

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416686
Decision Date:	12/3/2024	Hearing Date:	11/29/2024
Hearing Officer:	Amy B. Kullar, Esq.		

Appearances for Appellant:



Appearance for MassHealth:

Wesley Swan, 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:	Medicare Savings Programs
Decision Date:	12/3/2024	Hearing Date:	11/29/2024
MassHealth's Rep.:	Wesley Swan	Appellant's Reps.:	[REDACTED]
Hearing Location:	Springfield MassHealth Enrollment Center Room 1 (Telephone)	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 September 13, 2024, MassHealth informed the appellant that she was not eligible for payment of her Medicare premium under the Medicare Savings Program (MSP) because she was not receiving Medicare Part A. *See* 130 CMR 519.011(B) and Exhibit 1. The appellant filed this appeal in a timely manner on October 30, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth informed the appellant that she was not eligible for payment of her Medicare premium under the Medicare Savings Program (MSP) because she was not receiving Medicare Part A.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 519.011(B), in determining that the appellant was not eligible for payment of her Medicare premium under the Medicare Savings Program (MSP) because she was not receiving Medicare Part A.

Summary of Evidence

The appellant is an adult over the age of 65. The appellant appeared telephonically, verified her identity, and was accompanied by a Social Worker from the Westborough Senior Center. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center, who also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that the appellant's application for the MSP was received on September 10, 2024. The application was denied on September 13, 2024, due to the MassHealth system showing that the appellant was not a recipient of Medicare Part A. Testimony. Once the appellant filed her appeal of that denial, the MassHealth representative ran the appellant through MassHealth's system again, and this time she was found to be a Medicare Part A recipient in the system. Testimony. This match allowed the appellant to be approved for the Qualified Medicare Beneficiary (QMB) benefit, which was initially effective December 1, 2024, but MassHealth was able to backdate the start of the appellant's coverage to October 1, 2024. Testimony. This is the date that the appellant's coverage would have started on based upon the date of her application for the MSP. Testimony. When questioned by the hearing officer, the MassHealth representative confirmed that the appellant's household was at less than 190% of the Federal Poverty Level (FPL). Testimony.

The appellant responded to the MassHealth testimony by stating that she is asking for retroactive coverage and payment of her Medicare premium beginning on August 1, 2024, which is the date that her Medicare Part B started. Testimony. When questioned by the hearing officer, the appellant stated that the reason she did not submit her application for the Medicare Savings Program until September was because she called MassHealth customer service earlier in the summer of 2024, and the appellant stated that MassHealth customer service told her that she could not apply for the Medicare Savings Program until she received her Medicare ID number. Testimony.

Findings of Fact

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

1. The appellant is an adult over the age of 65, is a Medicare Part A and Part B recipient, and has

a household FPL of less than 190%.

2. The appellant's application for MSP was received at MassHealth on September 10, 2024.
3. MassHealth approved the appellant for the QMB benefit, with a coverage start date of October 1, 2024.

Analysis and Conclusions of Law

MassHealth administers the Medicare Savings Program (MSP). *See* 130 CMR 505.007. MSP coverage is available to Medicare beneficiaries in accordance with 130 CMR 519.010: Medicare Savings Program (MSP) – for Qualified Medicare Beneficiaries (QMB) and 130 CMR 519.011: Medicare Savings Program (MSP) – Specified Low Income Medicare Beneficiaries and Qualifying Individuals.

130 CMR 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: 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.

(130 CMR 519.010) (emphasis added)

An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). A fair hearing decision outcome, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” For the reasons stated herein, I find that the appellant has failed to meet this burden.

Here, the appellant resides in a household with income of less than 190% of the FPL and is a Medicare recipient. Therefore, after erring in its initial determination, MassHealth did correctly determine that the appellant was eligible for the Medicare Savings Program (MSP) under the Qualified Medicare Beneficiaries (QMB) category. The appellant testified that she called MassHealth customer service in the summer of 2024 and received inaccurate information as to when she should submit her application for the MSP to MassHealth, and this caused the appellant to delay submitting her application for the MSP to MassHealth. The appellant did not submit her application for the MSP until September 2024. Unfortunately, QMB coverage begins on the first day of the calendar month after the MassHealth eligibility determination date. Here, MassHealth would not have been able to determine the appellant’s eligibility for the QMB prior to September 2024 because the appellant did not submit her application for benefits until then. No retroactive coverage is available under the regulations.

For the foregoing reasons, this appeal is hereby 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.

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

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