

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501658
Decision Date:	5/1/2025	Hearing Date:	02/26/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Corey Rosinski, Charlestown MEC
Karishma Raja, Premium Billing

Interpreter:



*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
Decision Date:	5/1/2025	Hearing Date:	02/26/2025
MassHealth's Rep.:	Corey Rosinski Karishma Raja	Appellant's Rep.:	Pro se
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 January 6, 2025, MassHealth changed appellant's monthly premium amount to \$12.00. (Ex. 1). Appellant filed this appeal disputing the monthly premium in a timely manner on January 27, 2025. (Ex. 2). MassHealth's determination of scope of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth changed appellant's monthly premium amount.

Issue

The appeal issue is whether MassHealth was correct to change appellant's monthly premium amount.

Summary of Evidence

Appellant, an interpreter, a representative from premium billing and the MassHealth worker (worker) appeared by phone and were sworn. The worker stated MassHealth received a pay stub

from appellant on August 19, 2024 indicating appellant was receiving \$700 a week or \$3,033.10 a month, in income. Appellant was in a household of 2, there was no verified disability and appellant was placed at 173.07% of the Federal Poverty Level (FPL). The worker stated the maximum FPL for appellant is 133%. The worker stated this resulted in a monthly premium bill of \$12 a month.

The premium billing representative stated appellant's minor child was found eligible for Family Assistance on October 13, 2024 with a \$12 monthly premium starting in November 2024. She stated appellant was billed \$12 from November 2024 through January 2025 however the invoices were suppressed as the premiums were waived due to the Qualified Health Plan (QHP) exemption for the Covid workaround. This workaround allowed households to have their MassHealth premiums adjusted due to QHP waiver even though a parent or caregiver was not enrolled with and paying a premium for a QHP with Premium Tax Credit through the Health Connector. This workaround was discontinued after January 2025 and appellant was sent notice in January 2025 providing appellant's MassHealth premium amount and indicating appellant will be billed for MassHealth premiums starting in February 2025. The notice also indicated appellant could cancel her MassHealth benefits by March 7, 2025 and appellant would not be responsible for any premium. (Ex. 1). Appellant was billed a premium of \$12 for February 2025. (Testimony; Ex. 4, pp. 1, 2).

Appellant stated she was appealing the \$12 monthly premium because she did not understand why she had to pay it. Appellant stated she was told if she joined the Health Connector, she would not have to pay the monthly premium for her child. (Testimony). Appellant stated she registered with the Health Connector the day before the hearing. The premium billing representative stated if appellant enrolled in the Health Connector and qualified for an Advanced Premium Tax Credit, then she would not be responsible for a monthly premium. (Testimony). She stated her records show appellant did enroll in the Health Connector but the coverage period was from April 1, 2025, to December 31, 2025. The premium billing representative stated this made appellant responsible for the February premium. (Testimony).

Findings of Fact

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

1. MassHealth received a pay stub from appellant on August 19, 2024, showing appellant was receiving \$700 a week, or \$3,033.10 a month, in income while living in a household of 2 with no verified disability. (Testimony).
2. On October 13, 2024, appellant's minor child was downgraded from MassHealth Standard to MassHealth Family Assistance. (Ex. 4, p. 2).

3. Appellant's monthly income equates to 173.07% FPL and cannot exceed 133% FPL. Appellant was charged a monthly premium of \$12 a month. (Testimony).

4. The monthly premium was due to begin in November 2024 but was waived by MassHealth due to a Covid related workaround. (Testimony; Ex. 4, p. 1).

5. Appellant was obligated to begin paying her \$12 a month premium in February 2025. (Testimony; Ex. 4, p. 1).

Analysis and Conclusions of Law

130 CMR 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). Certain members are exempt from paying premiums, in accordance with 130 CMR 506.011(J).

(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 [REDACTED] 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 [REDACTED] any of their children, and their caretaker relative when no parent is living in the home.

(2) A child who is absent from the home to attend school is considered as living in the home.

(3) A parent may be natural, adoptive, or a stepparent. Two parents are members of the same PBFG as long as they are mutually responsible for one or more children who live

with them.

(4) In a family with more than one child, any child with a MAGI household income that does not exceed 300% FPL will have its premium liability determined based on the MAGI household income of the child in the family PBFG with the lowest percentage of the FPL. If a child in the PBFG has an income percentage of the FPL at or below 150% of the FPL, premiums for all children in the PBFG are waived.

(5) MassHealth and CMSP premiums for children with a MassHealth MAGI household income greater than 300% of the FPL and all premiums for young adults and adults are calculated using the individual's FPL and the corresponding premium amount as described in 130 CMR 506.011.

(6) For individuals within a PBFG that is approved for more than one premium billing coverage type, except where application of 130 CMR 506.011(A)(4) will result in a lower premium for children in the PBFG, the following apply.

(a) When the PBFG contains members in more than one coverage type or program, including CMSP, and who are responsible for a premium or required member contribution, the PBFG is responsible for only the higher premium or required member contribution.

(b) When the PBFG includes a parent or caretaker relative who is paying a premium for and is receiving Qualified Health Plan (QHP) with Premium Tax Credits, the premiums for children in the PBFG are waived once the parent or caretaker relative enrolls in and pays for a QHP.

(B) MassHealth and Children's Medical Security Plan (CMSP) Premium Formulas.

...

(3) The premium formula for MassHealth Family Assistance children whose eligibility is described in 130 CMR 505.005(B): Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level and (E): Eligibility Requirement for HIV-positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200 % of the Federal Poverty Level is as follows.

Family Assistance for Children Premium Formula	
% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

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).

In order for appellant’s child to be deemed eligible for Family Assistance, appellant’s modified adjusted gross income of the MassHealth MAGI household must be less than or equal to 133% FPL. Appellant lives in a household of 2 and has a gross monthly income exceeding 133% of the FPL. (Testimony). MassHealth determined that appellant’s countable income equates to 173.07% of the FPL and calculated a \$12/month premium pursuant to 130 CMR 506.011(B)(3). Appellant has not met her burden, by a preponderance of evidence, to show that MassHealth’s administrative determination that appellant’s income exceeds the limit for MassHealth Standard, but is eligible for MassHealth Family Assistance is invalid. Appellant has not met the burden, by a preponderance of evidence, to show that MassHealth’s calculation of a monthly \$12 premium is invalid. Accordingly, this 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: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129