

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504809
Decision Date:	7/8/2025	Hearing Date:	04/30/2025
Hearing Officer:	Emily Sabo	Record Open to:	05/28/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Liz Nickoson, Taunton 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:	Community Eligibility—under 65; Income
Decision Date:	7/8/2025	Hearing Date:	04/30/2025
MassHealth's Rep.:	Liz Nickoson	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	Aid Pending:	Yes ¹

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through two notices dated March 21, 2025, MassHealth notified the Appellant that her minor child was approved for MassHealth Family Assistance, with a \$12/monthly premium, and denied her application for MassHealth benefits on the grounds that her household income was too high. 130 CMR 505.005(H), 130 CMR 505.002(C)(1)(a), 130 CMR 505.008(A)(2)(c), and Exhibit 1. The Appellant filed appeals on both notices in a timely manner on March 25, 2025, on the grounds that she could not afford to pay for any health insurance. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance, and assessment of premiums, are valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved the Appellant's minor child for MassHealth Family Assistance with a \$12/monthly premium and denied the Appellant's application for MassHealth benefits on the grounds that her income is too high.

¹ The aid pending is for the Appellant's minor child only, as the appeal was filed before his benefit ended.

Issue

The appeal issues are whether MassHealth was correct, in determining that the Appellant's minor child is eligible for MassHealth Family Assistance with a \$12/monthly premium and that the Appellant is not eligible for MassHealth based on her income.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult between the ages of 21-64, has a household size of three, consisting of her minor child and her [REDACTED] year old child. The MassHealth representative testified that the Appellant is a tax-filer with two dependents. The MassHealth representative testified that the notices were generated based on the Appellant having a household income of 176.54% of the federal poverty level.² The MassHealth representative testified that on April 3, 2025, the Appellant contacted MassHealth to report a gross income of \$1,000, every two weeks. The MassHealth representative testified that based on that income, the Appellant's household income was 92.58% of the federal poverty level. The MassHealth representative testified that the household's eligibility is pending proof of income, and that the Appellant needed to submit a pay stub dated within the past 60 days to MassHealth. The MassHealth representative testified that the Appellant's minor child has MassHealth Standard as aid pending appeal, while the case is before the Board of Hearings.

The Appellant verified her identity. The Appellant testified that her [REDACTED] year old child is a full-time student and does not earn income. The Appellant testified that she does not have sufficient funds to cover her expenses, and that she has health conditions.

The record was held open until May 14, 2025, for the Appellant to submit a recent pay stub, and until May 28, 2025, for MassHealth to review and respond. Exhibit 5. During the record open period, the Appellant did not submit any materials to the Board of Hearings. The MassHealth representative confirmed that MassHealth did not receive proof of income from the Appellant during the record open period. Exhibit 6.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21-64 and has a household size of three. The Appellant's household includes her minor child and her [REDACTED] year old child. Testimony, Exhibit 4.

² The MassHealth representative stated that based on that, the Appellant and the [REDACTED] year old were eligible for Connector Care plans.

2. MassHealth issued two notices on March 21, 2025, based on the Appellant having a household income of 176.54% of the federal poverty level. One notice approved her minor child for MassHealth Family Assistance with a \$12/monthly premium. The other denied her MassHealth benefits on the basis of her income. Testimony, Exhibit 1.
3. On March 25, 2025, the Appellant filed timely appeals of both March 21, 2025 notices with the Board of Hearings. Exhibit 2.
4. On April 3, 2025, the Appellant reported to MassHealth that the household's income is \$1,000 every two weeks, which is 92.58% of the federal poverty level, but this income was not verified. Testimony.
5. The record was held open for the Appellant to provide proof of her income. Exhibit 5.
6. The Appellant has not provided corroborating proof of her income. Testimony, Exhibit 6.

