

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508240
Decision Date:	7/24/2025	Hearing Date:	07/02/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Harry Giang, Charlestown 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:	Eligibility – Under 65; Income
Decision Date:	7/24/2025	Hearing Date:	07/02/2025
MassHealth's Rep.:	Harry Giang	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	Aid Pending:	Yes

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 5/20/25, MassHealth downgraded Appellant's coverage type from Standard to CommonHealth due to a change in countable income. *See* Exhibit 1. Appellant filed this appeal in a timely manner on 5/27/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial and/or reduction in the scope of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth sought to downgrade Appellant's coverage type from Standard to CommonHealth due to an increase in her countable income.

Issue

The appeal issue is whether MassHealth was correct in downgrading Appellant's coverage type from Standard to CommonHealth based on a change in her countable income.

Summary of Evidence

A MassHealth representative appeared at the hearing and testified as follows: Appellant is an adult MassHealth member under the age of [REDACTED]. She has a verified disability and resides in a household size of one (1). On 5/20/25, MassHealth received information from a data match that showed Appellant received gross social security income of \$1,834 per month, which placed her at 135.63% of the federal poverty level (FPL). At the time MassHealth received this information, Appellant was enrolled in MassHealth Standard. As a result of the increase in reported income, MassHealth notified Appellant, through a letter dated 5/20/25, that her Standard benefit was ending on 6/3/25 and her benefit was being downgraded to MassHealth CommonHealth with a \$0 monthly premium. *See* Exh. 1.

The MassHealth representative explained that to be eligible for Standard, applicants and members must have income at or below 133% of the FPL, which, for a household size of one, is \$1,735 per month. Given that her current income exceeds this limit, Appellant is no longer eligible for Standard. However, because she has a verified disability, she is eligible for a similar MassHealth coverage type called “CommonHealth.” While CommonHealth members are usually required to pay a monthly premium based on their income, MassHealth waives this obligation for members who have income under 150% of the FPL. Therefore, Appellant does not owe a premium to maintain CommonHealth. The MassHealth representative also noted that because Appellant qualified for “aid pending,” her Standard benefit did not end on 6/3/25 as it remains protected throughout the duration of this appeal.

Appellant testified that she does receive social security benefits and that the monthly income that MassHealth testified to was accurate. Appellant disputed the change in coverage type, stating that she sees very little, if any, of this income due to her cost-of-living expenses. Moreover, she has multiple disabilities which require ongoing care by a team of specialists and doctors, and which require her to take many medications. She would be unable to pay out of pocket for her medications, and she cannot lose her current providers. Appellant testified that after she received this notice, the doctor’s office told her there was a disruption in her insurance and she could not be seen. Appellant testified that the changes to her insurance are causing her a great amount of stress and needs to remain on Standard to receive continued care. When asked whether she claimed any federal tax deductions that could be used to reduce her countable income, Appellant responded that she did not.

In response to Appellant’s testimony, the MassHealth representative reviewed Appellant’s case history and confirmed that Appellant has had no interruption in her Standard benefit as a protection was placed prior to the anticipated coverage end date of 6/3/25. The MassHealth representative also explained that Appellant could follow up with MassHealth customer service to obtain more accurate information as to whether her current providers would be covered under CommonHealth.

Findings of Fact

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

1. Appellant is an adult MassHealth member under the age of [REDACTED]
2. Appellant has a verified disability and resides in a household size of one (1).
3. Through a notice dated 5/20/25, MassHealth informed Appellant that her Standard benefit was ending on 6/3/25 due to a change in income, and that her coverage type would be downgraded to MassHealth CommonHealth with a \$0 monthly premium.
4. Appellant receives a gross social security income of \$1,834 per month.

Analysis and Conclusions of Law

The issue on appeal is whether MassHealth correctly determined that Appellant no longer qualified for MassHealth Standard because her countable income exceeded the program limit; and if so, whether MassHealth correctly changed Appellant's benefit to CommonHealth.

To establish eligibility for MassHealth, applicants and members must meet both categorical *and* financial requirements. It is undisputed that Appellant is categorically eligible for MassHealth Standard and CommonHealth based on her verified disability. To be financially eligible for MassHealth Standard, individuals under the age of [REDACTED] must have a modified adjusted gross income (MAGI) less than or equal to 133% of the FPL. See 130 CMR 505.002(E). For an individual in a household size of one (1), that limit is \$1,735 per month. See *2025 MassHealth Income Standards & Federal Poverty Guidelines*.

A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household (with exceptions of children and tax dependents not expected to file tax returns). See 130 CMR 506.007(A)(2)(a). Countable household income includes both earned and unearned income less deductions described in 130 CMR 506.003(D). ¹ See 130 CMR 506.003. Countable unearned income, as defined by MassHealth, is the "total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S Individual Tax Return" and may include "social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax

¹ Under federal law, the following deductions are allowed when calculating MAGI countable income: (1) educator expenses; (2) reservist/performance artist/fee-based government official expenses; (3) health savings account; (4) moving expenses; (5) one-half self-employment tax; (6) self-employment retirement account; (7) penalty on early withdrawal of savings; (8) alimony paid to a former spouse...; (9) individual retirement account (IRA); (10) student loan interest; (11) scholarships, awards, or fellowships used solely for educational purposes; (12) and other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law. See 130 CMR 506.003(D). There is no evidence that any of these deductions apply in this case.

you deducted in the previous year, and gross gambling income.” 130 CMR 506.003.

It is undisputed that Appellant receives \$1,834 in gross social security income, which places her at 135.63% of the FPL. As Appellant’s countable income places her above 133% of the FPL, she is no longer eligible for Standard. However, as an individual with a verified disability whose income exceeds the income limit to qualify for Standard, MassHealth appropriately determined that the next-most comprehensive benefit for which Appellant is eligible is CommonHealth. See 130 CMR 501.003(A); *see also* 130 CMR 505.001(A)(2) (“CommonHealth [is a MassHealth coverage-type] for disabled adults...who are not eligible for MassHealth Standard”). MassHealth charges monthly premiums to certain CommonHealth members with income above 150% of the FPL. See 130 CMR 506.011. Because Appellant’s MAGI is under 150%, she is not required to pay a premium to maintain eligibility for CommonHealth.

Based on the evidence in the record, Appellant did not demonstrate that MassHealth erred in determining that CommonHealth is the most comprehensive coverage type for which she is eligible. See 130 CMR 501.003(A). 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.

Casey Groff
Hearing Officer
Board of Hearings

MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129