

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503359
Decision Date:	4/3/2025	Hearing Date:	03/24/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Monica Ramirez, Quincy MassHealth
Enrollment Center

Interpreter:



*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:	Community eligibility – under 65
Decision Date:	4/3/2025	Hearing Date:	03/24/2025
MassHealth’s Rep.:	Monica Ramirez	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South 4 (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 February 13, 2025, MassHealth informed the appellant that her MassHealth benefits were being terminated on February 27, 2025, because the person “withdrew the application.” *See* 130 CMR 502.009 and Exhibit 1. The Appellant filed this appeal in a timely manner on February 25, 2025. *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 informed the appellant that her MassHealth benefits were being terminated.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.009, in determining that it was appropriate to end the appellant’s MassHealth coverage.

Summary of Evidence

The appellant is an adult under the age of [REDACTED] who resides in a household of two. The appellant appeared telephonically, verified her identity, and testified through a Haitian Creole interpreter. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center, who appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that the appellant resides in a household of two and has a verified income of approximately \$40,410.00 per year, which is a federal poverty level (FPL) of 263.33%. The MassHealth representative testified that 133% of the federal poverty level for a family of two would reflect a yearly income of \$28,140.00. The appellant is over MassHealth income guidelines to receive MassHealth benefits. Testimony and Exhibit 1. The appellant withdrew her application for MassHealth benefits on February 13, 2025, and MassHealth sent the appellant the notice on appeal. The MassHealth representative testified that she reached out to the appellant and spoke to her on March 20, 2025, and that during that call she explained to the appellant that the reason her MassHealth account was administratively closed in 2024¹ was due to the fact that the appellant did not enroll in her employer sponsored health insurance as required by the MassHealth regulations.

The appellant did not dispute MassHealth's testimony, including the calculation of her annual income. The appellant did not state the reason that she withdrew her application, nor did the appellant dispute MassHealth's testimony that she withdrew her application. She did not have any changes in her income to report at the hearing. The appellant stated that she needs MassHealth for her child; he has braces and he needs dental insurance. The insurance offered by her employer is too expensive. Testimony. The MassHealth representative responded that according to the MassHealth regulations, it is a requirement that if your employer offers health insurance, you must enroll. The MassHealth representative explained that the appellant may enroll in Premium Assistance if she cannot afford the health insurance offered by her employer. The appellant was urged to re-apply for MassHealth benefits on behalf of her household.

Findings of Fact

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

1. The appellant is an adult under the age of [REDACTED] who resides in a household of two. Exhibit 4, Testimony.

¹ There was no evidence presented that the appellant has appealed any other notice other than the February 13, 2025 termination notice, and the Hearing Officer was unable to locate any records at the Board of Hearings that indicated that the appellant had appealed a previous MassHealth notice.

2. The appellant earns income that amounts to a yearly income of \$40,410.00. Testimony.
3. On February 13, 2025, MassHealth informed the appellant that her MassHealth benefits were being terminated on February 27, 2025 because she withdrew her application. Exhibit 1.
4. The appellant filed a timely appeal on February 25, 2025. Exhibit 2.
5. A yearly income at 133% of the federal poverty level equates to \$28,140.00 for a household of two. Testimony, 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

Pursuant to 130 CMR 502.009, an applicant or authorized representative may voluntarily withdraw their application for MassHealth benefits.

Here, the appellant appealed a February 13, 2025 notice informing her that she voluntarily withdrew her MassHealth application. The appellant does not dispute that she withdrew her application on February 13, 2025. For these reasons, the MassHealth determination was correct and the appeal is denied.²

Order for MassHealth

None.

² The appellant can re-apply at any time for MassHealth benefits. If her household or child is determined eligible for MassHealth benefits, she could then apply for MassHealth Premium Assistance to get assistance paying for her employer-sponsored insurance plan.

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: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171