

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Denied | Appeal Number: | 2516820 |
| Decision Date: | 01/27/2026 | Hearing Date: | 12/15/2025 |
| Hearing Officer: | Susan Burgess-Cox | | |

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Sherri Paiva & Roxanna Noriega



*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

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| Appeal Decision: | Denied | Issue: | Eligibility – Under 65 – Coverage Termination |
| Decision Date: | 01/27/2026 | Hearing Date: | 12/15/2025 |
| MassHealth’s Reps.: | Sheri Paiva & Roxanna Noriega | Appellant’s Rep.: | Pro se |
| Hearing Location: | All Parties Appeared via Microsoft Teams | 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

Through a notice dated October 2, 2025, MassHealth stopped the appellant’s Premium Assistance payments because the agency received information about the appellant or her private health insurance. (130 CMR 506.012; Exhibit 1). The appellant filed a timely appeal on November 14, 2025. (130 CMR 610.015(B) Exhibit 2). An agency action to terminate a member’s assistance is valid grounds for appeal. (130 CMR 610.032(A)(1)).

Action Taken by MassHealth

MassHealth stopped the appellant’s Premium Assistance because the agency received information about the appellant or her private insurance.

Issue

Whether MassHealth was correct in stopping the appellant’s Premium Assistance.

Summary of Evidence

The appellant, a representative from the MassHealth Premium Assistance Unit (PAU), and a representative from the Taunton MassHealth Enrollment Center (Taunton MEC) appeared via Microsoft Teams. The Taunton MEC representative testified that the appellant is a tax filer and claims one dependent. The appellant has a monthly gross income of \$6,009 and annual income of \$72,108. The appellant was eligible for MassHealth in the past. Prior to the decision on appeal, the appellant was enrolled in the Transitional Medical Assistance (TMA) program. This program provides certain members with the opportunity to continue coverage for up to 12 months under specific guidelines.

On August 2, 2025, MassHealth issued a request seeking information to decide what coverage the appellant may be eligible for after the TMA coverage ends. The information was due on or before September 30, 2025. MassHealth did not receive information from the appellant. On October 2, 2025, the appellant received a notice stopping the Premium Assistance payments because her TMA ended.

The Taunton MEC representative testified that the appellant provided updated information to MassHealth in December 2025 which included the income information listed above. After applying a regulatory 5% disregard of \$88.15, the appellant's modified adjusted gross income (MAGI) of \$5,920.85 is at 335.85% of the federal poverty level for a household of two. The MassHealth representative testified that to be eligible for MassHealth the appellant must have MAGI less than or equal to 133% of the federal poverty level. This amount is \$2,345 for a household of two.

The appellant asked the agency to consider her a seasonal employee and deem her eligible for the months in which she does not receive income. The appellant testified that she is employed by a school district and does not receive pay during the entire year. The appellant did not present any evidence or testimony to challenge the household or income information presented by MassHealth. The appellant testified that she did not receive the other notices issued by MassHealth including the request for information issued in August 2025. The MassHealth representative testified that all of the notices were sent to the same address. The appellant confirmed that this was the correct address.

Findings of Fact

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

1. The appellant is under age 65 and has a household of two.
2. The appellant was eligible for the Transitional Medical Assistance (TMA) program.

3. On August 2, 2025, MassHealth sent out a request for information seeking information to determine eligibility at the end of the TMA.
4. The notice states that the information was due on or before September 30, 2025.
5. On October 2, 2025, MassHealth issued a notice stopping the appellant's Premium Assistance payments.
6. On December 7, 2025, MassHealth received information from the appellant.
7. The appellant has monthly gross income of \$6,009 or annual income of \$72,108 each year.
8. After applying a regulatory 5% disregard of \$88.15, the appellant's modified adjusted gross income (MAGI) of \$5,920.85 is at 335.85% of the federal poverty level for a household of two.
9. The appellant has not been deemed disabled by MassHealth or the Social Security Administration.
10. MassHealth determined the appellant was ineligible based on the income information presented in December 2025.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 505.000 explain the categorical requirements and financial standards that must be met to qualify for MassHealth. To establish eligibility for MassHealth, applicants must meet both the categorical requirements and financial standards.

These coverage types set forth at 130 CMR 505.001(A) are as follows:

- (1) MassHealth Standard - for people who are pregnant, children, parents and caretaker relatives, young adults¹, 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) 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,

¹ "[Y]oung adults" are defined as those aged 19 and 20. See 130 CMR 501.001.

- and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) MassHealth 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
 - (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-In and Buy-In) for certain Medicare beneficiaries.

In this case, the appellant is over the age of 21 but under 65. The appellant has not presented any evidence that she has any of the listed health conditions or been deemed disabled by MassHealth or the Social Security Administration. Therefore, the appellant does not qualify for MassHealth Standard or CommonHealth. The appellant does meet the categorical requirements for MassHealth CarePlus.

An individual between the ages of 21 and 64 who is categorically eligible for MassHealth CarePlus can only be financially eligible if “the individual’s modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.” (130 CMR 505.008(A)(2)(c)). To determine financial eligibility pursuant to 130 CMR 506.007(A), MassHealth must construct a household as described in 130 CMR 506.002(B) for each individual who is applying for or renewing coverage. MAGI household composition rules used to determine member eligibility are the following:

- (1) Taxpayers Not Claimed as a Tax Dependent on His or Her Federal Income Taxes. For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of
 - (a) the taxpayer; including his or her spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
 - (b) the taxpayer’s spouse, if living with him or her regardless of filing status;
 - (c) all persons the taxpayer expects to claim as tax dependents; and
 - (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

The appellant is in a household of two.

