

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516922
<b>Decision Date:</b>	02/06/2026	<b>Hearing Date:</b>	12/15/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Pam Thomas *via* telephone

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Community Eligibility; Under 65/Immigration status
<b>Decision Date:</b>	02/06/2026	<b>Hearing Date:</b>	12/15/2025
<b>MassHealth's Rep.:</b>	Pam Thomas	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	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 October 31, 2025, MassHealth informed the appellant that, effective November 30, 2025, she would no longer be eligible for MassHealth Standard because her eligibility had been based on pregnancy and MassHealth records indicated that she no longer met the criteria for pregnancy-based coverage, and further stated that, effective October 1, 2025, she was eligible for MassHealth Limited. (See 130 CMR 505.002(D); Exhibit (Ex.) 1). The appellant timely filed this appeal on November 17, 2025. (See 130 CMR 610.015(B); Ex. 2). Any MassHealth action resulting in the suspension, reduction, termination, or restriction of a member's assistance constitutes a valid ground for appeal. (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth downgraded the appellant's coverage from MassHealth Standard to MassHealth Limited based on its determination that she no longer met the criteria for pregnancy-based coverage.

## Issue

The issue on appeal is whether MassHealth correctly determined, pursuant to 130 CMR 505.002, that the appellant was no longer eligible for MassHealth Standard.

## Summary of Evidence

A benefits eligibility representative from the Springfield MassHealth Enrollment Center (MEC) represented MassHealth, and the appellant represented herself after confirming her willingness to proceed when the individual she had listed as her appeal representative was unavailable at the time of the hearing. An interpreter appeared to facilitate communication among the participants. All participants attended the hearing by telephone.

The MassHealth representative testified that the appellant is an adult individual under the age of 65. (Testimony; Ex. 3). The appellant has a household size of three consisting of herself, her spouse, and her child. (Testimony). The appellant and her husband are tax filers. (Testimony). Based on verified information, the household's gross monthly income (GMI) is approximately \$1,491.50. (Testimony). This placed the household's income at approximately 107.57% of the 2025 federal poverty level (FPL). (Testimony). The appellant began receiving MassHealth Standard coverage in [REDACTED], with postpartum protection following the birth of her child in [REDACTED] (Testimony). The appellant remained eligible for postpartum protection for one year following her child's birth. (Testimony). Once the one-year postpartum protection period ended, MassHealth redetermined the appellant's eligibility and issued the notice under appeal. (Testimony). Absent pregnancy, postpartum status, or another qualifying category, the appellant is eligible only for MassHealth Limited due to her immigration status as a lawful permanent resident subject to the five-year bar. (Testimony).

The MassHealth representative testified that the appellant reported a diagnosis of cervical cancer to MassHealth, and that no disability determination had been made as of the hearing. (Testimony; Ex. 2, pp. 5–6).

The appellant did not offer testimony disputing the income calculation, household composition, or immigration information described by the MassHealth representative. (Testimony). Her testimony instead focused on her medical condition and the disability determination process. (Testimony). The appellant confirmed that she has not submitted the disability supplement and stated that she will complete and return it as soon as possible after receipt or confirmation. (Testimony). The appellant requires ongoing medical care related to her cancer diagnosis and testified that she intends to continue treatment while awaiting further determinations. (Testimony). The appellant testified that she understands the need to submit the disability supplement promptly. (Testimony).

The MassHealth representative testified that the appellant's prior coverage remains protected

during the pendency of the appeal. (Testimony).

## Findings of Fact

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

1. The appellant is an adult individual under the age of 65. (Testimony; Ex. 3).
2. The appellant has a household size of three consisting of herself, her spouse, and her child. (Testimony).
3. The appellant and her spouse are tax filers. (Testimony).
4. The household's GMI is approximately \$1,491.50. (Testimony).
5. The household's income is approximately 107.57% of the 2025 FPL. (Testimony).
6. The appellant began receiving MassHealth Standard coverage in [REDACTED] based on pregnancy, with postpartum protection following the birth of her child in [REDACTED]. (Testimony).
7. The appellant remained eligible for postpartum protection for one year following her child's birth. (Testimony).
8. After the one-year postpartum protection period ended, MassHealth redetermined the appellant's eligibility and issued the [REDACTED] notice under appeal. (Testimony).
9. Absent pregnancy, postpartum status, or another qualifying category, the appellant is eligible only for MassHealth Limited due to her immigration status as a lawful permanent resident subject to the five-year bar. (Testimony).
10. The parties also discussed the appellant's medical condition and the disability determination process during the hearing. (Testimony).

