

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied in part; Dismissed in part	Appeal Number:	2508865
Decision Date:	9/02/2025	Hearing Date:	07/18/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

Pro se

Appearances for MassHealth:

Liz Nickoson – Taunton MEC

Jennifer Raymond – Taunton MEC Observing

Interpreter:

 Interpreter



*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 in part; Dismissed in part	Issue:	Community Eligibility - under 65; Income
Decision Date:	9/02/2025	Hearing Date:	07/18/2025
MassHealth's Reps.:	Liz Nickoson; Jennifer Raymond	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 May 28, 2025, MassHealth determined that the appellant's income is too high to qualify for MassHealth or Health Safety Net, and MassHealth informed the appellant her existing coverage would end on June 11, 2025. (Exhibit 1; 130 CMR 506.007; 502.003.) The appellant filed this timely appeal on June 10, 2025, and the appellant's Partial Health Safety Net coverage is protected pending the outcome of this appeal.¹ (Exhibit 2; 130 CMR 610.015(B); 610.036.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth recalculated the appellant's household's income, which triggered the appellant's termination from the Health Safety Net.

¹ As will be discussed below, Aid Pending was placed on the appellant's coverage at the close of the hearing based upon her testimony and the language of her hearing request. This protection cannot be extended to the appellant's husband, however.

Issue

The appeal issues are (1) whether MassHealth correctly calculated the appellant's household income, pursuant to 130 CMR 506.000; and (2) whether the appellant's husband filed an appeal and is entitled to Aid Pending in conjunction with this appeal.

Summary of Evidence

MassHealth's representative testified that the appellant has a household of 3, consisting of herself, her husband, and a minor child. On or around February 13, 2025, the appellant supplied income verifications for herself and her husband. The appellant's income was \$301 bi-weekly, and the appellant's husband income was \$3,000 bi-monthly. MassHealth calculated the household's income to be 294% of the federal poverty level. MassHealth mailed out notices terminating the household's MassHealth Standard as of March 31, 2025, and the appellant and her husband were approved for Health Connector coverage, with Partial Health Safety Net.

On May 28, 2025, the appellant updated the household's income. The husband's income was verified as \$6,600 monthly, and the appellant's income was verified as \$8,930 monthly. This put the household over 600% of the federal poverty level, and MassHealth mailed out a notice terminating the Health Safety Net coverage, effective June 11, 2025. MassHealth's representative confirmed that the appellant's child is still covered by Family Assistance through Continuous Eligibility.

The appellant testified through the use of an interpreter.² The appellant testified that she received the May 28, 2025 notice terminating Health Safety Net coverage. When she tried to enroll in health insurance, the effective date for the insurance was not until July 1, 2025. The appellant's husband went to the emergency room on or around June 10, 2025. The appellant testified that her husband has uncovered medical bills arising from the medical care he received prior to the start of their health insurance on July 1, 2025.

The appellant agreed that she is ineligible for MassHealth benefits based upon her income. The appellant's dispute was whether there could be any Health Safety Net coverage between June 11, 2025, and July 1, 2025. It was noted that Health Safety Net has its own grievances department, and the appellant was referred to the Health Safety Net grievances department to identify what additional redress was available from Health Safety Net. The appellant asked that this appeal be transferred to the Health Safety Net if possible.

² The appellant's husband was in the background of her phone call. The appellant was asked if he would swear in and participate in the hearing. He declined to do so.

The appellant also requested that the Board of Hearings grant her and her husband Aid Pending benefits. The telephonic appeal form reflects that the appellant did not want to continue receiving benefits pending appeal. However, the "Reason for Appeal Notes" state:

MEMBER IS CALLING IN TO APPEAL DUE TO HER HSN ENDING ON JUN [sic] 11TH MEMBER WOULD LIKE TO KEEP THIS UNTIL HER HC PLAN STARTS ON JULY 1ST I INFORMED MEMBR [sic] THAT THE HSN IS NOT A COVERAGE IT IS A FUND A FUND THAT DOESN'T LAST AND WE HAVE NO CONTROL OVER HOW LONG A MEMBER RECIEVES THIS FUND HOWEVER IT IS THE MEMBERS RIGHT TO APPEAL AND SHE WOULD LIKE TO APPEAL WHILE SHE IS LOOKING FOR A TPL.

