

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501730
Decision Date:	04/17/2025	Hearing Date:	03/07/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:



Appearance for MassHealth:  
Yadira Ramos-Springfield 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Under 65; Over income
<b>Decision Date:</b>	04/17/2025	<b>Hearing Date:</b>	03/07/2025
<b>MassHealth's Rep.:</b>	Yadira Ramos	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center Room 1 (Remote)	<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 January 14, 2025, MassHealth notified the appellant that she is not eligible to receive MassHealth benefits because her income is too high. (Exhibit 1). The notice further stated that the appellant is eligible for a ConnectorCare plan through the Health Connector. *Id.* The appellant filed this appeal in a timely manner on or about January 23, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible to receive MassHealth benefits because her income is too high.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible to receive MassHealth benefits.

## Summary of Evidence

The MassHealth representative and the appellant appeared at the hearing by telephone and testified as follows:

The appellant is between the ages of 21 and 64 and lives in a household of 2. The appellant previously received MassHealth benefits based on her income at that time. On January 8, 2025, MassHealth received the appellant's job update form and updated income information. MassHealth verified the appellant's income on January 14, 2025. The appellant's gross monthly income from employment is \$2,688.03 per month, which equates to 152.81% of the federal poverty level (FPL). On January 14<sup>th</sup>, MassHealth notified the appellant that she does not qualify for MassHealth benefits. (Exhibit 1). The appellant is eligible for a ConnectorCare plan through the Health Connector. *Id.* To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$2,345.00 for a household of 2.

The appellant did not dispute her income. She explained that she is employed part-time and lives with her daughter. The appellant stated that the cost of living has increased, she has rental expenses and requires MassHealth's assistance to cover her medical expenses. The MassHealth representative explained that the appellant does not qualify for MassHealth coverage due to excess income. However, she does qualify for a ConnectorCare plan through the Health Connector. The appellant stated that the health care plans offered through the Health Connector are very expensive and unaffordable.

## Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 64, and lives in a household of 2.
2. The appellant was previously eligible for MassHealth benefits.
3. On January 8, 2025, MassHealth received the appellant's job update form and income information. MassHealth verified the appellant's income on January 14, 2025.
4. On January 14, 2025, MassHealth notified the appellant that she does not qualify for benefits because her income was over the allowable limit.
5. The appellant's verified monthly gross income from employment amounts to \$2,688.03, which is equal to 152.81% of the FPL for a household of 2.

6. To qualify for MassHealth benefits, the appellant's gross monthly income would have to be at or below 133% of the FPL, or \$2,345.00 for a household of 2.
7. The appellant is eligible for a health care plan through the Health Connector.
8. The appellant timely appealed this MassHealth action.

## Analysis and Conclusions of Law

The MassHealth coverage types are set forth at 130 CMR 505.001(A), as follows:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults<sup>1</sup>, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in)— for certain Medicare beneficiaries.

The financial standards referred to in 130 CMR 505.000 use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition*. 130 CMR 505.001(B).

At issue in this case is MassHealth's determination that the appellant is not eligible for MassHealth benefits. As of the hearing date, the only two coverage types for which the appellant is potentially

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<sup>1</sup> "Young adults" are defined at 130 CMR 501.001 as those aged 19 and 20.

eligible are MassHealth Standard or CarePlus. The question remains as to whether she meets the income requirements to qualify.

An applicant is financially eligible for MassHealth Standard and/or CarePlus benefits if “the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.002(C)(1)(a); 505.008(A)(2)(c)). To determine financial eligibility, 130 CMR 506.007 requires MassHealth to construct a household for each individual person applying for or renewing coverage. That regulation provides in relevant part as follows:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
  - (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
  - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
  - (c) all persons the taxpayer expects to claim as tax dependents; and
  - (d) if any woman described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

In the present case, the appellant does not dispute that she resides in a household of 2.

130 CMR 506.007 describes how an applicant’s modified adjusted gross income (MAGI) is calculated. It provides in relevant part, as follows:

- (A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual’s household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type. In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.
- (B) The financial eligibility standards for each coverage type may be found in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(C) The monthly federal-poverty-level income standards are determined according to annual standards published in the *Federal Register* using the following formula. The MassHealth agency adjusts these standards annually.

- (1) Divide the annual federal poverty-level income standard as it appears in the *Federal Register* by 12.
- (2) Multiply the unrounded monthly income standard by the applicable federal-poverty-level standard.
- (3) Round up to the next whole dollar to arrive at the monthly income standards.

The appellant's verified MAGI is \$2,688.03.<sup>2</sup> This amount exceeds 133% of the FPL for a household of 2, which is \$2,345.00. Because the appellant's verified income is over the allowable limit to qualify for a MassHealth coverage type, I find that the action taken by MassHealth was within the regulations.

This appeal is denied.<sup>3</sup>

## 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

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<sup>2</sup> In accordance with 130 CMR 506.003(A), countable income includes, in pertinent part, "the total amount of taxable compensation received for work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses."

<sup>3</sup> The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc.

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186