

**MassHealth
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516667
Decision Date:	12/17/2025	Hearing Date:	December 11, 2025
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Nicole Veras, Springfield MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Community Eligibility Under 65 Income 130 CMR 505.002
Decision Date:	12/17/2025	Hearing Date:	December 11, 2025
MassHealth Rep.:	N. Veras	Appellant Rep.:	Pro se
Hearing Location:	Tewksbury		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated October 07, 2025 stating: You do not qualify for MassHealth benefits. (Exhibit 1).

The appellant filed an appeal timely on November 12, 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 determined that the appellant's income exceeds MassHealth's program limits.

Issue

Did MassHealth correctly determine the appellant's eligibility?

Summary of Evidence

The MassHealth representative testified that the appellant was denied MassHealth, Health Safety Net and Children's Medical Security Plan benefits as a family unit of one with self-employed income of \$10,000.00 per month. To receive MassHealth benefits, you must have gross monthly income of less than 133% of the federal poverty level (FPL) or \$1,735.00. On October 07, 2025 and October 08, 2025 the appellant updated his income, which was calculated at 609.02% (\$9,999.36) and 796.81% (\$12,922.77) of the FPL, making him ineligible for MassHealth but qualifying him for a Health Connector Plan with an Advance Premium Tax Credits. The appellant was advised to contact the Health Connector with regard to its health insurance options.

The appellant responded that he never received a notice that he was being dropped from his [REDACTED] Health Connector plan. The appellant stated his income has not changed and he has made all of his insurance payments (or, all but one, which he then rectified by submitting a double payment). The appellant stated all his checks have been cashed, but without notice he was dropped from his [REDACTED] Health Connector plan in May. The appellant submitted evidence of his Health Connector payment. (Exhibit 4).

The appellant was instructed to contact [REDACTED] if he had an issue with his payments as MassHealth doesn't handle payments for Health Connector plans.

The appellant responded that he was told to fill out the paperwork for an appeal as MassHealth and the Connector are one in the same.

Findings of Fact

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

1. On October 07, 2025, the appellant was denied MassHealth, Health Safety Net and Children's Medical Security Plan benefits as a family unit of one with self-employed income of \$9,999.36 per month (609.02% of the FPL). (Testimony).
2. On October 08, 2025, the appellant updated his income with MassHealth to \$12,922.77 (796.81% of the FPL). (Testimony).
3. To be eligibility for MassHealth as a family group size of one the individual must have gross monthly income of less than \$1,735.00 (133% of the FPL).

Analysis and Conclusions of Law

MassHealth is responsible for the administration and delivery of health-care services to eligible low- and moderate-income individuals, couples, and families under MassHealth. (130 CMR 501.002(A)). MassHealth provides access to healthcare by determining eligibility for the coverage type that provides the most comprehensive benefits for an individual or family who may be eligible. (130 CMR 501.003(A)). MassHealth formulates requirements and determines eligibility for all MassHealth coverage types. (130 CMR 501.004(A)).

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type (130 CMR 505.001). As described in 130 CMR 505.001, the MassHealth coverage types are as follows:

- (1) Standard -- for families (with minor children), pregnant women, children and disabled individuals, including extended benefits, and women with breast or cervical cancer;
- (2) Prenatal -- for pregnant women;
- (3) CommonHealth -- for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;
- (4) Family Assistance -- for children, certain employed adults, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In -- for the long-term unemployed who have income at or below 100% of the federal poverty level, and who are receiving services or are on a waiting list to receive services from the Department of Mental Health (DMH), as identified by the DMH to the MassHealth, or for individuals or members of a couple who receive EAEDC cash assistance;
- (6) Essential -- for the long-term unemployed who have income at or below 100% of the federal poverty level and are not eligible for MassHealth Basic; and
- (7) Limited -- coverage for non-qualified aliens and certain qualified aliens.

The rules governing financial eligibility for MassHealth can be found at 130 CMR 506.000. These rules are based on the size of the family group and countable income. (130 CMR 506.001(A)). In determining eligibility for MassHealth, the gross income of all family group members is counted and compared to an income standard based on the family group size. (130 CMR 506.002).

The appellant has household gross monthly income of more than \$9,999.36, which is greater than 133% of the FPL, (\$1,735.00) for a household of one and therefore the appellant is not eligible for MassHealth. (130 CMR 505.002). MassHealth determined the appellant eligible for an unsubsidized Health Connector Plan with an Advance Premium Tax Credits.

MassHealth correctly determined the appellant's eligibility for MassHealth, and this appeal must be DENIED. The appellant should contact the Health Connector or [REDACTED] regarding any questions concerning his termination or premium payments from his [REDACTED] Health Connector plan.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Springfield MEC