(Exhibit 2.)

The appellant verbally signed the appeal. At the close of the hearing, the Board of Hearings placed a protection on the appellant's Health Safety Net benefit pending the outcome of this appeal. This protection was placed based upon the appellant's testimony and the desire to keep Health Safety Net coverage documented in her hearing request.

The Board of Hearings logged a separate appeal on the appellant's husband's behalf when the appellant filed her appeal on June 10, 2025. The appellant's husband's appeal, Appeal No. 2508869, was dismissed because the appellant lacked authority to file the appeal on her husband's behalf. An order documenting this dismissal was mailed out to the appellant's husband on June 13, 2025. The appellant's husband did not seek to vacate this dismissal.

Findings of Fact

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

- 1) The appellant has a household of 3 with her husband and minor child. (Testimony by MassHealth's representative.)
- 2) On February 13, 2025, MassHealth terminated MassHealth benefits for the appellant and her husband, effective March 31, 2025, based upon household income equivalent to 295% of the federal poverty level. (Testimony by MassHealth's representative.)
- 3) The appellant and her husband were also approved for Partial Health Safety Net and offered insurance through the Health Connector. (Testimony by MassHealth's representative.)
- 4) On May 28, 2025, the appellant updated her income information with MassHealth. MassHealth calculated the appellant's income to be over 600% of the federal poverty level

for a household of 3, and MassHealth mailed out a notice informing the appellant that her coverage would end on June 11, 2025. (Exhibit 1.)

- 5) The appellant's household's income is \$15,530 per month. The appellant's earns \$8,930 per month, and her husband earns \$6,600 per month. (Testimony by the appellant and MassHealth's representative.)
- 6) The appellant filed a telephonic appeal on June 10, 2025, seeking to continue coverage for herself and her husband. (Exhibit 2; testimony by the appellant.)
- 7) The Board of Hearings dismissed the appellant's husband's appeal because the appellant lacked authority to file an appeal on her husband's behalf. The appellant's husband did not respond to this dismissal. (Appeal No. 2508869.)

Analysis and Conclusions of Law

MassHealth Eligibility

Generally, applicants between the ages of 20 and 65 who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level.³ (130 CMR 505.002(E), 505.008(A).) Pregnant individuals may be eligible for MassHealth Standard with income below 200% of the federal poverty level. (130 CMR 505.002(D).) Individuals breast or cervical cancer are eligible for the Standard benefit with income below 250% of the federal poverty level. (130 CMR 505.002(F).) Disabled adults between the ages of 19 and 64 can qualify for the CommonHealth program, regardless of their income by paying a monthly premium. (See 130 CMR 505.004(B)-(C), 506.009.)

For individuals under the age of 65, countable income includes the total amount of taxable income received by everyone in a member's household "after allowable deductions on the U.S Individual Tax Return," and specifically includes "social security benefits." (130 CMR 506.003(B); see also 130 CMR 506.002.) Countable monthly income is calculated by subtracting "[f]ive percentage points of the current federal poverty level (FPL) ... from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard." (130 CMR 506.007(A).)

The federal poverty level for a household of 3 in 2025 is \$2,221 per month. Five percent of the federal poverty level is \$111.05. Once reduced by 5%, the appellant's household's countable income is \$15,418.95, which equates to 694% of the federal poverty level. There is no dispute

³ Children younger than 19 are eligible for Standard coverage up to 150% of the federal poverty level and Family Assistance with income between 150% and 300% of the federal poverty level. (130 CMR 505.002(B)505.005(B).)

regarding the appellant's eligibility for MassHealth benefits. The appellant agrees that her household's income is too high for her to qualify for MassHealth. This appeal is DENIED with regards to MassHealth eligibility.

