

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2307364
<b>Decision Date:</b>	11/13/2023	<b>Hearing Date:</b>	09/26/2023
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Nicole Conrad (Taunton MEC) *via telephone*



*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>	Denied	<b>Issue:</b>	Community Over 65 – Medicare Savings Program – Qualified Medicare beneficiaries (MSP- QMB)
<b>Decision Date:</b>	11/13/2023	<b>Hearing Date:</b>	09/26/2023
<b>MassHealth's Rep.:</b>	Nicole Conrad	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Taunton 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 August 1, 2023, MassHealth informed the appellant that, based on her income, it had approved her for MassHealth's MSP-QMB<sup>1</sup> effective July 1, 2023. (See 130 CMR 519.010 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on August 23, 2023. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant for MSP-QMB based on her income.

---

<sup>1</sup> The notice mistakenly refers to this coverage by its former name, which is MassHealth Senior Buy-In. On May 12, 2023, it became MSP-QMB. (See 130 CMR 519.010).

## **Issue**

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.005 and 519.010, in determining that the appellant was eligible for MSP-QMB and (by implication) not eligible for MassHealth Standard.

## **Summary of Evidence**

The MassHealth representative testified that the appellant has a household of one. She lives in the community and is over the age of 65. (Ex. 3). On July 27, 2023, MassHealth received the appellant's renewal application. MassHealth processed the renewal and sent the appellant a request for documentation to verify her assets, which MassHealth received on August 1, 2023. Based on the information it had, MassHealth was able to issue the determination. (Ex. 1). MassHealth found that the appellant was eligible for MassHealth MSP-QMB. (Ex. 1). The appellant's income is \$1,252 per month from Social Security. (Ex. 5). The monthly income limit for MassHealth Standard is \$1,215 for a household of one. The appellant is therefore over the income limit for MassHealth Standard, but the appellant does qualify for the MSP-QMB.

The appellant stated that her biggest issue is that she needed MassHealth Standard for dental reasons. She stated that Medicare does not pay for dental services and that she is in the midst of dental extraction in preparation for the placement of dentures. The MassHealth representative did make the appellant aware of some possible options and offered to speak with the appellant further about these outside the hearing.

## **Findings of Fact**

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

1. The appellant has a household of one. (Testimony of the MassHealth representative).
2. The appellant is living in the community. (Testimony of the MassHealth representative).
3. The appellant is over the age of 65. (Ex. 3; Testimony of the MassHealth representative).
4. The appellant is a recipient of Medicare. (Testimony of the appellant).
5. On July 27, 2023, MassHealth received the appellant's renewal application. (Testimony of the MassHealth representative).
6. MassHealth processed the renewal and sent the appellant a request for documentation to verify her assets, which MassHealth received on August 1, 2023. (Testimony of the MassHealth representative).

7. Based on the information it had, MassHealth was able to determine the appellant was eligible for MassHealth MSP-QMB. (Ex. 1).
8. The appellant's income is \$1,252 per month from Social Security. (Ex. 1; Ex. 5; Testimony of the MassHealth representative).
9. The income limit for MassHealth Standard is \$1,215 for a household of one. (Testimony of the MassHealth representative).
10. The appellant is over the income limit for MassHealth Standard, but the appellant is eligible for MSP-QMB. (Testimony of the MassHealth representative).

## Analysis and Conclusions of Law

Noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided the countable-income amount of the individual is less than or equal to 100% of the federal poverty level<sup>2</sup>; and the countable assets of an individual are \$2,000 or less. (130 CMR 519.005(A)). MSP-QMB coverage is available to Medicare beneficiaries who are entitled to hospital benefits under Medicare Part A; are applying for only MSP benefits and not full Medicaid, and have a countable income amount (including the income of the spouse with whom he or she lives) that is less than or equal to 190% of the federal poverty level; have countable assets less than or equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare & Medicaid Services; and meet the universal requirements of MassHealth benefits.<sup>3</sup> (130 CMR 519.010(A)).

The appellant's income places her above the income limit for MassHealth Standard. In order to be eligible for MassHealth Standard, an individual over the age of 65 must receive income that does not exceed \$1,215 per month or 100% of the federal poverty level<sup>4</sup>. The appellant is over the age of 65 and has a household of one. The appellant receives \$1,252 per month from Social Security. The appellant's monthly income exceeds the income limit for MassHealth Standard for an individual over the age of 65 with a household of one. Because the appellant's monthly income was below 190% of the federal poverty level or \$2,309, MassHealth determined that the appellant

---

<sup>2</sup> Generally, financial eligibility is based on a percentage of the federal poverty level. (130 CMR 520.009(B)). The monthly federal poverty level standards are determined according to annual standards published in the Federal Register. (*Id.*). MassHealth adjusts these standards annually using the following formula: (1) Divide the annual federal poverty level income standard as it appears in the Federal Register by 12; (2) Multiply the unrounded monthly income standard by the applicable federal poverty level percentage; (3) Round up to the next whole dollar to arrive at the monthly-income standards. (*Id.*).

<sup>3</sup> The universal requirements are described at 130 CMR 517.

<sup>4</sup> In any case, the 2023 MassHealth income standards, calculated in the manner described in note 2, are available online at <https://www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members>.

was eligible for MSP-QMP.<sup>5</sup>

For the above stated reasons, 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.

---

Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

---

<sup>5</sup> Although the MassHealth representative did not testify to these facts in the hearing, it is presumed for the purposes of this decision that the appellant met the other requirements listed in the MSP-QMB regulation cited above. Because the appealed notice states that the appellant was approved for the “Senior Buy-In”, it is the hearing officer’s concern that MassHealth made their determination in accordance with the former version of 130 CMR 519.010, when this benefit was known as the Senior Buy-In. It must be stated that there are differences between the two regulations that MassHealth may not have considered when making its determination. For instance, the Senior Buy-In had a more restrictive income limit of 130% of the FPL and did not require that the individual only be applying for the Buy-In rather than full MassHealth. (See 130 CMR 519.010 (effective Jan. 1, 2020)).