Analysis and Conclusions of Law

MassHealth requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity. 130 CMR 502.003. MassHealth initiates information matches with other agencies and information sources as described at 130 CMR 502.004. *Id.* If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual. *Id.*

502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 130 CMR 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility:

- (1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and
- (2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably

compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date of the application or renewal form was received, coverage is reinstated to a date 10 days before the receipt of the verifications.

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

(E) Provisional Eligibility. **The MassHealth agency will provide benefits while the applicant provides the MassHealth agency outstanding corroborative information in accordance with 130 CMR 502.003(D)(1), except for individuals described at 130 CMR 502.003(E)(2). Except as further set forth below, the MassHealth agency will accept self-attestation for all eligibility factors other than citizenship and immigration status, and make a provisional eligibility determination as if the applicant had supplied the information.** MassHealth applicants can receive only one provisional eligibility approval during a 12-month period, unless the individual is pregnant. MassHealth members are required to enroll in managed care during the provisional eligibility period, if enrollment is otherwise required as described in 130 CMR 508.004: *Managed Care Organizations (MCOs)*. MassHealth members who have been assessed a premium are subject to payment of premiums during the provisional eligibility period. Premium assistance is not awarded during the provisional eligibility period. It is only provided when all corroborative information has been received and the health insurance investigation is complete, as described in 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*. Provisional eligibility is subject to the following limitations.

(1) Coverage Date.

(a) Coverage for individuals who have been determined provisionally eligible begins 10 days before the date the application is received.

(b) If all required verifications are received before the end of the provisional eligibility period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 505:000: *Health Care Reform: MassHealth: Coverage Types*.

(2) Limitations. **Provisional eligibility is subject to the following limitations.**

(a) Provisional eligibility is not available for adults 21 years of age or older who have not verified all income in their MAGI household, as described at 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*, unless the individual is

- 1. pregnant and has attested MAGI income at or below 200% of the federal poverty level (FPL);**
- 2. 21 through 64 years of age and HIV-positive with attested MAGI income at or below 200% of the FPL; or**
- 3. in active treatment for breast or cervical cancer and is younger than 65 years old with attested MAGI income at or below 250% of the FPL.**

(b) The MassHealth agency will not accept self-attestation of disability. Disability must be verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*. Eligibility for applicants who apply for benefits on the basis of disability will be determined as if they were not disabled until disability is verified as described in 130 CMR 505.002(E)(1): *Disabled Adults*.

(c) A member's coverage type will not be redetermined during the provisional eligibility period, except that members granted provisional eligibility who attest to pregnancy will be enrolled in MassHealth Standard.

(F) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status. The MassHealth agency provides applicants and members a reasonable opportunity period to provide satisfactory documentary evidence of citizenship and identity or immigration status if MassHealth's electronic data matches are unable to verify the applicant's citizenship or immigration status.

(1) Time Standards. The reasonable period begins on, and extends 90 days from, the date on which an applicant or member receives a reasonable opportunity notice.

(2) Coverage Start Date.

(a) Coverage for individuals who are pregnant and children younger than 19 years of age who receive a reasonable-opportunity period will begin as follows.

1. If covered medical services were received during such period, and the individual would have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the application and may be retroactive to the first day of the third calendar month before the month of application except as specified in 130 CMR 502.006(C).
2. If covered medical services were not received during such period, or the individual would not have been eligible at the time services were provided, the start date of coverage is determined upon receipt of the application and coverage begins ten days prior to the date of application, except as specified in 130 CMR 502.006(C).

- (b) Coverage for all other individuals who receive a reasonable-opportunity period begins ten days before the date the application is received.
- (c) If satisfactory documentary evidence of citizenship and identity or immigration status is received before the end of the reasonable-opportunity period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 505.000: *Health Care Reform: MassHealth: Coverage Types*.

(G) Reasonable Opportunity Extension. Applicants or members who have made a good faith effort to resolve inconsistencies or obtain verification of immigration status may receive a 90-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

(H) Hospital-determined Presumptive Eligibility.

