

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506339
Decision Date:	06/05/2025	Hearing Date:	05/21/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Sherrienne Paiva, Taunton MassHealth
Enrollment Center



*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:	06/05/2025	Hearing Date:	05/21/2025
MassHealth's Rep.:	Sherrienne Paiva	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (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 March 7, 2025, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant's gross income was too high, and she did not qualify for a medical necessity exception. *See* 130 CMR 502.003 and Exhibit 1. The appellant filed this appeal in a timely manner on April 11, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied appellant's application for MassHealth because her income was too high, and notified her that she was approved for the Health Safety Net and ConnectorCare plan type 2B.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's gross income exceeds the limit allowed by the regulations to qualify for benefits.

Summary of Evidence

The appellant is an adult under 65 who resides in a two-person household. The appellant appeared telephonically and verified her identity. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center, who also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative testified that the appellant's previous failure to turn in a job update form led to MassHealth determining the appellant is eligible only for ConnectorCare coverage. After MassHealth received a completed updated job update form on April 11, 2025, the appellant qualified for a ConnectorCare subsidy. The MassHealth representative reported that according to the updated job form, the appellant has a biweekly income of \$1,443.00 and a gross monthly income of \$3,126.98, reflecting a 2025 federal poverty level (FPL) of 172.42% for the household. Testimony. Based on the appellant's gross income and FPL, the appellant was approved for the Health Safety Net and a ConnectorCare plan, type 2B. Testimony. The appellant's gross income is above the threshold for MassHealth's income guidelines to receive MassHealth benefits, but she qualifies for a ConnectorCare subsidy.

The appellant testified that the income reported by the MassHealth representative is correct, but she appealed due to medical necessity. The appellant stated that this past year, she was diagnosed with [REDACTED]. Due to this medical condition, the appellant requires a complex surgery involving both a gastroenterologist and an obstetrics and gynecology (OB-GYN) surgeon. The appellant stated that her current providers, including the surgeons with whom she is consulting for her expected surgery, do not accept her employer's insurance plan, and she is concerned that she will be unable to continue her treatment if she cannot keep her MassHealth benefits. The appellant testified that she has experienced severe side effects due to her medical condition, including significant weight loss, *to wit*, forty pounds in the past year.

The MassHealth representative confirmed the income accuracy and responded that regulatory thresholds are based solely on gross income, and do not allow eligibility based on provider network limitations. The MassHealth representative noted that there are exceptions in cases of medical necessity, more specifically, pregnancy or specific qualifying conditions such as a recent cancer diagnosis or a "medically frail" status. The appellant's medical condition did not qualify as a medical necessity per these guidelines, and therefore this exception did not apply here. The MassHealth representative provided the appellant with the ConnectorCare telephone number and urged her to call to apply for the ConnectorCare subsidy to help cover the cost of the surgery.

Findings of Fact

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

- (1) The appellant is an adult under the age of 65 who resides in a household of two. Exhibit 4; Testimony
- (2) The appellant earns income that amounts to a monthly gross income of \$3,126.98. Testimony.
- (3) On March 7, 2025, MassHealth informed the appellant that she was eligible for the ConnectorCare plan type 2B and temporary Health Safety Net, because the appellant exceeds the income limit to qualify for MassHealth benefits. The appellant was financially eligible for a Health Connector Plan and ConnectorCare subsidy. Exhibit 1.
- (4) The appellant filed a timely appeal on April 11, 2025. Exhibit 2.
- (5) In 2025, a monthly income at 133% of the federal poverty level equates to \$2,345.00 for a household of two. Testimony; 2025 MassHealth Income Standards and Federal Poverty Level Guidelines.

Analysis and Conclusions of Law

MassHealth offers a variety of coverage types based upon an individual's circumstances and finances. To qualify for MassHealth, an individual must fit into a category of eligibility and fall below a certain financial threshold.

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) *Standard* - for pregnant women, 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 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 who
 - (a) work for small employers;
 - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance,

- or CarePlus;
- (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
- (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (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).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. In this case, the appellant meets the categorical requirements for MassHealth Standard because she is a parent of a minor child. The question then remains as to whether she meets the income requirements to qualify.

An individual between the ages of 21 and 64 who does not qualify for MassHealth Standard is eligible for MassHealth CarePlus 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 505.008(A)(2). To determine financial eligibility pursuant to 130 CMR 506.007, MassHealth must construct a household as described, in relevant part, in 130 CMR 506.002(B) for each individual person applying for or renewing coverage:

- (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.

Here, the appellant does not dispute that she resides in a household of two. Based on 2025 MassHealth Income Standards and Federal Poverty Guidelines, 133% of the federal poverty level equates to a monthly income of \$2,345.00. See chart at <https://www.mass.gov/doc/2024-masshealth-income-standards-and-federal-poverty-guidelines-0/download>.

MassHealth determines an applicant's modified adjusted gross income (MAGI) by taking the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B), less deductions described in 130 CMR 506.003(D). Specifically, 130 CMR 506.007 provides how the MAGI is calculated:

...Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(C). Income of all the household members forms the basis for establishing an individual's eligibility. A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(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 (FPL) 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.

(D) Safe Harbor Rule. The MassHealth agency will provide a safe harbor for individuals whose household income determined through MassHealth MAGI income rules results in financial ineligibility for MassHealth but whose household income determined through Health Connector income rules as described at 26 CFR 1.36B-1(e) is below 100

percent FPL. In such case, the individual's financial eligibility will be determined in accordance with Health Connector income rules.

(1) MassHealth uses current monthly income and the Health Connector uses projected annual income amounts.

(2) MassHealth MAGI household uses exceptions to tax household rules and the Health Connector uses the pure tax filing household.

(E) MAGI Protection for Individuals Receiving MassHealth Coverage on December 31, 2013. Notwithstanding the above, in the case of determining ongoing eligibility for individuals determined eligible for MassHealth coverage to begin on or before December 31, 2013, application of the MassHealth MAGI Household Income Calculation methodologies as set forth in 130 CMR 506.007 will not be applied until March 31, 2014, or the next regularly scheduled annual renewal of eligibility for such individual under 130 CMR 502.007, whichever is later, if the application of such methodologies would result in a downgrade of benefits.

Here, MassHealth calculated the appellant's monthly MAGI to equal \$3,126.98, which the appellant did not dispute, since she herself provided the paystubs and the job update form to MassHealth as proof of her income. At the hearing, the appellant was unable to provide new information to show that her income is not correctly calculated by MassHealth. The appellant did not qualify for a medical necessity exception with the medical condition she has because endometriosis is not one of the medical conditions that warrants authorizing coverage based on MassHealth guidelines.

As the amount of the appellant's verified monthly income exceeds 133% of the federal poverty level based on 2025 standards, the appellant is not eligible for MassHealth benefits. Therefore, because the appellant's household income is over 133% of the federal poverty level, MassHealth did not err in issuing the March 7, 2025 notice indicating that the appellant was not eligible for MassHealth benefits, and that she was eligible for a ConnectorCare plan.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

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