

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408783
Decision Date:	7/8/2024	Hearing Date:	06/18/2024
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Pamela Filipe, Taunton 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:	Community Eligibility-over 65; Income; Deductible
Decision Date:	7/8/2024	Hearing Date:	06/18/2024
MassHealth's Rep.:	Pamela Filipe	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 May 1, 2024, MassHealth downgraded the appellant's MassHealth Standard coverage to Medicare Savings Program (a.k.a. Senior Buy-In) with a deductible of \$6,180.00 because his income exceeded MassHealth limits. On May 21, 2024, a new notice was generated increasing the appellant's deductible to \$6,185.00 for the period of April 1, 2024 to October 1, 2024. See 130 CMR 520.001 and Exhibit 1. The appellant filed this appeal in a timely manner on June 3, 2024. See 130 CMR 610.015(B) and Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is a valid ground for appeal before the Board of Hearing. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth downgraded the appellant's MassHealth Standard coverage to Medicare Savings Program (a.k.a. Senior Buy-In) with a deductible of \$6,180.00 because his income exceeded MassHealth limits. Subsequently, MassHealth increased the appellant's deductible amount from \$6,180.00 to \$6,185.00 because of an increase in his income.

Issue

Whether MassHealth was correct in downgrading the appellant's MassHealth Standard coverage to MSP and subsequently increasing his deductible amount because he had an increase in his income pursuant to 130 CMR 506.009(D); 130 CMR 519.002; 130 CMR 519.010; and 130 CMR 520.001.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth representative testified that the appellant submitted an over [REDACTED] application on April 12, 2024 which was entered into MassHealth's system on April 17, 2024. A notice for verifications was sent out. The requested verifications were received on May 1, 2024. On May 1, 2024, a notice was sent to the appellant downgrading his MassHealth Standard coverage to Medicare Savings Program (a.k.a. Senior Buy-In) because his income exceeded MassHealth limits. The deductible of \$6,180.00 was assessed based on his income. On May 21, 2024, a new notice was generated increasing the appellant's deductible to \$6,185.00 for the period of April 1, 2024 to October 1, 2024. The MassHealth representative stated that the appellant has Social Security income in the amount of \$1,573.00 per month. She added that the income limit to receive MassHealth Standard for individuals over [REDACTED] years of age is 100% of the federal poverty level (FPL), or \$1,255.00 a month. The appellant's income exceeds this amount. The MassHealth representative explained to the appellant how he can apply for Frail Elder Waiver or MassHealth CommonHealth coverage for working disabled adults.

The appellant verified his income and household size of one. He stated that he does not need PCA services and will not be seeking Frail Elder Waiver. The appellant stated that he wants MassHealth Standard or CommonHealth coverage because he requires rides to his doctors' appointments which are only allowed if he has PT-1 service coverage. The appellant expressed his frustration with MassHealth's complicated regulations and stated that he has been providing MassHealth with all requested information and verifications. He stated that he may pursue a "working letter" as recommended by the MassHealth representative.

Findings of Fact

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

1. The appellant is over age [REDACTED] and lives in a household of one. (Testimony).
2. The appellant was previously approved for MassHealth Standard. (Testimony).

3. On May 1, 2024, the appellant's MassHealth Standard coverage was downgraded to MassHealth Medicare Savings Program (MSP) due to appellant's income exceeding the allowed threshold with a deductible of \$6,180.00 for the deductible period of April 1, 2024 to October 1, 2024. (Testimony).
4. On May 21, 2024, a new notice was generated increasing the appellant's deductible to \$6,185.00 for the period of April 1, 2024 to October 1, 2024. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on June 3, 2024. (Exhibit 2).
6. The appellant has Social Security income in the amount of \$1,573.00 per month. (Testimony).
7. The MassHealth Standard income limit is 100% of the monthly FPL which is \$1,255.00 a month for a household of one. (Testimony and Federal Poverty Guidelines).
8. The appellant has a disability on file, but there is no evidence that he is working. (Testimony).

Analysis and Conclusions of Law

The regulations at 130 CMR 515.000 through 522.000 provide the requirements for MassHealth eligibility for persons over age [REDACTED] as here. The type of coverage for which a person is eligible is based on the person's and the spouse's income, assets, and immigration status. See 130 CMR 515.003(B).

Per 130 CMR 519.005(A), an individual would meet the requirements of MassHealth Standard coverage if

- (1) the countable-income amount, as defined in 130 CMR 520.009: *Countable-Income Amount*, of the individual or couple is less than or equal to 100 percent of the federal poverty level; and
- (2) the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.

An individual's countable income amount refers to the individual's gross earned and unearned income¹ less certain business expenses and standard income deductions. See 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. See 130 CMR 520.013(A). If an individual exceeds these standards, he or she

¹ Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. See 130 CMR 520.009(D).

may establish eligibility by meeting a deductible. See 130 CMR 519.005(B).

Here, Appellant's monthly income is \$1,573.00. Less the \$20 deduction, Appellant's income is \$1,553.00 which equates to 123.74% of the FPL. This exceeds the qualifying limit of 100% for MassHealth Standard. Thus, MassHealth correctly concluded that the appellant does not qualify for MassHealth Standard coverage.

Pursuant to 130 CMR 519.005(B), an individual may still establish eligibility for MassHealth Standard by meeting a deductible. The amount of the deductible is determined by comparing the MassHealth Disabled Adult household income as described in 130 CMR 506.003 to the MassHealth CommonHealth Monthly Deductible Income Standards provided in the following chart and multiplying the difference by six.

THE MASSHEALTH COMMONHEALTH MONTHLY DEDUCTIBLE INCOME STANDARDS	
<u>MassHealth Disabled Adult Household Size</u>	<u>Income Standards</u>
1	542
2	670
3	795
4	911
5	1036
6	1161
7	1286
8	1403
9	1528
10	1653
	+ 133 for each additional person

In this case, MassHealth calculated a deductible amount of \$6,180.00 for the deductible period of April 1, 2024 to October 1, 2024. On May 21, 2024, MassHealth increased the deductible amount to \$6,185.00 based on the appellant's monthly income of \$1,573.00. MassHealth arrived at this figure by deducting Income Standard for the Household Size of one from the appellant's monthly income and multiplying the difference by six ($\$1,573.00 - \$542 = \$1,031 * 6 = \$6,185.00$). Thus, MassHealth correctly calculated the deductible amount that the appellant must meet in order to qualify for MassHealth Standard.

Individuals not eligible for MassHealth Standard may still be eligible to have MassHealth pay the individual's Medicare premium if they qualify for a Medicaid Savings Program (MSP or Buy-in). Effective November 24, 2023, MassHealth offers three MSP coverage types: Qualified Medicare

Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).

Pursuant to 130 CMR 519.010(A), eligibility for MSP QMB is as follows:

(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 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.

Here, MassHealth determined on May 1, 2024 and again on May 21, 2024, that the appellant qualified for MSP based on his income. MassHealth was correct in its determination based on the appellant's uncontested income.

As fully explained at the hearing, the appellant can establish eligibility for MassHealth CommonHealth if he is able to provide a working disabled adult letter and meet the criteria explained under 130 CMR 519.012(A). The appellant stated at the hearing that he may pursue this avenue of relief.

For the foregoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616