

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2302933

Decision Date: 5/3/2023

Hearing Date: 05/01/2023

Hearing Officer: Patricia Mullen

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Lindsey Marek, Springfield MEC



*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:	Financial eligibility
Decision Date:	5/3/2023	Hearing Date:	05/01/2023
MassHealth's Rep.:	Lindsey Marek, Springfield MEC	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center		

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 April 4, 2023, MassHealth determined that the appellant is not eligible for MassHealth benefits because the appellant's income exceeds the limit for MassHealth Standard. (see 130 CMR 520.028 and Exhibit 1). The appellant filed this appeal in a timely manner on April 12, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant is not financially eligible for MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.028, in determining that the appellant's income exceeds the limit for MassHealth Standard for persons age 65 and older.

Summary of Evidence

The appellant testified telephonically. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Springfield. The MassHealth representative testified that the appellant is over age 65 and lives in a one person household in the community. The MassHealth representative stated that the appellant receives \$1,963.90 in gross monthly Social Security income and a gross monthly pension of \$327.00 for total monthly income of \$2,290.90. The MassHealth representative stated that a regulatory deduction of \$20.00 is allowed to determine MassHealth countable income, and thus the appellant's countable income is \$2,270.90 a month. The MassHealth representative testified that the income limit for MassHealth Standard for persons age 65 and older living in the community is 100% of the federal poverty level, or \$1,215.00 a month for a family size of one. The MassHealth representative stated that the appellant's countable income exceeds \$1,215.00 a month and thus he is not financially eligible for MassHealth Standard. The MassHealth representative stated that the appellant may be eligible for MassHealth Medicare Savings Plan (MSP)/Buy In program where MassHealth would pay his monthly Medicare premium. The MassHealth representative stated that she would send the appellant an application for this program in the mail.

The MassHealth representative noted that MassHealth calculated a 6 month deductible of \$9,912.00. (Exhibit 1). The deductible must be met every 6 months before eligibility for MassHealth could be established. (Exhibit 1). The MassHealth representative noted that the appellant's Medicare premium of \$95.90 listed in the system is the amount that was in place in 2016. The MassHealth representative stated that the Medicare premium amounts are more in the \$160.00 a month range now. The MassHealth representative stated that the higher Medicare premium amount would have no effect on the appellant's financial eligibility for MassHealth, but might lower his 6 month deductible slightly. The MassHealth representative noted that the Covid protections have been lifted, and MassHealth will be sending out eligibility reviews for members to update all their information.

The MassHealth representative stated that the appellant could apply for a Frail Elder Waiver through his local elder services agency if he needs assistance in the home. The MassHealth representative stated that she would send the appellant the contact information for the elder services agency in the same envelope as the MSP/Buy In application.

The appellant stated that his net Social Security is \$1,857.00 a month. The appellant noted that he does not need help at home right now, but he does have a bad knee which makes climbing stairs difficult. The appellant pointed out that with inflation, the cost of everything has risen and he does not understand why MassHealth has determined that he is not low income.

Findings of Fact

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

1. The appellant is over age 65 and lives in a one person household in the community.

2. 100% of the federal poverty level is \$1,215.00 a month for a family size of one.
3. The appellant receives gross monthly Social Security income of \$1,963.90 and a gross monthly pension of \$327.00, for total monthly income of \$2,290.90.
4. The appellant has Medicare coverage.

Analysis and Conclusions of Law

The regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for persons age 65 and older. (130 CMR 515.002). A non-institutionalized person age 65 and older may establish eligibility for MassHealth Standard coverage if the countable income is less than or equal to 100% of the federal poverty level. (130 CMR 519.005). 100% of the federal poverty level for a family of one is \$1,215.00 per month. The appellant's gross unearned income totals \$2,290.90 per month. After allowing the \$20.00 deduction for unearned income, the appellant's countable unearned income is \$2,270.90. This amount exceeds 100% of the federal poverty level for a family of one. The appellant is not financially eligible for MassHealth Standard at this time.

The appellant must meet a six month deductible before MassHealth eligibility can be determined. (130 CMR 520.028). The appellant's countable income for the deductible calculation is \$2,270.00. The MassHealth Income Standard applicable to an individual age 65 or older residing in the community is \$522.00 per month for a household of one. (130 CMR 520.030) The deductible is the total dollar amount of incurred medical expenses that an individual is responsible for before MassHealth eligibility is established. (130 CMR 520.031). The deductible period is 6 months and the deductible is determined by multiplying the excess monthly income by 6. (130 CMR 520.029, 520.030). The excess monthly income is the amount by which the appellant's countable income exceeds the MassHealth Income Standard. (130 CMR 520.030). In the present case, the appellant's countable income of \$2,270.00, as calculated above, exceeds the MassHealth income standard of \$522.00 by \$1,748.00. From the \$1,748.00, MassHealth deducts the appellant's Medicare premium of \$95.90. (Exhibit 1, p. 3). The remaining \$1,652.10 is multiplied by 6 to determine the 6 month deductible of \$9,912.00. (Exhibit 1, p. 3).

Accordingly, the appellant is responsible for \$9,912.00 of incurred medical expenses for the 6 month deductible period of April 1, 2023 to October 1, 2023 before eligibility for MassHealth Standard can be established. MassHealth's action is upheld and the 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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center