Health Safety Net Eligibility

MassHealth reviews income and residency information on behalf of Health Safety Net, and MassHealth and the Commonwealth Health Insurance Connector jointly provide notice of Health Safety Net benefits. (101 CMR 613.04(1), (2)(a).) However, Health Safety Net benefits are not administered by MassHealth. The Board of Hearings has limited jurisdiction on redressing agency actions. The termination of Health Safety Net benefits is not included in this list of issues over which the Board of Hearings has jurisdiction:

The fair hearing process is an administrative, adjudicatory proceeding where dissatisfied applicants, members, and nursing facility residents can, upon written request, obtain an administrative determination of the appropriateness of

- (1) certain actions or inactions by the MassHealth agency;
- (2) certain actions or inactions by a managed care contractor;
- (3) actions to recover payment for benefits to which the member was not entitled at the time the benefit was received;
- (4) alleged coercive or otherwise improper conduct by a MassHealth agency employee;
- (5) a notice of intent or failure to give notice of intent by a nursing facility to discharge, transfer, or readmit a resident; or
- (6) a PASRR determination.

(130 CMR 610.012(A); see also 610.032 ("Grounds for Appeal").)

The Health Safety Net also has its own "Grievance Process," through which individuals may request "a review of a determination of Low Income Patient status" (101 CMR 613.04(5).) Therefore, the Board of Hearing's jurisdiction over this matter is limited to a review MassHealth's calculation of countable income.⁴ Any remaining dispute regarding the Health Safety Net benefits must be DISMISSED. The appellant is reminded to reach out to the Health Safety Net for additional guidance regarding filing a grievance.

⁴ It is noted that the financial threshold for Health Safety Net eligibility is 300% of the federal poverty level. (See 1301 CMR 613.04.)

Procedural Eligibility – “Aid Pending” Protection

The sole remaining avenue for eligibility for the appellant or her husband would be through “Aid Pending” protection, placed by the Board of Hearings.

When the appealable action involves the reduction, suspension, termination, or restriction of assistance, **such assistance will be continued until BOH decides the appeal** or, where applicable, the rehearing decision is rendered **if BOH receives the initial request for the fair hearing before the implementation date of the appealable action**. If such appealable action was implemented before a timely request for a hearing, such assistance will be reinstated if BOH receives the request for the fair hearing within ten days of the mailing of the notice of the appealable action. If the hearing officer's decision is adverse to the appellant, the appealable action will be implemented immediately, except as provided in 130 CMR 610.091(D).

(130 CMR 610.036(A) (emphasis added).)

The appellant's request for Aid Pending was approved at the close of the hearing. While the Board of Hearings does not have jurisdiction over Health Safety Net benefits directly, there are circumstances where Aid Pending should be applied for Health Safety Net coverage. Health Safety Net eligibility is premised upon MassHealth's calculation of a household's federal poverty level equivalence. An appellant may legitimately dispute MassHealth's calculation of household income. In such circumstances, MassHealth's action is appealable and warrants Aid Pending protection. For this reason, Aid Pending was applied to the appellant's Partial Health Safety Net benefit. Because MassHealth correctly calculated the appellant's household income, this coverage shall end as of the issuance of this decision.

This protection cannot be extended to the appellant's husband's coverage. The appellant's husband is not a party to this appeal. An “Appellant” is the “applicant, member, or nursing facility resident requesting a fair hearing, including individuals who are appealing a PASRR determination.” (130 CMR 610.004.) This means each adult must file their own appeal or authorize someone else to file the appeal on their behalf.⁵ The appellant attempted to file an appeal on her husband's behalf. This appeal was dismissed because the appellant lacked the authority to file it. The appellant's husband had the opportunity to authorize the appeal or authorize the appellant as his “Appeal Representative.” (See 130 CMR 610.004; see also 130 CMR 515.001.) Therefore, the issue

⁵ In certain circumstances, an entire household's eligibility is affected by the appeal for one member. However, that would require a substantive determination regarding eligibility. Here, the requested relief is to reinstate a benefit on procedural grounds, and the appellant concedes that her household was not substantively eligible for any benefit.

of the appellant's husband's coverage is not before me on appeal, and I am without authority to grant the request to reinstate his Partial Health Safety Net benefit.

For these reasons, this appeal is DENIED in part and DISMISSED in part.

Order for MassHealth

Remove Aid Pending.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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