## Analysis and Conclusions of Law

MassHealth offers multiple coverage types, and eligibility turns on an individual's categorical status, financial circumstances, and immigration status. (130 CMR 505.000). MassHealth makes MassHealth Standard available to individuals who meet specific categorical and financial requirements. (130 CMR 505.001).

A person who is pregnant qualifies for MassHealth Standard when the modified adjusted gross income of the MassHealth MAGI household does not exceed 200% of the FPL and the individual satisfies the applicable citizenship or immigration criteria. (130 CMR 505.002(D)(1)). In

determining household size for a pregnant individual, MassHealth counts the unborn child or children as if born and living with the mother. (130 CMR 505.002(D)(2)). Eligibility based on pregnancy continues for the duration of the pregnancy and, if the applicable requirements are met, for a 12-month postpartum protection period following the conclusion of the pregnancy. (130 CMR 505.002(D)(3), (4)).

MassHealth regulations define certain immigrants as qualified noncitizens barred, meaning individuals who otherwise meet the definition of a qualified noncitizen but have not satisfied the applicable five-year bar and are therefore lawfully present but nonqualified. (130 CMR 504.003(A)(2)). Individuals in this immigration category are not eligible for MassHealth Standard unless they qualify under another specific categorical provision. (130 CMR 504.003(A)(2); 505.002(D)(1)(b)).

For individuals who are qualified noncitizens barred, MassHealth Limited is the applicable coverage type when the individual meets the relevant categorical and financial requirements. (130 CMR 505.006(B)). MassHealth makes MassHealth Limited available to qualified noncitizens barred who are adults ages 21 through 64 whose household income does not exceed 133% of the FPL, among other eligible categories. (130 CMR 505.006(B)(1)(c)). Individuals eligible for MassHealth Limited receive only the medical benefits specified for that coverage type and only to the extent such services are not covered by other health insurance. (130 CMR 505.006(B)(3); 450.105(F)).

As found above, the appellant qualified for MassHealth Standard based on pregnancy and remained eligible through the one-year postpartum protection period following the birth of her child. Once that postpartum protection period ended, the appellant no longer met the categorical requirements for MassHealth Standard based on pregnancy or postpartum status, and MassHealth properly redetermined her eligibility and issued the notice under appeal.

Absent pregnancy, postpartum status, or another qualifying category, the appellant's eligibility for MassHealth coverage turns on her immigration status. As found above, the appellant is a lawful permanent resident subject to the five-year bar and therefore falls within the category of qualified noncitizens barred. As further found above, the appellant's household income is approximately 107.57% of the FPL, which falls within the income limits for MassHealth Limited for individuals in her immigration category. Accordingly, MassHealth correctly determined that the appellant was eligible for MassHealth Limited rather than MassHealth Standard once her pregnancy-based and postpartum eligibility ended.

The appellant reported a diagnosis of cervical cancer to MassHealth. Eligibility for coverage based on disability requires a separate determination by DES, and as of the hearing no such determination had been made. Because no disability determination existed, potential eligibility for coverage based on disability was not before the hearing officer and does not affect the correctness of MassHealth's determination.

Based on a preponderance of the evidence, MassHealth correctly determined that the appellant was no longer eligible for MassHealth Standard after the expiration of her postpartum protection period and correctly determined her eligibility for MassHealth Limited based on her immigration status and financial circumstances.

For the above reason, the appeal is DENIED.

## **Order for MassHealth**


Remove aid pending and proceed with the downgrade of coverage from MassHealth Standard to MassHealth Limited.

## **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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

  
cc: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104