

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2406475
Decision Date:	6/13/2024	Hearing Date:	05/24/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Alysia Campbell, Springfield MassHealth
Enrollment Center



*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:	Over 65; Eligibility; Income
Decision Date:	6/13/2024	Hearing Date:	05/24/2024
MassHealth's Rep.:	Alysia Campbell	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Room 2	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 April 8, 2024, MassHealth informed the Appellant that he was eligible for MassHealth Senior Buy-In and that he was no longer financially eligible for MassHealth Standard (see 130 CMR 520.002, 130 CMR 520.028 and Exhibit 1). The Appellant filed this appeal in a timely manner on April 22, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Agency action to reduce or restrict a member's benefits is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the appellant for Senior Buy-In coverage instead of Standard.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is eligible for the Senior Buy-In and not Standard benefits.

Summary of Evidence

The appellant is a disabled adult over the age of 65 that resides in a household of one; he represented himself via telephone. MassHealth was represented telephonically by a worker from the Springfield MassHealth Enrollment Center.

The MassHealth representative testified that the appellant was previously financially eligible for MassHealth Standard and that the appellant was approved for MassHealth Senior Buy-In/Medicare Savings Plan (MSP)—Qualified Medicare Beneficiaries (QMB) on April 8, 2024. MassHealth determined that he was not eligible for Standard benefits because his monthly income is \$1,902.00, which he receives in the form of Social Security benefits. The MassHealth representative reported for the appellant to continue to be eligible for MassHealth Standard, his income would have to be at 100% of the federal poverty level (FPL). For a family of one that is \$1,255.00 per month, and the Appellant's income is over by \$668.00 per month.

The appellant agreed with MassHealth regarding their calculation of his income. The appellant did not dispute the MassHealth caseworker's finding of his eligibility for MassHealth Senior Buy-In or the MassHealth caseworker's calculations, and the appellant acknowledged that he was not eligible for MassHealth Standard based upon his reported monthly gross income.

The Appellant testified that he has questions about his dental coverage under MassHealth Senior Buy-In. The MassHealth representative testified that the Appellant may receive dental care under the MassHealth Senior Buy-In at the [REDACTED] which is located close to the appellant's address. The appellant testified that the reason for filing this appeal was that he has major problems with arthritis, his doctor is creating inserts for his shoes, and he is worried that will not be able to afford these inserts if he does not have MassHealth Standard. The MassHealth representative explained several avenues by which the appellant may be able to qualify for additional benefits, none of which are relevant to this appeal.

Findings of Fact

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

1. The appellant is a disabled adult over the age of [REDACTED] who resides in a household of one. Testimony.
2. The appellant currently earns \$1,905.00 per month in income. Testimony.
3. On April 8, 2024, MassHealth approved the appellant for MassHealth Senior Buy-In, Exhibit. 1.

4. The appellant filed a timely appeal on April 22, 2024. Exhibit 2.
5. The appellant does not contest MassHealth's calculation of his income. Testimony.
6. A monthly income at 100% of the federal poverty level equates to \$1,255.00 for a household of one (Testimony, 2024 MassHealth Income Standards and FPL Guidelines).
7. The appellant is at 151% of the 2024 FPL for a household of one.

Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged ■ or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as, and certain Medicare beneficiaries. 130 CMR 515.002(B). As the appellant is over ■ years old, he is subject to the requirements of the provisions of Volume II. 130 CMR 515.002.

To determine a senior's eligibility for MassHealth, the total countable-income amount and countable assets of the individual are compared to an income standard and asset limit. An individual who is eligible for Medicare Parts A and B must possess an income that is "less than or equal to 100% of the federal poverty level." 130 CMR 519.002(A)(4)(c). The current MassHealth federal poverty level standards can be found on its website, and 100% of the federal poverty level for a single person is \$1255.00 in monthly income.¹

In this case, the appellant does not dispute that his current monthly income is \$1905.00. As that amount exceeds 100% of the poverty level based on 2024 standards, the appellant is not eligible for MassHealth Standard.

130 CMR 519.010, "Medicare Savings Program – Qualified Medicare Beneficiaries" states in relevant part:

- (A) Eligibility Requirements. MSP (Buy-in) QMB coverage is available to Medicare beneficiaries who
 - (1) are entitled to hospital benefits under Medicare Part A;
 - (2) 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;**
 - (3) Effective until February 29, 2024, have countable assets less than or equal to two

¹ <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website. Effective March 1, 2024, MassHealth will disregard all assets or resources when determining eligibility for MSP-only benefits; and

(4) meet the universal requirements of MassHealth benefits in accordance with 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements or 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, as applicable.

(B) Benefits. The MassHealth agency pays for Medicare Part A and Part B premiums and for deductibles and coinsurance under Medicare Parts A and B for members who establish eligibility for MSP coverage in accordance with 130 CMR 519.010(A).

(C) Begin Date. The begin date for MSP coverage is the first day of the calendar month following the date of the MassHealth eligibility determination.

(emphasis added)

The evidence shows that the appellant's countable income is less than 190% of the 2024 FPL for a household of one.² Therefore, pursuant to the above regulation, the appellant qualifies for MSP-QMB.

Therefore, MassHealth did not err in issuing the April 8, 2024 notice, 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

² Assets are not countable in the determination of eligibility for MSP-QMB effective March 1, 2024 (see 130 CMR 519.010(A)(3), above).

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186