(1) Presumptive Eligibility Determinations. A qualified hospital may make presumptive eligibility determinations for its patients in accordance with 130 CMR 450.110: *Hospital-determined Presumptive Eligibility*. Presumptive eligibility will be determined based on attested information. The MassHealth agency will use estimated gross household income rather than MassHealth MAGI to assess whether the financial requirements described below have been met. The qualified hospital may determine presumptive eligibility for the following:

- (a) MassHealth Standard if the individual appears to meet categorical and financial requirements in 130 CMR 505.002: *MassHealth Standard* and the individual is
 - 1. a child younger than one year old;
 - 2. a child one through 18 years old;
 - 3. a young adult 19 and 20 years old;
 - 4. pregnant;
 - 5. a parent or caretaker relative;
 - 6. an individual with breast or cervical cancer;
 - 7. an individual who is HIV positive; or
 - 8. an independent foster care adolescent up to age 26;
- (b) MassHealth CarePlus if the individual appears to meet categorical and financial requirements in 130 CMR 505.008: *MassHealth CarePlus* and the individual is an adult 21 to 64 years old; or
- (c) MassHealth Family Assistance if the individual appears to meet categorical and financial requirements in 130 CMR 505.005(C): *Eligibility Requirements for Children and Young Adults Who Are Nonqualified PRUCOLs with Modified Adjusted Gross Income of the MassHealth MAGI Household at or below 150% of the Federal Poverty Level* or 130 CMR 505.005(E): *Eligibility Requirement for HIV-Positive Individuals Who Are Citizens or Qualified Noncitizens with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 133 and Less than or Equal to 200% of the Federal Poverty Level* and is
 - 1. a child or a young adult who is a nonqualified PRUCOL as described in 130 CMR

504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*; or

2. an individual who is HIV positive.

(2) Coverage Start Date. Benefits provided through the hospital presumptive eligibility process will begin on the date that the hospital determines presumptive eligibility and will continue until

(a) the end of the month following the month in which the hospital determined presumptive eligibility, if the individual has not submitted a complete application as described in 130 CMR 502.001 by that date; or

(b) an eligibility determination is made based upon the individual's submission of a complete application as described in 130 CMR 502.001, if the complete application was submitted before the end of the month following the month of the hospital-presumptive eligibility determination.

(3) Premium Assessment. Individuals who are determined eligible through hospital-determined presumptive eligibility will not be assessed a premium. Premium assistance is not awarded during the presumptive eligibility period.

(4) Continued Eligibility. The individual must submit a complete application as described in 130 CMR 502.001 to determine continued eligibility for MassHealth.

(I) Verification Exceptions for Special Circumstances. Except with respect to the verification of citizenship and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster.

130 CMR 502.003 (emphases added)

502.004: Matching Information

The MassHealth agency may initiate information matches with other agencies and information sources when an application is received, at annual renewal, and periodically, in order to update or verify eligibility. These agencies and information sources may include, but are not limited to, the following: the Federal Data Services Hub, the Department of Unemployment Assistance, Department of Public Health's Bureau of Vital Statistics, Department of Industrial Accidents, Department of Veterans' Services, Department of Revenue, Bureau of Special Investigations, Social Security Administration, Systematic Alien Verification for Entitlements, Department of Transitional Assistance, and health insurance carriers.

130 CMR 502.004.

As described in its regulations, MassHealth provides individuals with access to health care by determining the coverage type that provides the applicant with the most comprehensive benefit

for which they are eligible. 130 CMR 501.003(A). The MassHealth coverage types are listed as follows:

- (1) Standard for pregnant women, children, parents and caretaker relatives, young adults,³ disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) CommonHealth for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) CarePlus for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) Family Assistance for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) Small Business Employee Premium Assistance for adults or young adults
- (6) Limited for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (7) Senior Buy-in and Buy-in for certain Medicare beneficiaries.

130 CMR 505.001(A).

505.002: MassHealth Standard

...

