

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508862
Decision Date:	08/01/2025	Hearing Date:	07/24/2025
Hearing Officer:	David Jacobs		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Chantel Centeio, Quincy 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; Over-income; Under 65
Decision Date:	08/01/2025	Hearing Date:	07/24/2025
MassHealth's Rep.:	Chantel Centeio	Appellant's Rep.:	Pro se
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 5/30/2025, MassHealth informed the appellant that he does not qualify for MassHealth benefits because his income is too high (Exhibit 1). The Appellant filed this appeal in a timely manner on 6/10/2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's MassHealth benefits because he was over the allowable income limits.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant was over income for MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared telephonically and testified to the following: The appellant is an adult between the ages of 21 and 64, a household of one, and lawfully present in the country with a valid employment authorization card. On 5/29/2025, the appellant updated his income over the phone with MassHealth. The updated income is \$940.00 gross weekly from employment which equates to \$48,876.24 gross yearly. This places the appellant's income at 307.31% of the Federal Poverty Level (FPL). In order to qualify for MassHealth benefits the appellant's income cannot exceed 133% of the FPL or \$20,820 gross yearly. As the appellant does not have a disability on file and has income over 133% of the FPL, MassHealth denied the appellant via the 5/30/2025 notice. The appellant is eligible for a Health Connector plan.

The appellant appeared telephonically and conceded to the facts laid out by MassHealth. However, he argues he cannot afford the Health Connector and thinks it is wrong for MassHealth to deny him benefits. He cannot live on \$20,820 dollars as he has many bills. He testified that he has to pay rent, car payments, insurance payments, and he sends money to his daughter every month. He does not think it is fair that he pays taxes and is not able to take advantage of MassHealth benefits. When the hearing officer asked him if he has a disability or long-term illness, he replied that he is not disabled, but he has to have hand surgery due to pain. The appellant further testified that he believes he may lose his job soon. The hearing officer responded that if he loses his job, he can update MassHealth about that loss of income which may then qualify him for MassHealth benefits. The appellant concluded by emphasizing how deeply wrong and unfair he found MassHealth determination to be.

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 65, who resides in a household of one.
2. The appellant is present in the country lawfully with a valid employment authorization card.
3. The Appellant's current yearly gross income, as reported, amounts to \$48,876.24 or 307.31% of the FPL.
4. As of the time of the hearing, 133% of the FPL for a household of one is \$20,820.00 gross yearly.
5. On 5/30/2025, MassHealth notified the appellant that he was denied MassHealth benefits because his gross income exceeds 133% of the FPL.

6. On 6/10/2025, the appellant appealed the notice.

Analysis and Conclusions of Law

The MassHealth regulations found at 130 CMR 505.000 et. seq. explains 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.

(Emphasis added.)

(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 is a lawfully present immigrant with a valid employment authorization card. Therefore, he only has the immigration status to potentially be eligible for MassHealth Limited benefits (130 CMR 504.003(A)).

To be eligible for MassHealth Limited benefits “adults 21 through 64 years old who are parents, caretakers, or adults with modified adjusted gross income of the MassHealth MAGI household that is less than or equal to 133% of the FPL (130 CMR 505.006(B)(1)(a)(4). To determine financial eligibility, pursuant to 130 CMR 506.007, MassHealth must construct a household. Here, the Appellant does not dispute that he resides in a household of one. Based on current MassHealth Income Standards and Federal Poverty Guidelines, 133% of the Federal Poverty Level equates to a yearly gross income of \$20,820.00.

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.

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."

Here, the appellant updated his income on 5/29/2025 to \$940 gross weekly from employment which equates to \$48,876.24 gross yearly. This gross income exceeds the allowable gross income of \$20,820.00. The appellant argues that MassHealth should consider his regular bills and the fact that he is a taxpayer. However, he offers no legal support for including them in the calculation of his countable income. Furthermore, the bills he described in his testimony are not allowable deductions per 130 CMR 506.003(D). As the appellant has conceded that MassHealth has a correct understanding of his income, it is found that MassHealth did not err in denying the appellant MassHealth benefits.

As such, the appeal is DENIED.¹

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:

Quincy MEC

¹ This denial does not preclude the Appellant from contacting MassHealth if his gross monthly income, as reported at the hearing, has changed.