

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2417409
<b>Decision Date:</b>	12/19/2024	<b>Hearing Date:</b>	12/18/2024
<b>Hearing Officer:</b>	Radha Tilva		

Appearances for Appellant:



Appearance for MassHealth:

Kelly Worthen, Springfield MEC Rep.



*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>	Eligibility – over 65 - income
<b>Decision Date:</b>	12/19/2024	<b>Hearing Date:</b>	12/18/2024
<b>MassHealth's Rep.:</b>	Kelly Worthen	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Springfield MEC (telephonic)	<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 October 3, 2024, MassHealth determined that appellant has more countable income than MassHealth Standard or Limited benefits allows, and that the appellant has a deductible of \$6,981 for a period of May 1, 2024 through November 1, 2024 (Exhibit 1). The appellant filed this appeal in a timely manner on November 12, 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 determined that appellant is ineligible for MassHealth Standard or Limited coverage because of excess countable income.

### Issue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for MassHealth Standard benefits.

### Summary of Evidence

The MassHealth representative testified by telephone that the notice on appeal, dated October 3, 2024, was an income change notice generated by a federal income update. The appellant is over the age of 65 years old, and has a gross monthly income from Social Security benefits of roughly \$1,852.00 per month which puts him at 146% of the federal poverty level after the \$20.00 PCA disregard. The appellant is eligible for Senior Buy-In which is the coverage he was previously receiving. The MassHealth representative explained that the last time appellant had MassHealth Standard coverage was in 2019 (Exhibit 4). The representative further explained that the income limit for MassHealth Standard benefits is \$1,255.00 per month. There is no record of the appellant being disabled.<sup>1</sup>

The MassHealth representative explained that because he is over the income limit for MassHealth benefits presently, he can get Standard benefits by meeting a deductible of \$6,981 for the period of May 1, 2024 through November 1, 2024, which can be done by submitting medical bills that amount to that total.

The appellant appeared by telephone, along with a representative who stated that he did not remember having a deductible in the past and just wanted MassHealth Standard benefits which he believes he had in the past. The appellant's representative stated that appellant had Commonwealth Care Alliance through MassHealth and wanted it again.<sup>2</sup> The appellant was not contesting the calculation of the deductible, but was trying to get MassHealth Standard benefits. He really wanted dental coverage as well. The appellant stated that he never used to receive medical bills, but is now receiving them.

## Findings of Fact

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

1. The appellant is over the age of 65, with a household size of one and an approximate gross income of \$1,852.00 a month.
  - a. After a PCA disregard this puts appellant's income at approximately 146% of the federal poverty level.
2. The income limit for MassHealth Standard for a household size of one is \$1,255.00 per month.
3. The appellant was previously receiving Senior Buy-In benefits (Exhibit 4).

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<sup>1</sup> The MassHealth representative did not offer any testimony about the appellant's assets.

<sup>2</sup> The MassHealth representative stated that she was not sure where the CCA coverage was from and did not see it in the MassHealth computer system.

4. The appellant never used to receive medical bills, but is now receiving them.

## 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 65. 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 (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.

(Emphasis added)

An individual's countable income amount refers to the individual's gross earned and unearned income less certain business expenses and standard income deductions (130 CMR 520.009). MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income (130 CMR 520.013(A)). If an individual exceeds these standards, he or she may establish eligibility by meeting a deductible (130 CMR 519.005(B) and 130 CMR 520.030).

Here, appellant's monthly income is \$1,852.00. Less the \$20 deduction, appellant's income is 146% of the FPL. This exceeds the qualifying limit of 100% for MassHealth Standard, which is equal to \$1,255.00 for a household size of one. In order to receive MassHealth Standard benefits, appellant would have to qualify for a special circumstance such as the Frail Elder Waiver, which has an income limit of 300% of the federal benefit rate (See 130 CMR 519.007(B)(2)(b)).

With respect to MassHealth's testimony that appellant's coverage type is MassHealth Senior Buy-In, this determination is correct. As established above, appellant is not eligible for MassHealth Standard benefits. 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) plan. 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):

- (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).

(emphasis added)

Given that appellant's income is less than 190% of the FPL, he is within the income limit for MSP (Buy-In) QMB coverage.

Based on the above MassHealth did not err in making this determination, and 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.

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Radha Tilva  
Hearing Officer  
Board of Hearings

cc: [REDACTED]  
[REDACTED]

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