(B) Eligibility Requirements for Children and Young Adults. Children and young adults may establish eligibility for MassHealth Standard coverage subject to the requirements described in 130 CMR 505.002(B).

...

(2) Children One through 18 Years Old.

(a) A child one through 18 years old is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and
2. the child is a citizen as described in 130 CMR 504.002: U.S. Citizens or a lawfully present immigrant as described in 130 CMR 504.003(A): Lawfully Present Immigrants.

³ "Young adults" are defined at 130 CMR 501.001 as those aged [REDACTED] and [REDACTED]

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

...

(C) Eligibility Requirements for Parents and Caretaker Relatives.

(1) A parent or caretaker relative of a child younger than 19 years old is eligible for MassHealth Standard coverage if

(a) the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level (FPL);

(b) the individual is a citizen as described at 130 CMR 504.002: *U.S. Citizens* or a qualified noncitizen as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*; and

(c) 1. the parent lives with their children, and assumes primary responsibility for the child's care, in the case of a parent who is separated or divorced, has custody of their children, or has children who are absent from home to attend school; or

2. the caretaker relative lives with children to whom they are related by blood, adoption, or marriage (including stepsiblings), or is a spouse or former spouse of one of those relatives, and assumes primary responsibility for the child's care if neither parent lives in the home.

(2) The parent or caretaker relative complies with 130 CMR 505.002(M).

...

(P) Medical Coverage Date.

(1) The medical coverage date for Mass Health Standard is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.002(P)(2).

(2) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

130 CMR 505.002 (B)(2), (C), (P).

505.005: MassHealth Family Assistance

...

(B) Eligibility Requirements for Children with Modified Adjusted Gross Income of the MassHealth MAGI Household Greater than 150% and Less than or Equal to 300% of the Federal Poverty Level.

Children younger than 19 years old are eligible for MassHealth Family Assistance coverage described in 130 CMR 505.005(B) if they meet the following criteria.

(1) Eligibility Requirements. A child is eligible if

(a) the child is younger than 19 years old;

(b) the child's modified adjusted gross income of the MassHealth MAGI household is greater than 150 and less than or equal to 300% of the federal poverty level (FPL);

(c) the child is ineligible for MassHealth Standard or CommonHealth;

(d) the child is a citizen as defined in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as defined in 130 CMR 504.003(A), or a nonqualified PRUCOL, as defined in 130 CMR 504.003(C): *Nonqualified Persons Residing under Color of Law (Nonqualified PRUCOLs)*;

(e) the child complies with 130 CMR 505.005(B)(2) and meets one of the following criteria:

1. the child is uninsured; or
2. the child has health insurance that meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*.

(2) Access to Employer-sponsored Insurance and Premium Assistance Investigations for Individuals Who Are Eligible for MassHealth Family Assistance. MassHealth may perform an investigation to determine if individuals potentially eligible for MassHealth Family Assistance

- (a) have health insurance that MassHealth can help pay for; or
- (b) have access to employer-sponsored insurance in which MassHealth wants the individual to enroll and for which MassHealth will help pay.

1. Investigations for Individuals Who Are Enrolled in Health Insurance.

a. If MassHealth determines that the health insurance the individual is enrolled in meets the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that MassHealth will provide MassHealth Family Assistance Premium Assistance Payments as described at 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*.

b. If MassHealth determines that the health insurance the individual is enrolled in does not meet the criteria at 130 CMR 506.012: *Premium Assistance Payments*, the individual continues to be eligible for MassHealth Family Assistance.

