

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307994
Decision Date:	1/3/2024	Hearing Date:	09/21/2023
Hearing Officer:	Scott Bernard	Record Open to:	10/23/2023

**Appearance for Appellant:**

██████████ (the appellant's representative)  
via telephone  
██████████ via telephone


**Appearance for MassHealth:**

Shauna Post (Springfield MEC) (the  
MassHealth representative) via telephone  
Lindsey Marek (Springfield MEC) (Observing)  
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 – Downgrade - MassHealth Standard to Medicare Savings Program – Qualified Medicare beneficiaries (MSP- QMB)
<b>Decision Date:</b>	1/3/2024	<b>Hearing Date:</b>	09/21/2023
<b>MassHealth’s Rep.:</b>	Shauna Post; Lindsey Marek	<b>Appellant’s Rep.:</b>	
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	Yes

### 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 28, 2023, MassHealth notified the appellant that it was downgrading his coverage to MassHealth Senior Buy-in<sup>1</sup> from MassHealth Standard because his income and/or assets were too high to receive MassHealth Standard. (See 130 CMR 519.002; 519.010; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 5, 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).

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<sup>1</sup> On May 12, 2023 MassHealth Senior Buy-In became MSP-QMB. (See 130 CMR 519.010). The notice mistakenly refers to this coverage by its former name. This decision will only use the current name for this program from this point forward.

At the request of the appellant, the record was left open until October 23, 2023 in order to allow the appellant to submit a working disabled letter, and for the MassHealth representative to confirm receipt. (Ex. 5). The hearing record closed on October 23, 2023. (Ex. 6).

## **Action Taken by MassHealth**

MassHealth downgraded the appellant's coverage to MSP-QMB from MassHealth Standard because his income exceeded the income limits for MassHealth Standard.

## **Issue**

The primary appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.002 and 519.010, in determining that the appellant's coverage should be downgraded. The secondary appeal issue is whether the appellant submitted a working disabled letter, which would mean that he would become eligible for MassHealth CommonHealth.

## **Summary of Evidence**

The appellant is over the age of 65, has a household of one and is residing in the community. (Ex. 3). The appellant had been receiving MassHealth Standard with Medicare Buy-In since July 24, 2020. (Ex. 3). The MassHealth representative testified that on July 24, 2023, MassHealth received the appellant's renewal application, which was completed in a timely fashion. MassHealth ascertained that the appellant's income was \$1,456.00 per month, which was 118% of the federal poverty level (FPL). The MassHealth representative stated that the income limit for MassHealth Standard for a household of one was \$1,215.00 per month, which is 100% of the FPL. For that reason, MassHealth notified the appellant that it was downgrading his benefits to MSP-QMB. (Ex. 1).

The MassHealth representative stated that prior to the hearing, she spoke with the appellant's representative regarding his eligibility for MassHealth Commonwealth. The appellant did submit a working disabled letter, but it was missing critical information. The letter was undated and did not state that the appellant would be working for 10 hours per week or 40 hours per month, which is necessary for MassHealth to determine that the appellant is a working disabled person and therefore eligible for CommonHealth.

The appellant and the appellant's representative did not dispute MassHealth's income calculation. The appellant's representative confirmed that she did speak with the MassHealth representative before the hearing and attempted to submit the working disabled letter on the appellant's behalf. She stated she did not understand how the working disabled letter worked. The MassHealth representative explained in great detail the requirements for the working disabled letter. The appellant's representative initially showed impatience with the explanation the MassHealth representative offered. The MassHealth representative then took pains to explain exactly what

was required and why it was necessary. The appellant's representative then stated she was willing to assist the appellant in completing the working disabled letter. The appellant's representative requested time after the hearing and was given until October 20, 2023 to submit the letter. (Ex. 5). The MassHealth representative then was given until October 23, 2023 to respond. (Id.). The hearing officer emailed both parties a record open form providing a detailed description of what was required of both parties. (Id.). The copy sent to the appellant's representative's email address was not received, however. (Id.). On September 26, 2023, the hearing officer mailed the record form to the appellant at his mailing address. (Id.).

On October 24, 2023, the MassHealth representative emailed the hearing officer stating that she had not received anything from the appellant. (Ex. 6).

## **Findings of Fact**

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

1. The appellant is over the age of 65, has a household of one and is residing in the community. (Ex. 3).
2. The appellant had been receiving MassHealth Standard with Medicare Buy-In since July 24, 2020. (Ex. 3).
3. On July 24, 2023, MassHealth received the appellant's renewal application, which was completed in a timely fashion. (Testimony of the MassHealth representative).
4. MassHealth ascertained that the appellant's income was \$1,456.00 per month, which was 118% of the FPL. (Testimony of the MassHealth representative).
5. The MassHealth representative stated that the income limit for MassHealth Standard for a household of one was \$1,215.00 per month, which is 100% of the FPL. (Testimony of the MassHealth representative).
6. For that reason, MassHealth notified the appellant that it was downgrading his benefits to MSP-QMB. (Testimony of the MassHealth representative; Ex. 1).
7. Prior to the hearing, the MassHealth representative spoke with the appellant's representative regarding his eligibility for MassHealth Commonwealth as a working disabled person. (Testimony of the MassHealth representative; Testimony of the appellant's representative).
8. The appellant did submit a working disabled letter, but it was missing critical information. (Testimony of the MassHealth representative).
9. The record was left open until October 20, 2023 to allow the appellant to submit a working

disabled letter to MassHealth in order to become eligible for MassHealth CommonHealth. (Ex. 5).

10. MassHealth was given until October 23, 2023 to notify the hearing officer of whether she received the working disabled letter. (Ex. 5).
11. On October 24, 2023, the MassHealth representative emailed the hearing officer and stated that she had not received the working disabled letter. (Ex. 6).

## 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 FPL<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; 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 and Medicaid Services.<sup>3</sup> (130 CMR 519.010(A)).

The record shows that the appellant has a household of one and receives \$1,456.00 of income per month. This amount is 118% of the FPL. The income limit for MassHealth Standard for a household of one is \$1,215, which is 100% of the FPL. The appellant is over the income limit for MassHealth Standard coverage. The appellant, however, is not over the income limit for MSP-QMB, which requires that income is less than or equal to 190% of the FPL.

Once a hearing has been opened, it may be continued at the discretion of the hearing officer to permit either party to produce additional evidence. (See 130 CMR 610.072; 130 CMR 610.065(B)(8)). In this case, the appellant was given until October 23, 2023 to submit a working disabled letter to MassHealth in order to become eligible for CommonHealth coverage. (See 130 CMR 519.012; 505.004(B)). The appellant did not submit the working disabled letter within the time limits set out in the record open. This does not mean that the appellant is prohibited from doing so at some point in the future; it simply means he will not qualify for MassHealth CommonHealth as a result of this appeal.

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<sup>2</sup> Generally, financial eligibility is based on a percentage of the FPL. (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 517.001 *et seq.*

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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

[REDACTED]