

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2409186
<b>Decision Date:</b>	8/7/2024	<b>Hearing Date:</b>	07/19/2024
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Stephanie Colon, Tewksbury 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Over 65; Income
<b>Decision Date:</b>	8/7/2024	<b>Hearing Date:</b>	07/19/2024
<b>MassHealth's Rep.:</b>	Stephanie Colon	<b>Appellant's Reps.:</b>	Pro se with friend
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 1	<b>Aid Pending:</b>	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 she was eligible for MassHealth Senior Buy-In and that she 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 an adult over the age of ■ who resides in a household of one; she was present for the hearing telephonically and she was also represented at the hearing by her authorized representative. MassHealth was represented telephonically by a worker from the Tewksbury 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 19, 2024, with coverage beginning May 3, 2024. On February 28, 2024, MassHealth received a renewal application from the appellant. On March 3, 2024, MassHealth sent a notice requesting additional information to the appellant. The appellant did not respond to that notice and on April 19, 2024, MassHealth sent the appellant the notice informing the appellant of the downgrade in coverage.

MassHealth determined that the appellant was not eligible for MassHealth Standard benefits because her monthly income is \$1,506.00, which she receives in the form of Social Security benefits. The MassHealth representative reported for the appellant to continue to be eligible for MassHealth Standard, her 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 exceeds this amount by \$251.00 per month, putting her at 120% of the FPL. However, the MassHealth representative testified that the appellant had filed a PCA supplement on June 21, 2024, and this allowed the appellant to become eligible for MassHealth Standard and the appellant's MassHealth Standard benefits had been restored as of June 1, 2024. Between May 3, 2024 and June 1, 2024, the appellant was active on MassHealth Senior Buy-In. The MassHealth representative explained that due to the way the PCA program is funded, coverage can only be applied in the month that the application is received and processed and that she would be unable to restore MassHealth Standard benefits for the appellant between May 3, 2024 and May 31, 2024.

The appellant's representative agreed with MassHealth regarding their calculation of her income. The appellant and her representative blamed MassHealth for not providing a PCA supplement to the appellant. They did not dispute the MassHealth caseworker's initial finding of her eligibility for MassHealth Senior Buy-In or the MassHealth caseworker's calculations. The appellant was upset at times during the hearing, and she stated that she has unpaid medical bills for the period of time when she was only active on MassHealth Senior Buy-In. She stated that she was unwilling to use her money to cover those bills and that she would not be paying those bills.

## Findings of Fact

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

1. The appellant is an adult over the age of [REDACTED] who resides in a household of one. Testimony.
2. The appellant currently earns \$1,506.00 per month in income from Social Security. Testimony.
3. On April 19, 2024, MassHealth approved the appellant for MassHealth Senior Buy-In, Exhibit. 1.
4. The appellant filed a timely appeal on June 7, 2024. Exhibit 2.
5. The appellant does not contest MassHealth's calculation of her 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 120% 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 [REDACTED] 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 [REDACTED] years old, she 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 \$1,255.00 in monthly income.<sup>1</sup>

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

In this case, the appellant does not dispute that her current monthly income is \$1,506.00. 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 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.<sup>2</sup> Therefore, pursuant to the above regulation, the appellant qualifies for MSP-QMB.

In addition, the MassHealth representative indicated that subsequent to the notice at issue, the appellant completed a PCA supplement, and that she is eligible for a PCA disregard, which has a lower income limit. MassHealth indicated at hearing that the appellant is now enrolled in MassHealth Standard again, effective June 1, 2024.

However, with regard to the April 19, 2024 notice, MassHealth made no error.

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

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

cc:

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957