

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516597
Decision Date:	12/17/2025	Hearing Date:	12/2/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	12/16/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Simon Poon, 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:	Community eligibility, under 65, income
Decision Date:	12/17/2025	Hearing Date:	12/2/2025
MassHealth's Rep.:	Simon Poon	Appellant's Rep.:	Pro se
Hearing Location:	Charlestown (virtual)	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

By notice dated October 15, 2025, MassHealth notified Appellant that her MassHealth Standard benefit would end effective October 29, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on November 12, 2025. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit on October 29, 2025.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit on October 29, 2025.

Summary of Evidence

The MassHealth representative and Appellant appeared virtually at hearing. Appellant provided documents in support, Exhibit 2. The hearing record was held open through December 16, 2025 for

the submission of additional information. Exhibit 4. A summary of testimony and documentary evidence follows.

According to an MMIS screen printout, Appellant had been receiving MassHealth Standard under category L1.¹ On September 10, 2025, MassHealth was prompted by a system data match to mail a job update form to Appellant. Exhibit 5. MassHealth did not receive a copy of the returned form. On October 15, 2025, MassHealth notified Appellant that her coverage would end on October 29, 2025 for not returning the job update form. Exhibit 1.

The MassHealth representative testified that on November 4, 2025, Appellant completed a phone reapplication which satisfied the obligation of returning the job update form. Appellant's income at the time was reported as \$1,792 biweekly. MassHealth determined that Appellant's income was 292% of the federal poverty level (FPL) for a household of one. This exceeds MassHealth's income limit, but Appellant is eligible for a ConnectorCare Type 3C plan through the Health Connector. Appellant also has Health Safety Net (HSN).

Appellant testified that on February 5, 2025, she was in a severe motor vehicle accident. Workers at the hospital applied for MassHealth on Appellant's behalf. Appellant received 20 weeks of FMLA pay through the state but there was a significant delay in receiving her income. Appellant had no income after the FMLA pay ended in July 2025. Appellant went weeks without income until she returned to her employment on a part-time restricted basis. Appellant resumed her employment on September 29, 2025. Appellant is in danger of losing her job because she cannot make an appointment for medical clearance to return to full work due to the loss of insurance.

Appellant did not receive any of MassHealth's notices. Appellant did not learn that her MassHealth had ended until she had a doctor's appointment and learned that she was no longer covered. Appellant had no warning that her benefit was ending. Appellant cannot join her employer's insurance plan until February 1, 2026. The MassHealth representative verified Appellant's address, which matched the address on the MassHealth notices.

Appellant argued that she is without insurance due to failures on the part of the Health Connector and MassHealth in ensuring that she has access to coverage. Appellant testified that in early November, she went to the Health Connector and was told she did not qualify. She was told by the Health Connector representative that HSN was accepted by her primary. Relying on this, Appellant went to her primary for medication refills but learned that they did not accept HSN. Appellant also testified that she cannot shop or enroll in a Health Connector plan because there is an IT block on her account associated with her email address and Social Security number. No one has been able to assist her in removing the block. Therefore, she is not able to access insurance. Appellant has

¹ According to the MassHealth Standard Companion Guide, issued November 2023, Category L1 coverage is "BCCTP - Benchmark 1 Direct coverage," a coverage type for individuals eligible or enrolled in the Breast and Cervical Cancer Treatment Program. No evidence was presented by either side regarding Appellant's categorical eligibility for this coverage type.

reached out to state representatives and the Department of Public Health for assistance on this matter but has had no success. Appellant argued that MassHealth should be responsible for assisting in fixing this as it delegated its responsibilities to constituents to the Health Connector. Appellant has not appealed any Health Connector notices to the Connector, testifying that the Connector will not provide written notices regarding her eligibility.

Appellant testified that on or about November 3, 2025, after she learned that her insurance was terminated, she went to a MassHealth Enrollment Center (MEC) for assistance. The individual at the MEC who assisted her would not help her fax the fair hearing request form, claiming there was not a fax machine in the building. Appellant argued that this failure resulted in her losing insurance, as she did not qualify for aid pending protection. Appellant argued that representatives should be held accountable, and that she is the only one who suffers as a result.

At hearing, Appellant testified that her projected yearly income for 2025 would be \$28,326.40, calculating the weeks her income was lower due to FMLA and the weeks she had no income. The MassHealth representative entered this into the system and reported that Appellant would now qualify for a ConnectorCare Type 2B plan. However, she was still not eligible for MassHealth because her current income exceeds the threshold. Appellant testified that her income varies.

The hearing record was held open through December 16, 2025 for Appellant to provide updated paystubs showing varying income, and for MassHealth to review and respond. Exhibit 4. Appellant provided two additional paystubs on December 2, 2025. Exhibit 6. The MassHealth representative reported that the average biweekly income reflected on the paystubs was \$1,866.19. Exhibit 7. This did not change the eligibility determination.

Appellant argued that she cannot fill out the disability supplement without insurance and cannot get her prescriptions filled on HSN. Appellant argued that she is a victim of circumstance because the Health Connector has not fixed the problem with her account. Appellant seeks relief of continued MassHealth coverage until her private insurance plan begins on February 1, 2026. Exhibit 2.

Findings of Fact

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

1. Appellant is in a household of one and under the age of 65.
2. Appellant's biweekly income is currently \$1,792.
3. Appellant's projected yearly income for 2025 is \$28,326.40.

