

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507211
<b>Decision Date:</b>	7/28/2025	<b>Hearing Date:</b>	06/04/2025
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Christine Richelson, Tewksbury 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>	7/28/2025	<b>Hearing Date:</b>	06/04/2025
<b>MassHealth's Rep.:</b>	Christine Richelson	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 2 (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 April 1, 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 May 7, 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, she is a tax-filer and she lives in a household of 3 with her 2 minor children. She previously received MassHealth Standard benefits based on her income at that time. On March 24, 2025, MassHealth received the appellant's updated income information. MassHealth verified the appellant's income and on April 1, 2025, notified her that she does not qualify for MassHealth benefits due to excess income (Exhibit 1). The appellant's gross monthly income from employment is \$4,124.88 per month, which equates to 180.74% of the federal poverty level (FPL). The appellant is eligible for, and is currently receiving, a ConnectorCare plan through the Health Connector. To be eligible for MassHealth benefits, an applicant's gross monthly income cannot exceed 133% of the FPL, which is \$2,954.00 for a household of 3.

The appellant asked if her children still qualify for MassHealth benefits. The MassHealth representative explained that her children are active with and currently receive Standard benefits through Transitional Medical Assistance (TMA), which lasts for one year. In this case, the appellant's children will remain active with Standard benefits until September 30, 2025. She further explained that the appellant did not qualify for TMA because in September 2024, her benefits were terminated for failure to return a job update form. She stated that to qualify for TMA, a member must have active Standard benefits.

The appellant testified that she was confused about the multiple MassHealth notices that she received. She stated that she has been submitting her pay stubs to MassHealth for months beginning in late 2024/early 2025, an attempt to resolve the outstanding job update form. She explained that she was under the impression that she was up to date with all the information requested by MassHealth. The MassHealth representative explained that the appellant is currently up to date with all the requested information. She further explained that the appellant previously resolved her outstanding job update form. Currently, the issue is that the appellant's March 2025 paystubs indicate that she is over the allowable income limit to receive MassHealth benefits.

The appellant asked what will happen to her children's benefits after September 30, 2025. She stated that MassHealth's terminology is confusing and the term "transitional" sounds scary. The MassHealth representative explained that because the appellant, as head of household, is over the allowable income limit, TMA allows time for her to transition her children into a health plan that

may be offered through her employer or to her ConnectorCare plan. The appellant explained that she is not eligible to receive health insurance through her employer. She stated that she is a single parent, and she does not receive child support. She stated that she does not understand how she is over the income limit because she is barely making ends meet. The MassHealth representative explained that to be eligible for MassHealth benefits, an applicant must meet financial requirements, in accordance with MassHealth's regulations. She stated that the appellant's children will be transferred over to the Health Connector after September 30, 2025. She stated that the appellant will receive a notice in July 2025 to update her income and to allow time for her children to transition to the Health Connector prior to their coverage end date of September 30, 2025, if her income remains the same. The appellant testified that her income changes constantly because while she tries to work as much as possible, she does have 2 minor children to care for at home. The MassHealth representative verified the appellant's income that is currently on file; the appellant did not dispute this figure. The MassHealth representative suggested that if the appellant's income changes in the upcoming weeks, she should submit her paystubs to MassHealth so that her eligibility can be redetermined.

## **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 three with her 2 minor children.
2. The appellant previously received MassHealth Standard benefits based on her income at that time.
3. On March 24, 2025, the appellant submitted her recent paystubs from employment to MassHealth.
4. On April 1, 2025, MassHealth notified the appellant that she is not eligible to receive MassHealth benefits due to excess income. The appellant is eligible for Health Safety Net coverage. Additionally, the appellant is eligible for, and currently receives, a ConnectorCare plan through the Health Connector.
5. The appellant's verified gross monthly income from employment is \$4,124.88, which equates to 180.74% of the FPL for a household of three.
6. 133% of the FPL limit for a family size of 3 is \$2,954.00 per month.
7. The appellant's minor children are active with MassHealth benefits until September 30, 2025.

8. The appellant timely appealed this MassHealth action.

## Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 *et. seq.* set forth 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, as a parent, the appellant meets the categorical requirements for MassHealth Standard and CarePlus benefits.<sup>1</sup> The question then remains as to whether she

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<sup>1</sup> The appellant, who is a parent between the ages of 21 and 64, meets the categorical requirements for

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 three.

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 \$4,124.88.<sup>2</sup> This amount exceeds 133% of the FPL for a household of 3, which is \$2,954.00. 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.<sup>3</sup>

This appeal is denied.<sup>4</sup>

## Order for MassHealth

None.

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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> Per 130 CMR 505.002(L)(3), MassHealth was also correct in its determination that the appellant is not eligible for extended eligibility, or TMA, because she was not receiving benefits when she updated her income in March 2025.

<sup>4</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.

## 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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc.

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290