

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516937
<b>Decision Date:</b>	12/17/2025	<b>Hearing Date:</b>	12/12/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Jessica Ramirez, Tewksbury MEC, *via*  
telephone



*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, Under 65; Income
<b>Decision Date:</b>	12/17/2025	<b>Hearing Date:</b>	12/12/2025
<b>MassHealth's Rep.:</b>	Jessica Ramirez	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	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 November 13, 2025, MassHealth informed the appellant that she was eligible for the Health Safety Net (HSN), but was not eligible for MassHealth coverage because she was over the income limit for her four-person household size. (See 130 CMR 505.008 and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on November 13, 2025. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined the appellant was not eligible for MassHealth because her household's income exceeded the income limit for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 506.007 and 505.002, in determining that the appellant's household income exceeded the income limit to be eligible to receive MassHealth benefits.

## Summary of Evidence

A benefits eligibility representative from the Tewksbury MassHealth Enrollment Center (MEC) spoke on behalf of MassHealth. The appellant spoke on her own behalf. All individuals attended the hearing telephonically.

The MassHealth representative testified first and stated as follows. The appellant is under the age of 65 and is currently pregnant. (Testimony; Ex. 3). The appellant resides in a household of four consisting of herself, her spouse, her older child, and her unborn child. (Testimony; Exs. 1, 3). On November 13, 2025, the appellant reported updated income information with the assistance of a Navigator.<sup>1</sup> (Testimony). Based on the verified income information, the appellant earns approximately \$1,513.71 every two weeks from employment, with an estimated annual income of \$37,695.51, and her spouse is self-employed with an estimated annual income of \$30,000.00. (Testimony). Using this income information, MassHealth calculated the household's income at 205.50% of the federal poverty level (FPL) after the 5% disregard. This exceeds the 200% FPL income limit for MassHealth Standard for a pregnant individual. (Testimony). Accordingly, in a notice dated November 13, 2025, MassHealth informed the appellant that she was not eligible for MassHealth Standard because her household income exceeded the applicable income limit for a four-person household. (Testimony; Ex. 1). The MassHealth representative further testified that the appellant is eligible for ConnectorCare Plan Type 3B. (Testimony).

The appellant testified that the income information described by the MassHealth representative was accurate. (Testimony). She further testified that she is enrolled in a ConnectorCare plan. (Testimony). The appellant explained that she is pregnant and is considered medically high risk due to her age and a prior premature birth at approximately six months' gestation. (Testimony). She testified that she sought MassHealth coverage during her pregnancy because her ConnectorCare plan did not adequately cover the specialized care she requires. (Testimony). She explained that certain medical providers to whom her physicians referred her were out-of-network, and that necessary services, including care from genetic specialists and specialized ultrasounds, were not covered under her ConnectorCare plan. (Testimony). She further testified that she was seeking MassHealth coverage solely to ensure access to appropriate prenatal and high-risk pregnancy care through the conclusion of her pregnancy. (Testimony).

## Findings of Fact

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

1. The appellant is under the age of 65, is currently pregnant, and resides in a household of

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<sup>1</sup> Navigators are individuals working for Health Connector-funded organizations to provide free, community-based assistance with health insurance eligibility and enrollment in Massachusetts, and must be certified and trained by the Health Connector (<https://www.mahealthconnector.org/navigators>).

four consisting of herself, her spouse, her older child, and her unborn child. (Testimony; Exs. 1, 3).

2. On November 13, 2025, the appellant reported updated income information to MassHealth. (Testimony).
3. The appellant earns approximately \$1,513.71 every two weeks from employment, with an estimated annual income of \$37,695.51, and her spouse is self-employed with a monthly income of approximately \$2,500.00, or an estimated annual income of \$30,000.00. (Testimony).
4. Based on the reported income information, the household's income equaled 205.50% of the FPL. (Testimony).
5. The household's reported income exceeds 200% of the FPL income limit for MassHealth Standard for a pregnant individual. (Testimony).
6. On November 13, 2025, MassHealth issued the notice under appeal informing the appellant that she was not eligible for MassHealth Standard because her household income exceeded the applicable income limit for a four-person household. (Testimony; Ex. 1).
7. The appellant did not dispute the accuracy of the income information relied upon by MassHealth in determining her eligibility. (Testimony).
8. The appellant is eligible for ConnectorCare Plan Type 3B and is currently enrolled in such a plan. (Testimony).

## **Analysis and Conclusions of Law**

Financial eligibility for coverage types determined under the MassHealth MAGI household rules is based on comparing the household's countable income, after allowable deductions, to the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth establishes a household for each individual applying for or renewing coverage, and eligibility is determined using the total countable monthly income of all individuals included in that household. (130 CMR 506.007(A)(1)–(2)).

A household's countable income is the sum of the gross income of every individual included in the household, except for children and tax dependents who are not expected to be required to file a tax return. (130 CMR 506.007(A)(2)(a)). Countable income includes earned income, which consists of taxable compensation received for work or services performed. (130 CMR 506.007(A)(2)(b); 130 CMR 506.003(A)(1)). In calculating monthly income, MassHealth converts reported earnings to a monthly amount, determines the household's percentage of the FPL, subtracts five percentage

points, and compares the adjusted figure to the applicable income standard. (130 CMR 506.007(A)(2)(c), (A)(3)).

A pregnant individual is eligible for MassHealth Standard if the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 200% of the FPL and the individual meets the applicable citizenship or immigration requirements. (130 CMR 505.002(D)(1)). In determining the MassHealth MAGI household size, an unborn child is counted as if born and living with the mother. (130 CMR 505.002(D)(2)).

In this case, the appellant is under the age of 65, is pregnant, and resides in a household of four consisting of herself, her spouse, her older child, and her unborn child. The appellant reported updated income information on November 13, 2025. Based on that information, the household's reported income equaled 210.50% of the FPL. After application of the five-percentage-point adjustment, the household's countable income was equal to 205.50% of the FPL, still above 200% of the FPL, the income limit for MassHealth Standard for a pregnant individual.

The appellant did not dispute the accuracy of the income information used by MassHealth in determining her eligibility. Although the appellant credibly testified about her medical concerns and her desire to obtain MassHealth coverage during her pregnancy, MassHealth eligibility for coverage types determined under the MAGI rules is governed by income standards set forth in regulation. The regulations do not provide an exception to the applicable income limit based on medical need, provider affiliation, or plan coverage preferences.

Because the appellant's household income exceeded 200% of the FPL for a household of four at the time the determination was made, MassHealth correctly determined that she was not eligible for MassHealth Standard and correctly issued the notice under appeal. Accordingly, the appellant does not meet the financial eligibility requirements for MassHealth Standard.

For these reasons, the 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA  
01876-1957