Once the individual’s household size is established, the MassHealth MAGI household income is determined by:

- (2)....using the total of all countable monthly income for each person in that individual’s MassHealth MAGI or Disabled Adult household. Income of all the

household members forms the basis for establishing an individual's eligibility.

- (a) 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).
 - (b) Countable income includes earned income described in 130 CMR 506.003(A)² and unearned income described in 130 CMR 506.003(B)³ less deductions described in 130 CMR 506.003(D).
 - (c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.
- (3) 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. (130 CMR 506.007(A)).

The regulations at 130 CMR 506.003(D) allow MassHealth to use the following deductions when counting MAGI countable income:

- (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

² Pursuant to 130 CMR 506.003(A)(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. The regulations also include methods for the agency to use to calculate earned income for the self-employed, S-Corporations, Partnerships and seasonal employment. Based on the testimony and evidence presented at hearing, the appellant's income meets this definition.

³ Pursuant to 130 CMR 506.003(B), countable income includes, in relevant part, unearned income, which "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."

for as long as those deductions are in effect under federal law.

The appellant did not present evidence that she is eligible for any of these deductions. Instead, the appellant asked MassHealth to consider her income as seasonal. The agency defines seasonal income or other reasonable predictable future income as taxable income derived from an income source that may fluctuate during the year. (130 CMR 506.003(A)(4)). 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. (130 CMR 506.003(A)(4)). The appellant did not present any evidence of meeting this exception and the annual income reported by both parties exceeds program limits. Additionally, everyday expenses for things such as food and shelter are not considered in determining eligibility as they do not fall within the allowable deductions enumerated in 130 CMR 506.003 (D).

The appellant's income is \$6,009. After applying a regulatory 5% disregard of \$88.15, the appellant's modified adjusted gross income (MAGI) of \$5,920.85 is at 335.84% of the federal poverty level for a household of two. The income limit for MassHealth benefits is 133% of the FPL which is \$2,345 for a household of two. The appellant's income exceeds these limits. Even if one were to consider the appellant's income as seasonal, her total annual income exceeds program limits. (130 CMR 506.003(A)(4)).

As noted by the MassHealth representative at hearing, the appellant was eligible for MassHealth prior to July 1, 2024 and MassHealth applied a Transitional Medical Assistance period. MassHealth does offer extended eligibility to certain members who receive MassHealth Standard for a period following a change in income. (130 CMR 505.002(L)).

First, members of an EAEDC or TAFDC household whose cash assistance terminates continue to receive four months of MassHealth Standard coverage beginning in the month the household became ineligible if they are:

- (a) terminated from EAEDC or TAFDC and are determined to be potentially eligible for MassHealth; or
- (b) terminated from TAFDC because of receipt of or an increase in spousal or child support payments. (130 CMR 505.002(L)(1)).

Second, members of a TAFDC household who become ineligible for TAFDC for employment-related reasons continue to receive MassHealth Standard for a full 12-calendar-month period beginning with the date on which they became ineligible for TAFDC if:

- (a) the household continues to include a child;
- (b) a parent or caretaker relative continues to be employed; and

- (c) the parent or caretaker relative complies with 130 CMR 505.002(M). (130 CMR 505.002(L)(2)).

Third, members of a MassHealth MAGI household who receive MassHealth Standard (whether or not they receive TAFDC) and have earnings that raise the MassHealth MAGI household's modified adjusted gross income above 133% of the federal poverty level (FPL) continue to receive MassHealth Standard for a full 12-calendar-month period that begins with the date on which the members MAGI exceeds 133% of the federal poverty level (FPL) if:

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed;
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M); and
- (d) the member is a citizen or a qualified noncitizen. (130 CMR 505.002(L)(3))

MassHealth independently reviews the continued eligibility of the TAFDC, EAEDC, and MassHealth MAGI households at the end of the extended period described in 130 CMR 505.002(L)(1) through (3). (130 CMR 505.002(L)(4)).

If an individual in a MassHealth MAGI household who receives MassHealth under 130 CMR 505.002(L)(1) or (2) had income at or below 133% of the FPL during their extended period, and now has income including earnings that raise the MassHealth MAGI modified adjusted gross income above that limit, the MassHealth MAGI household is eligible for another full 12-calendar-month period that begins with the date on which the member's MAGI exceeds 133% of the federal poverty level (FPL) if:

- (a) the MassHealth household continues to include a child younger than 19 years old living with the parent or caretaker;
- (b) a parent or caretaker relative continues to be employed; and
- (c) the parent or caretaker relative complies with 130 CMR 505.002(M). (130 CMR 505.002(L)(5)).

In this case, both parties presented evidence of the appellant qualifying for 12 months of continued eligibility which ended in October 2025. MassHealth was correct in ending Premium Assistance, as the appellant's TMA ended and the appellant did not provide information for the agency to make a new eligibility decision before the due date. Additionally, when the appellant did report income information to MassHealth in December 2025, she was no longer eligible at that time. The appellant did not present any testimony or evidence to demonstrate that she was eligible for MassHealth as of the date of the hearing in December 2025. The decisions made by MassHealth ending Premium Assistance and deeming the appellant no longer eligible due to her income were correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616

MassHealth Representative: Premium Assistance Unit