

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed; Denied	Appeal Number:	2505147
Decision Date:	05/15/2025	Hearing Date:	05/09/2025
Hearing Officer:	Patricia Mullen		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Arlene Hatch, Quincy MassHealth Enrollment
Center (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:	Dismissed; Denied	Issue:	Community Eligibility- over 65
Decision Date:	05/15/2025	Hearing Date:	05/09/2025
MassHealth's Rep.:	Arlene Hatch, Quincy MEC	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 March 1, 2025, MassHealth terminated the appellant's Medicare Savings Program benefit with an anticipated end date of March 15, 2025, because MassHealth determined that the appellant did not give MassHealth the information it needed to decide eligibility, namely proof of other income. (see 130 CMR 515.008; 516.003 and Exhibit 1). The appellant filed this appeal in a timely manner on March 29, 2025, arguing that MassHealth used unpaid invoices as income. (see 130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that it would terminate her Medicare Savings Program benefit on March 15, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.003, in determining that the appellant did not provide updated income information.

Summary of Evidence

The appellant appeared telephonically and confirmed her identity. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center in Quincy. According to the Medicaid Management Information Systems (MMIS) printout in the record, the appellant is [REDACTED] and was previously determined disabled. (Exhibit 4). The appellant was open on MassHealth Standard for disabled persons under age 65, from June 2012 through [REDACTED] (Exhibit 4). The appellant was approved for the Medicare Savings Program beginning October 1, 2024. (Exhibit 4). Through this program, MassHealth pays the appellant's Medicare premiums, Medicare deductibles, and Medicare co-payments. (Testimony). The MassHealth representative stated that, despite what the March 1, 2025 notice says, the appellant remains open on the Medicare Savings Program and such benefit was not terminated by that notice. (Exhibit 4).

The MassHealth representative stated that the appellant submitted a MassHealth Senior application in [REDACTED]. The appellant lives in a family group size of one and her only income is her monthly Social Security. (Testimony). The appellant receives gross Social Security of \$1,794 a month. (Testimony). The MassHealth representative testified that the income limit for MassHealth Standard for persons aged 65 and older is 100% of the federal poverty level, or \$1,305.00 a month for a family of one. The MassHealth representative stated that MassHealth requested a Personal Care Attendant (PCA) form and/or a Frail Elder Waiver from the appellant to determine if she might be eligible for Standard under these programs. The MassHealth representative stated that because MassHealth did not receive these forms, the termination letter dated March 1, 2025 was sent. The MassHealth representative pointed out that the notice was somewhat confusing in that it did not actually terminate the appellant's Medicare Savings Program benefit, rather it was more a denial for Standard.

The MassHealth representative explained the working letter for CommonHealth for disabled persons aged 65 and older.

The appellant stated that she followed up with the Frail Elder Waiver through elder services and met with a case manager. The appellant noted that it was the case manager's opinion that the appellant would not be approved for the Frail Elder Waiver since she did not need home health services or assistance with her activities of daily living.

The appellant stated that her mother has a very high deductible for MassHealth and bills the appellant as a caregiver, even though she cannot pay the appellant. The appellant's mother submits the bills to MassHealth to show her caregiver expenses and meet her deductible every 6 months. (Testimony, exhibit 5). The appellant stated that she is not actually paid by her mother and MassHealth should not be counting those invoices as income. (Exhibit 5).

The MassHealth representative assured the appellant that MassHealth is not counting those invoices as the appellant's income.

The MassHealth representative advised the appellant that whenever she contacts MassHealth, she should follow the prompts to speak with an eligibility representative, not customer service.

Findings of Fact

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

1. The appellant is [REDACTED] and was previously determined disabled.
2. The appellant submitted a MassHealth Senior application in [REDACTED]
3. The appellant was open on MassHealth Standard for disabled persons under age 65, from June 2012 through [REDACTED]
4. The appellant was approved for the Medicare Savings Program beginning October 1, 2024.
5. Despite what the March 1, 2025 MassHealth notice states, the appellant remains open on the Medicare Savings Program and such benefit was not terminated by that notice.
6. The appellant lives in a family group size of one and her only income is her monthly Social Security of \$1,794.
7. 100% of the federal poverty level is \$1,305.00 a month for a family of one.
8. The appellant works as a caregiver for her mother, but does not get paid.

Analysis and Conclusions of Law

Community Residents 65 Years of Age and Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C)¹, noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

(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% of the federal poverty level; and

¹ 130 CMR 519.005(C) has to do with Caretaker parent/relatives of minor children and is not applicable here.

(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.

(130 CMR 519.005(A)).

100% of the federal poverty level is \$1,305.00 per month for a family of one. Because the appellant's monthly income of \$1,795.00 exceeds this amount, she is not financially eligible for MassHealth Standard. The appeal is denied as to any appeal for Standard.

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).

190% of the federal poverty level is \$2,480 for a family of one. Because the appellant's income is below this limit, she is eligible for the Medicare Savings Program for Qualified Medicare Beneficiaries. The appellant is approved for this program and has been open on it since October, 2024. Because the appellant is approved for the Medicare Savings Program, the appeal is dismissed as to this issue pursuant to 130 CMR 610.035(8).

MassHealth CommonHealth

(A) Working Disabled Adults.

(1) Eligibility Requirements. MassHealth CommonHealth for working disabled adults is available to

community residents 65 years of age and older in the same manner as it is available to those younger than 65 years old. This means that eligible applicants must meet the requirements of 130 CMR 505.004(B)(2), (3), and (5) to be eligible for CommonHealth.

(2) Other Provisions. The following provisions apply to CommonHealth applicants and members 65 years of age and older: 130 CMR 505.004(A)(2), (H) through (J), (M)(1) and (2), and (N). (130 CMR 519.012(A)).

(130 CMR 519.012(A)(1), (2)).

Disabled Working Adults. Disabled working adults must meet the following requirements: ...

(2) be employed at least 40 hours per month, or if employed less than 40 hours per month, have been employed at least 240 hours in the six-month period immediately preceding the month of receipt of the application or MassHealth's eligibility review;

(3) be permanently and totally disabled (except for engagement in substantial gainful activity) as defined in 130 CMR 501.001: Definition of Terms;...

(5) be ineligible for MassHealth Standard...

(130 CMR 505.005(B)(2), (3), (5)).

Financial Eligibility. Financial eligibility for all MassHealth CommonHealth applicants and members is based on the regulations in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements. 130 CMR 520.000: MassHealth: Financial Eligibility does not apply. (130 CMR 519.012(C)).

The appellant has not submitted a working letter and the following is provided for her information. The appellant is currently working as a caregiver, but is not getting paid. If the appellant's mother is able to even pay her a nominal amount, the appellant could submit a working letter signed by her mother, noting the number of hours per week she is working (minimum of 10 hours per week) and the amount she is being paid. The letter must contain the employer's (her mother) address. MassHealth would consider this letter in determining eligibility for CommonHealth. CommonHealth is a type of MassHealth program that covers most of the same services as MassHealth Standard. The premium for CommonHealth is set forth at 130 CMR 506.011(B)(2)(b) as follows:

The full premium formula for young adults with household income above 150% of the FPL, adults with household income above 150% of the FPL, and children with household income above 300% of the FPL is provided as follows. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL

Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 150% FPL—start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 — \$35
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 — \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 — \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 — \$632
Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000%	\$646 — \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

Accordingly, premiums start at 150% of the federal poverty level, which is \$1,956 gross per month for a family of one.

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.

Patricia Mullen
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator