephone. The Appellant verified his identity. MassHealth was represented by an eligibility specialist and a premium billing specialist. The MassHealth eligibility specialist testified that the Appellant is ■ years old, and has a household size of one. The MassHealth premium billing specialist testified that the Appellant had a \$9/month premium for CommonHealth coverage for the months of April-June 2024, which the Appellant paid. The MassHealth premium billing specialist testified that the Appellant was approved for MassHealth CommonHealth on November 17, 2024, without a premium. Exhibit 5. The Appellant and the MassHealth representative agreed that the Appellant receives \$1,978.70 in monthly Social Security benefits.

The MassHealth eligibility specialist testified that in March 2024, MassHealth sent the Appellant a request for information, which the Appellant did not respond to, and that then MassHealth used other data sources which resulted in the calculation of the \$67.60 CommonHealth premium for July-September 2024. The Appellant did not pay any premium for July-September 2024. The MassHealth eligibility specialist testified that MassHealth later received an updated address from the Appellant, along with proof of address from the housing authority. The MassHealth eligibility specialist testified that the Appellant is enrolled in Medicare.

The Appellant testified that he is disabled and that he is very grateful for MassHealth. The Appellant testified that he was confused why his premium increased from \$9, when his income did not change. The Appellant also testified that he did not understand that he had to send something in to MassHealth.

## **Findings of Fact**

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

1. The Appellant is ■ years old (Testimony, Exhibit 4).
2. The Appellant has a household size of one (Testimony).
3. The Appellant has a verified disability, and is eligible for MassHealth CommonHealth (Testimony, Exhibit 4).
4. For the months of April-June 2024, the Appellant had a \$9/month MassHealth premium, which he paid in full (Testimony, Exhibit 5).
5. For the months of July-September 2024, the Appellant's income was \$1,978.70/month, the source of which was Social Security (Testimony).

6. MassHealth charged the Appellant a \$67.60/month premium for July-September 2024 (Testimony, Exhibit 5).
7. The Appellant did not pay any premiums for his CommonHealth coverage for July-September 2024.
8. On September 12, 2024, MassHealth terminated the Appellant's MassHealth benefits for unpaid premiums (Exhibit 1).
9. On November 12, 2024, the Appellant filed a timely appeal with the Board of Hearings (Exhibit 2).
10. On November 17, 2024, MassHealth approved the Appellant for CommonHealth with no premium (Exhibit 5).
11. The Appellant is enrolled in Medicare (Testimony).

## Analysis and Conclusions of Law

MassHealth 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. Specifically, 130 CMR 506.011(B)(2)(b) & (c), provides the following formula for CommonHealth members:

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.

<b>CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL</b>		
<b><i>Base Premium</i></b>	<b>Additional Premium Cost</b>	<b>Range of Monthly Premium Cost</b>
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%	Add \$10 for each	\$202 — \$392

FPL—start at \$202	additional 10% FPL until 600% FPL	
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

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.

<b>CommonHealth Supplemental Premium Formula</b>	
<b>% of Federal Poverty Level (FPL)</b>	<b>Monthly Premium Cost</b>
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

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

Based on the testimony and evidence presented at hearing, and in the record, the Appellant's income for July-September 2024, was \$1,978.70/month, which is 152.67% of the federal poverty level. 130 CMR 506.007. Because the Appellant was enrolled in Medicare, the Appellant also qualifies for the supplemental premium formula. Accordingly, using the calculation set forth by 130 CMR 506.011(B)(2)(b) & (c), here, the Appellant's premium should have been \$15 x 60% of full premium = \$9. Therefore, MassHealth erred in charging the Appellant \$67.60, and the appeal is approved.

MassHealth is directed to correct the Appellant's premium bills for July-September 2024 to \$9/month and to rescind the termination for failure to pay the premium for those months. If the Appellant's income changes, he is directed to inform MassHealth within ten days, in accordance

with 130 CMR 510.010(B).

## **Order for MassHealth**

Remove administrative closure from the Appellant's account, if there is one. Adjust the Appellant's July-September 2024 premium bills to reflect a premium of \$9, instead of \$67.60. Rescind the September 12, 2024 termination notice for failure to pay \$202.80. If requested, work with the Appellant to set up a payment plan for the \$9 monthly premium owed for the months of July, August and September 2024.

## **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.

---

Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

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

MassHealth Representative: Maximus Premium Billing