

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504404
Decision Date:	4/17/2025	Hearing Date:	04/16/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Ana Duverge-Roy, Springfield



*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:	Eligibility, under 65; MAGI
Decision Date:	4/17/2025	Hearing Date:	04/16/2025
MassHealth's Rep.:	Ana Duverge-Roy	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MassHealth Enrollment Center Virtual		

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 3/14/25, MassHealth notified the appellant that she is no longer eligible for MassHealth because her income is too high for MassHealth. (130 CMR 506.007 and Exhibit 1). The appellant filed this appeal in a timely manner on 3/17/25. (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's MassHealth application.

Issues

The issue is whether MassHealth was correct, pursuant to 130 CMR 506.001 *et seq.*, in determining that the appellant was over the income limit for MassHealth.

Summary of Evidence

The MassHealth representative testified that on 12/2/24, MassHealth sent the appellant an income update request. The MassHealth representative testified that on 1/22/25, the appellant completed a phone application. The MassHealth representative testified that on 1/22/25, a request for income information was sent to the appellant. The MassHealth representative testified that on 3/11/25, the appellant submitted a copy of her 2023 tax return showing annual household income of \$186,772.92. The appellant's spouse is self-employed, and the appellant is unemployed. The MassHealth representative testified that MassHealth denied the application on 3/14/25 due to the appellant being over the income limit for MassHealth. The MassHealth representative testified that the appellant is in a household of four. The appellant and her spouse are under the age of ■■■ The MassHealth representative testified that the appellant's gross income is 583.53% of the 2025 Federal Poverty Level (FPL), which makes her not eligible for MassHealth. The annual income limit for MassHealth is 133% of the FPL, which is \$42,768 for a family of four.

The appellant testified that she has a disabled child who is enrolled in CommonHealth with a monthly premium of \$382. The appellant testified that MassHealth does not cover the cost of her child's therapies, tutoring, and coaching, which help her achieve her goal of going to college. The appellant testified that she enrolled in a Connector Care plan for her spouse and herself with a monthly premium of \$800, and she enrolled her college-aged child in health insurance. The appellant testified that she has not filed a tax return for 2024 yet, but estimates that their household income for 2024 is within \$10,000 of their 2023 income. The appellant testified that the cost of health insurance and the additional out-of-pocket expenses to care for her disabled child are too much for their income.

Findings of Fact

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

1. On 12/2/24, MassHealth sent the appellant an income update request.
2. On 1/22/25, the appellant completed a phone application.
3. On 1/22/25, MassHealth sent a request for income information to the appellant.
4. On 3/11/25, the appellant submitted a copy of her 2023 tax return showing household annual modified adjusted gross income (MAGI) of \$186,772.92.
5. The appellant's spouse is self-employed, and the appellant is unemployed.
6. On 3/14/25, MassHealth denied the appellant's application due to the appellant's household being over the income limit for MassHealth.

7. The appellant is in a household of four. The appellant and her spouse are under the age of [REDACTED]
8. The appellant's annual household MAGI is \$186,772.92, which is 583.53% of the 2025 FPL, making her ineligible for MassHealth.
9. The annual income limit for MassHealth is 133% of the FPL, which is \$42,768 for a family of four.
10. The appellant has a disabled child who is enrolled in CommonHealth with a monthly premium of \$382.
11. The appellant testified that she has not filed a tax return for 2024 yet, but estimates that her family's household income for 2024 is within \$10,000 of their 2023 income.

Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. 130 CMR 505.001 lists the different MassHealth coverage types.

(A) The MassHealth coverage types are the following:

- (1) **MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults, 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 [REDACTED] years old 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.

(emphasis added)

The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000. The financial eligibility for various MassHealth coverage types is determined by comparing the family group's monthly modified adjusted gross income with the applicable income standards for the specific coverage type. (130 CMR 506.007(A)). The income limit for MassHealth Standard and CarePlus is less than or equal to 133% of the federal poverty level. (130 CMR 505.008 (A)(2)(c) and 130 CMR 505.002(C)(1)(a)). The MassHealth regulations do not provide for any reduction of income based on caring for a family member or other expenses. (130 CMR 505.000). The appellant is married in a household of four with a gross annual income of \$186,772.92 as reported on the appellant's most recent available tax return (2023). The appellant's gross annual income is 583.53% of the 2025 FPL.¹ As such, the appellant's household is over the income limit for MassHealth.

MassHealth's decision was correct.

This appeal is therefore **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

¹ The annual income limit for MassHealth is 133% of the FPL, which is \$42,768 for a family of four.

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.

Christine Therrien
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center