

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part	<b>Appeal Number:</b>	2418285
<b>Decision Date:</b>	02/20/2025	<b>Hearing Date:</b>	01/08/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Aline Teixeira, Tewksbury MEC; Karishma Raja,  
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 in part	<b>Issue:</b>	Premium Billing
<b>Decision Date:</b>	02/20/2025	<b>Hearing Date:</b>	01/08/2025
<b>MassHealth's Reps.:</b>	Aline Teixeira, Karishma Raja	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center (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 November 12, 2024, MassHealth approved the Appellant for MassHealth CommonHealth, with an assessed monthly premium of \$170.13 beginning in December 2024. 130 CMR 506.011(B)(2) and Exhibit 1. The Appellant filed this appeal in a timely manner on November 29, 2024, stating that no reason was given for her premium tripling. 130 CMR 610.015(B) and Exhibit 2. Reduction of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth determined that the Appellant owes a CommonHealth monthly premium of \$170.13, starting in December 2024.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.011(B)(2), in determining that the Appellant owes a monthly premium of \$170.13 to have MassHealth

CommonHealth as her secondary insurance.

## **Summary of Evidence**

The hearing was held by telephone. MassHealth was represented by an eligibility specialist and a premium billing specialist. The Appellant is an adult between the ages of 21-64 and has a household size of one. The MassHealth eligibility specialist testified that the Appellant's CommonHealth premium had previously been lower because MassHealth's information indicated that the Appellant's income was lower and that MassHealth had sought verifying information about the Appellant's income. The MassHealth eligibility specialist testified that the Appellant has CommonHealth as her secondary insurance.

The Appellant verified her identity. The Appellant agreed that her income is \$58,240 annually from one full-time and one part-time job. The Appellant explained that she may not be interested in having CommonHealth as a secondary insurance if it costs \$170/month. The Appellant expressed frustration that she has to have health insurance. However, the Appellant testified that her employer-sponsored insurance is "useless," and that without MassHealth she would not have a doctor.

## **Findings of Fact**

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

1. The Appellant is an adult between the ages of 21-64 (Exhibit 4).
2. The Appellant has a household size of one (Testimony).
3. The Appellant's income is \$58,240 annually (Testimony).
4. The Appellant is eligible for MassHealth CommonHealth (Testimony, Exhibit 1).
5. The Appellant has other, employer-sponsored health insurance to which MassHealth does not contribute (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% 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

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).

The Appellant's annual income is \$58,240 annually. For a household of one, in 2024, 100% of the federal poverty level is an income of \$15,060 per year, per the Federal Register. Therefore, the Appellant's income is 386.719% of the FPL. Accordingly, using the calculation provided by 130 CMR 506.011(B)(2)(b) & (c), here, the Appellant's premium is  $\$40 + (\$8 \times 18) = \$184 \times 65\%$  of full premium = \$119.60. Therefore, the appeal is APPROVED, in part, regarding the CommonHealth premium calculation.<sup>1</sup>

As discussed at the hearing, it is the Appellant's choice whether she wishes to continue with MassHealth CommonHealth as her secondary coverage.

## Order for MassHealth

Modify the Appellant's CommonHealth premium to \$119.60/month, as of December 2024.

## 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.

## Implementation of this Decision

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<sup>1</sup> The Appellant is reminded that she has an obligation to inform MassHealth within 10 days, or as soon as possible, if her income changes. 130 CMR 501.010(B).

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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957

Premium Billing representative