4. In 2025, 100% of the FPL for a household of one is \$1,304 monthly and \$15,660 annually; 133% of the FPL is \$1,735.00 monthly and \$20,820 annually.
5. On September 10, 2025, MassHealth mailed a job update form to Appellant's address, due October 10, 2025. Exhibit 5.
6. On October 15, 2025, MassHealth mailed a notice to Appellant's address informing her that her coverage would end on October 29, 2025 for not returning the job update form. Exhibit 1.
7. Appellant filed this timely appeal on November 12, 2025. Exhibit 2.

Analysis and Conclusions of Law

Eligibility

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a 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) MassHealth Standard – for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical

and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes 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) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

(1) Earned income is 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.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income 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.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability

of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (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 for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes;
- and
- (12) 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.

An adult under the age of 64 is eligible for a MassHealth benefit type if their income at or below 133% of the FPL. *See, e.g., 130 CMR 505.002(E)* (eligibility for MassHealth Standard as a disabled adult), *130 CMR 505.008(A)(2)(c)* (eligibility for MassHealth CarePlus).² MassHealth determines monthly income by multiplying weekly income by 4.333. *130 CMR 506.007(A)(2)(c)*.

Here, Appellant's biweekly income of \$1,792 is \$896 weekly. Multiplying by 4.333 yields monthly income of \$3,882.37. This is higher than the 133% limit to qualify for MassHealth.³ Appellant's projected yearly income of \$28,326.40 is also higher than 133% of the FPL. Accordingly, Appellant's income is too high for Appellant to be eligible for a MassHealth benefit, even with the adjustments made for the weeks Appellant did not work or received lower income on FMLA.

Appellant testified that she would qualify for disability if she did not work. An adult deemed totally and permanently disabled is eligible for MassHealth CommonHealth regardless of income, but may owe a monthly premium if their income exceeds 150% of the FPL. *See 130 CMR 505.004(B), (C), (H) and (I)*. Appellant should complete the disability supplement to see if she would qualify for MassHealth CommonHealth. Appellant argued that she cannot complete the supplement without insurance. It is not clear why Appellant would have to be insured to complete the form. The disability supplement is completed by the applicant and includes

² An individual eligible for MassHealth Standard with breast or cervical cancer may be eligible with income up to 250% of the FPL in certain circumstances. *130 CMR 505.002(F)*.

³ Notably, this is also greater than 250% of the FPL for a household of one (\$3,261 monthly). Again, there is no evidence in the record offered by either side about whether Appellant qualifies for the benefit available under *130 CMR 505.002(F)*.

authorizations to release protected health information for each of their medical providers. MassHealth's Disability Evaluation Services (DES) unit will ask the providers identified on the form for the applicant's medical and treatment records. An individual has a right to request a copy of medical records regardless of insurance or payment status pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See 45 CFR § 164.524. Appellant should not be barred by her insurance status in completing and returning the supplement.

Termination

MassHealth may initiate information matches with other agencies and information sources when an application is received, at annual renewal, and periodically, in order to update or verify eligibility. 130 CMR 502.004. "If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual." 130 CMR 502.003(B).

It is the responsibility of the applicant or member to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.010(A). "The applicant or member must report to the MassHealth agency, within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, **income**, the availability of health insurance, and third-party liability." 130 CMR 501.010(B) (emphasis added).

MassHealth reviews enrolled members' continued eligibility through automatic renewals, prepopulated renewal applications, and periodic data matches. 130 CMR 502.007. MassHealth's process for reviewing continuing eligibility through periodic data matches is as follows:

(3) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility.

(a) **If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.**

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.
2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.
3. If the member does not respond within 30 days, eligibility will

be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member's coverage type changes to a more comprehensive benefit, the member will be sent a notice informing them of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.007(C)(3) (emphasis added).

Under 130 CMR 502.006(D), "MassHealth benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal*." Before taking appealable action, MassHealth must send a written timely notice to the member at least ten days in advance of the action. 130 CMR 610.015(A).

Here, under 130 CMR 501.010(B), it was Appellant's obligation to report her change of income within 10 days of the change, but she did not call and update her income upon returning to work or prior to November 4, 2025. Pursuant to 130 CMR 502.007(C)(3)(a), after receiving a data match in the system, MassHealth mailed a notice to Appellant at the verified address on September 10, 2025 and instructed her to complete a job update form by October 10, 2025. MassHealth did not receive the form by the deadline and terminated Appellant's coverage on October 29, 2025 pursuant to 130 CMR 502.007(C)(3)(a)3. MassHealth mailed a written notice ten days in advance of the action to the correct address in accordance with 130 CMR 610.015(A).

Pursuant to 130 CMR 502.006(D), MassHealth did not err in terminating Appellant's benefit on October 29, 2025, 14 days after sending the October 15, 2025 termination notice to Appellant's correct address. The Board of Hearings (BOH) received Appellant's appeal on November 12, 2025, after the implementation date of the appealable action and not within ten days of the mailing of the notice, and therefore Appellant was not entitled to the benefit protection. 130 CMR 610.036(A). Though Appellant argued that she was not eligible for the protection because of the failure of the Chelsea representative to assist her in faxing the fair hearing request form, she would not have been eligible for the protection even if the form had been received by BOH on November 3, 2025, the day she went to the Chelsea office. Therefore, there is no availability for the relief Appellant seeks with this appeal under the regulations.

Accordingly, this appeal is denied.

Appellant is eligible for a Health Connector plan. 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. This hearing decision cannot address any failures on the part of the Health Connector, as it is a separate entity over which BOH does not have jurisdiction.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129