

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2515660
Decision Date:	12/05/2025	Hearing Date:	12/04/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:




Appearance for MassHealth:
Yassory Pena, Tewksbury 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:	DENIED	Issue:	Medicare Savings Programs (MSPs)
Decision Date:	12/05/2025	Hearing Date:	12/04/2025
MassHealth's Rep.:	Yassory Pena	Appellant's Rep.:	
Hearing Location:	Remote	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 August 20, 2025, MassHealth notified the appellant that his coverage would be ending on September 30, 2025, because he did not submit his eligibility review form in time. Through a subsequent notice dated October 14, 2025, MassHealth notified the appellant that neither he nor his spouse qualify for payments of their Medicare premium under Medicare Savings Programs (MSP) because their total household income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 516.007, 130 CMR 519.011(B) and Exhibit 1(A-B). The appellant filed this appeal in a timely manner on October 23, 2025. See 130 CMR 610.015(B) and Exhibit 2. Any MassHealth decision to suspend, reduce, terminate, or restrict a member's assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth denied the payment of the appellant's and his spouse's Medicare premiums under MSP because their total household income exceeded the allowed threshold for MassHealth benefits.

Issue

Whether MassHealth correctly determined that neither the appellant nor his spouse qualify for payments of their Medicare premium under MSP because their total household income exceeded the allowed threshold for MassHealth benefits. See 130 CMR 519.011(B).

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The appellant appeared with his spouse and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is over the age of 65 and lives in a household of two including his spouse. He was on Specified Low Income Medicare Beneficiaries (SLMB) coverage as part of the Medicaid Savings Program (MSP) since January 2024. On July 5, 2025, MassHealth mailed out an eligibility review form which was due on or before August 15, 2025. The appellant did not submit the form. Through a notice dated August 20, 2025, MassHealth notified the appellant that his coverage would be ending on September 30, 2025, because he did not submit his eligibility review form in time. The appellant's coverage ended on September 30, 2025.

On October 2, 2025, the appellant's spouse called MassHealth and completed an eligibility review form over the phone which also included her. This was the first time the appellant's spouse had applied for MassHealth benefits. On October 14, 2025, MassHealth notified the appellant that neither he nor his spouse qualify for payments of their Medicare premium under MSP because their total household income exceeded the allowed threshold for MassHealth benefits. The MassHealth representative stated that the appellant's total household income equals \$3,996.91 which includes his income and his spouse's income. The income limit for MSP coverage is \$3,966.00 per month for a household of two. The appellant's total household income exceeds this limit even after the \$20 deduction allowed by MassHealth ($\$3,996.91 - \$20.00 = \$3,976.91$).

The appellant and his spouse confirmed their income and household size. The appellant's spouse expressed her frustration with lack of support for the elderly. She stated that after paying all their household expenses, they do not have sufficient funds for survival.

Findings of Fact

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

1. The appellant is over the age of 65 and lives in a household of two. (Testimony and Exhibit 4).
2. The appellant was on SLMB coverage as part of MSP since January 2024. (Testimony).

3. On July 5, 2025, MassHealth mailed out an eligibility review form which was due on or before August 15, 2025. The appellant did not submit the form. (Testimony).
4. Through a notice dated August 20, 2025, MassHealth notified the appellant that his coverage would be ending on September 30, 2025, because he did not submit his eligibility review form in time. (Testimony and Exhibit 1A).
5. The appellant's coverage ended on September 30, 2025. (Testimony).
6. On October 2, 2025, the appellant completed an eligibility review form over the phone which included his spouse. (Testimony).
7. On October 14, 2025, MassHealth notified the appellant that neither he nor his spouse qualify for payments of their Medicare premium under MSP because their total household income exceeded the allowed threshold for MassHealth benefits. (Testimony and Exhibit 1B).
8. The appellant's verified total household income equals \$3,996.91 per month. (Testimony).
9. The income limit for MSP coverage is \$3,966.00 per month for a household of two. (Testimony and Federal Poverty Guidelines).
10. After the \$20 deduction allowed by MassHealth, the appellant's total household income equals \$3,976.91 per month which exceeds the allowed threshold. (Testimony).
11. The appellant filed this appeal in a timely manner on October 23, 2025. (Exhibit 2).

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. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

Here, the appellant is over the age of 65. As such, the appellant's eligibility for MassHealth benefits will be determined by the requirements set forth in Volume II. See id.

MassHealth regulation at 130 CMR 519.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial

responsibility and the calculation of financial eligibility are detailed in 130 CMR 520.000: MassHealth: Financial Eligibility. Effective November 24, 2023, MassHealth offers three MSP coverage types: Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI). See 130 CMR 519.001; 130 CMR 519.010; 130 CMR 519.011.

The MassHealth agency determines eligibility for the most comprehensive coverage available to the applicant, although the applicant has the right to choose to have eligibility determined only for Medicare Savings Plan (MSP) for Qualified Medicare Beneficiaries (QMB) or MSP for Specified Low Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI) coverage. If no choice is made by the applicant, the MassHealth agency determines eligibility for all available coverage types. See 130 CMR 519.001(C).

In order to qualify for coverage type QMB, a member must (1) be 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. See 130 CMR 519.010(A)(Emphasis added).

In order to qualify for coverage type SLMB, a member must (a) be entitled to hospital benefits under Medicare Part A; (b) have a countable income amount (including the income of the spouse with whom they live) greater than 190% and less than or equal to 210% of the federal poverty level. MassHealth will disregard all assets or resources when determining eligibility for MSP only benefits; (c) 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 (d) 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. See 130 CMR 519.011(A)(1)(Emphasis added).

In order to qualify for coverage type QI, a member must (b) have a countable income amount (including the income of the spouse with whom he or she lives) that is greater than 210% of the federal poverty level and less than or equal to 225% of the federal poverty level; (c) 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 & 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 (d) 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. See 130 CMR 519.011(B)(1)(Emphasis added).

An individual's countable income amount refers to the individual's gross earned and unearned income¹ less certain business expenses and standard income deductions. See 130 CMR 520.009. MassHealth allows a \$20 deduction per individual or couple from the member's total gross unearned income. See 130 CMR 520.013(A).

Here, the appellant's uncontested household income is \$3,996.91 per month. Less the \$20 deduction, the appellant's household income equals \$3,976.91 per month. See 130 CMR 520.013(A). A Medicare beneficiary such as the appellant qualifies for MSP QI if his countable income amount is greater than 210% of the FPL and less than or equal to 225% of the FPL. See 130 CMR 519.011(B)(b). As such, the income limit for MSP QI is set at \$3,966.00 per month for a household of two. See <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>. The appellant's income is \$3,976.91 per month which exceeds the allowed threshold. As such, I find that MassHealth correctly denied coverage to the appellant and his spouse because their household income exceeds the allowed threshold for MassHealth benefits. See 130 CMR 519.011(B)(b).

For the foregoing reasons, 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.

¹ Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. See 130 CMR 520.009(D).

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings


MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290