

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409641
Decision Date:	8/29/2024	Hearing Date:	7/25/2024
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Katrina Edwards, Taunton MEC

Interpreter:

N/A



*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:	MSP, QMB, Senior Buy In, Coverage Date
Decision Date:	8/29/2024	Hearing Date:	7/25/2024
MassHealth's Rep.:	Katrina Edwards	Appellant's Rep.:	
Hearing Location:	Remote (Tel)	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 June 6, 2024, MassHealth approved the Appellant's application for MassHealth benefits, Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB), effective July 1, 2024. (see 130 CMR 519.010 and Exhibit 1). The Appellant filed this appeal in a timely manner on June 19, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Imposition of a coverage date is a MassHealth action and is valid grounds for appeal (see 130 CMR 610.032(3)).

Action Taken by MassHealth

MassHealth approved the Appellant's application for MassHealth benefits, Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB), effective July 1, 2024.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.010, in approving the Appellant's application for MassHealth benefits, Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB) with an effective date of July 1, 2024.

Summary of Evidence

The Appellant is an individual over the age of [REDACTED] (Testimony, Exhibit 2). MassHealth received an application for MassHealth benefits via telephone on February 8, 2024 (SACA). (Testimony) The Application began being processed on February 26, 2024. (Testimony). During the review process, additional information was needed. On April 16, 2024, a VC-1 was sent out to the Appellant requesting additional information. (Testimony) MassHealth stated that the Appellant was granted 90 days to verify the missing information which was unable to be corroborated through electronic sources. (Testimony) MassHealth stated that the missing information had been received. (Testimony) On June 6, 2024, determined that the Appellant was eligible for MassHealth Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB) with an effective date of July 1, 2024. (Testimony, Exhibit 1) MassHealth further testified that the Medicare Savings Program (MSP) does not grant retroactive coverage, but rather coverage runs forward pursuant to the Regulations. (Testimony, 130 CMR 519.010(c))

The Appellant was seeking reimbursement for the Medicare payments while his application was pending. (Testimony) MassHealth explained that MSP does not grant retroactive coverage. (Testimony). The Appellant testified that he did not receive the VC-1. (Testimony) MassHealth confirmed that the address on file is the Appellant's address. (Testimony). The Appellant had become aware of the missing information and promptly returned it to MassHealth. (Testimony) The Appellant stated he was told he would be reimbursed for the Medicare payments he made during the pendency of the eligibility determination process. (Testimony) The Appellant wanted to know why the process took so long, and why his money was taken out of his Social Security payment. (Testimony)

MassHealth explained that MassHealth did not remove money from the Appellant's Social Security payment. (Testimony) MassHealth reiterated that once approved, coverage for MSP is prospective. (Testimony). The Appellant stated he felt that he was penalized during the application process and seeks reimbursement of the money Social Security paid for his Medicare Coverage during the pendency of MassHealth's eligibility determination process. (Testimony)

Findings of Fact

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

1. The Appellant is an individual over the age of [REDACTED] (Testimony, Exhibit 2)
2. MassHealth received an application for MassHealth benefits via telephone on February 8, 2024 (SACA). (Testimony)

3. The Application began being processed on February 26, 2024. (Testimony).
4. During the review process, additional information was required. On April 16, 2024, a VC-1 was sent out to the Appellant requesting additional information. (Testimony) MassHealth stated that the Appellant was granted 90 days to verify the missing information which was unable to be corroborated through electronic sources. (Testimony)
5. MassHealth confirmed that the missing information had been received. (Testimony) On June 6, 2024, MassHealth determined that the Appellant was eligible for MassHealth Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB) with an effective date of July 1, 2024. (Testimony, Exhibit 1)

Analysis and Conclusions of Law

MassHealth establishes the procedures required for the eligibility process, in conformance with State and Federal regulations:

515.004: Administration of MassHealth

(A) MassHealth. The MassHealth agency formulates requirements and determines eligibility for all MassHealth coverage types

Within this process, MassHealth applicants and members have certain rights (130 CMR 515.007) as well as certain responsibilities (130 CMR 515.008):

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

The specific information related to the eligibility determination for individuals over [REDACTED] are codified within 130 CMR 516. Specifically, the process requires verifications of eligibility factors:

516.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, 130 CMR 518.000: MassHealth: Citizenship and Immigration, and 130 CMR 520.000: MassHealth: Financial Eligibility.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

MassHealth testified that additional information was required, and a VC-1 was sent out to the Appellant on April 16, 2024¹, listing the required verifications. (Testimony, 130 CMR 516.003(C)) MassHealth testified that the Appellant was given 90 days to provide the information. (Testimony). During that 90 day time period, the information was received, and the Appellant was determined eligible for MassHealth Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB) and was approved on June 2, 2024 with an effective date of coverage beginning July 1, 2024. (Testimony, Exhibit 1)

The program, for which the Appellant has been approved, is governed by 130 CMR 519.010:

519.010: Medicare Savings Program (MSP) – Qualified Medicare Beneficiaries (QMB)

(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:

¹ The Appellant confirmed that the address to which MassHealth sent the VC-1 was his address. (Testimony)

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 Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). In this appeal, on June 6, 2024, MassHealth determined that the Appellant was eligible for MassHealth Senior Buy In, Medicare Savings Program (MSP) Qualified Medicare Beneficiaries (QMB) with an effective date of July 1, 2024. (Testimony, Exhibit 1) The effective date of MassHealth's Senior Buy-In coverage is the first date of the calendar month following the date of the MassHealth eligibility determination. (130 CMR 519.010 (C)). The Appellant's request for retroactive coverage during the pendency of MassHealth's eligibility determination process runs afoul of 130 CMR 519.010(C).

On this record, the Appellant cannot show the invalidity of this MassHealth determination which complies with the dictates established in 130 CMR 519.010. Therefore, the Appellant has not met the burden by a preponderance of evidence to show the invalidity of MassHealth's approval of the Appellant's application, beginning on July 1, 2024. Accordingly, this 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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Patrick Grogan
Hearing Officer
Board of Hearings

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