2. Investigations for Individuals Who Have Potential Access to Employer-sponsored Health Insurance (ESI).

a. If MassHealth determines the individual has access to employer-sponsored health insurance, the employer is contributing at least 50% of the premium cost, and the insurance meets all other criteria described at 130 CMR 506.012: *Premium Assistance Payments*, the individual is notified in writing that they must enroll in this employer-sponsored coverage that meets the criteria described in 130 CMR 506.012: *Premium Assistance Payments*. MassHealth allows the individual up to 60 days to enroll in this coverage. Once enrolled in this health insurance plan, MassHealth provides MassHealth Family Assistance Premium Assistance Payments as described in 130 CMR 450.105(G)(1): *Premium Assistance* and 130 CMR 506.012: *Premium Assistance Payments*. Failure to enroll in the employer-sponsored health insurance plan at the request of MassHealth will result in the loss or denial of eligibility.

b. If MassHealth determines the individual does not have access to employer-sponsored health insurance, the individual continues to be eligible for MassHealth Family Assistance.

...

(H) MassHealth Family Assistance Premiums. Individuals who meet the requirements of 130 CMR

505.005 may be assessed a premium in accordance with the premium schedule provided at 130 CMR 506.011(B)(3) through (5).

(I) MassHealth Family Assistance Coverage Begin Date.

- (1) The medical coverage date for MassHealth Family Assistance is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.005(B) and 130 CMR 505.005(I)(2) and (3).
- (2) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.
- (3) For those individuals eligible for MassHealth Family Assistance as described at 130 CMR 505.005(B), the begin date of the Premium Assistance is in accordance with 130 CMR 506.012(F)(1)(d).

130 CMR 505.005(B), (H), (I).

505.008: MassHealth CarePlus

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
- (2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.
 - (a) The individual is an adult 21 through 64 years old.
 - (b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.
 - (c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
 - (d) The individual is ineligible for MassHealth Standard.
 - (e) The adult complies with 130 CMR 505.008(C).
 - (f) The individual is not enrolled in or eligible for Medicare Parts A or B.

...

(E) MassHealth CarePlus Coverage Begin Date.

- (1) The MassHealth CarePlus coverage start date is described at 130 CMR 502.006: *Coverage Dates*, except as described at 130 CMR 505.008(E)(2).
- (2) Provisional eligibility is described in 130 CMR 502.003(E): *Provisional Eligibility*.

130 CMR 505.008(A), (E).

Based on the household income of 176.54% of the federal poverty level, MassHealth correctly found that the Appellant was not financially eligible for MassHealth Standard or MassHealth CarePlus. 130 CMR 505.002(C)(1)(a), 130 CMR 505.008(A)(2)(c) (requiring adult income of 133% of the federal poverty level or less). Regarding the eligibility of the Appellant's minor child, with a

household income of 176.54% of the federal poverty level, MassHealth correctly approved the child for MassHealth Family Assistance with a \$12/month premium. 130 CMR 505.005(B)(1)(b) (child eligible for Family Assistance if their income is between 150-300% of the federal poverty level); 130 CMR 505.005(H) (MassHealth may assess a premium); 130 CMR 506.011(B)(3) (Family Assistance premiums are \$12/month for children whose household incomes are between 150-200% of the federal poverty level). Accordingly, the appeal is denied.⁴

Once the Appellant provided income information to MassHealth indicating that the household's income was less than 100% of the federal poverty level, MassHealth directed the Appellant to provide corroborating information (*to wit*, a pay stub). Here, to date, the Appellant has not done so. Because the Appellant is an adult between 21-64, who has not verified all income in her MAGI household, she is not provisionally eligible for MassHealth Standard.⁵ 130 CMR 502.003(E)(2)(a). If the Appellant provides corroborative income information, MassHealth should then determine her eligibility in accordance with 130 CMR 502.003. However, the Appellant's minor child is provisionally eligible for MassHealth Standard, in accordance with 130 CMR 502.003(E).

Order for MassHealth

Continue the Appellant's minor child's provisional eligibility in accordance with 130 CMR 502.003(E).

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo

⁴ The Appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

⁵ No evidence was provided to suggest that the Appellant is pregnant, HIV-positive, or in treatment for breast or cervical cancer. 130 CMR 502.003(E)(2)(a).

Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21
Spring St., Ste. 4, Taunton, MA 02780