

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2517603
Decision Date:	12/31/2025	Hearing Date:	12/26/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Langze Phunkhang, Charlestown MEC
Roxana Noreiga, Premium Assistance Unit



*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; Premium Assistance
Decision Date:	12/31/2025	Hearing Date:	12/26/2025
MassHealth’s Rep.:	Langze Phunkhang Roxana Noreiga	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	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 November 24, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits because MassHealth determined that the appellant’s income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector. See 130 CMR 505.008, 130 CMR 506.002, 130 CMR 506.005, 130 CMR 506.007, and Exhibit 1. The appellant filed this appeal in a timely manner on November 25, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of an application or request for assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth denied the appellant’s application for MassHealth benefits because his income exceeded the allowed threshold.

Issue

Whether MassHealth correctly determined that the appellant is not eligible for MassHealth benefits pursuant to 130 CMR 505.008, 130 CMR 506.002, 130 CMR 506.005, 130 CMR 506.007, and 130 CMR 506.012.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Charlestown MassHealth Enrollment Center and a representative from the Premium Assistance Unit (PAU). The appellant appeared pro se and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant is a tax filer who resides in a household of two including his parent. He was on MassHealth CarePlus from October 12, 2024 to November 18, 2025. On November 19, 2025, the appellant updated his income by submitting his paystubs. MassHealth verified the appellant's income as \$3,575.25 per month from employment. This figure equates to 197.85% of the federal poverty level (FPL) for a household of two which exceeds the limit for MassHealth benefits. The income limit to receive MassHealth benefits is \$2,345.00 per month for a household of two. As result, MassHealth notified the appellant that he does not qualify for MassHealth benefits. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector.

The PAU representative testified that the appellant was receiving premium assistance payments of \$329.85 per month toward the cost of his employer sponsored insurance plan. However, the appellant no longer qualifies for premium assistance because he is no longer a MassHealth member. She explained that premium assistance is only available to active MassHealth members.

The appellant confirmed his household size and employment. He stated that he is a part-time employee and as such the number of hours he works per week is subject to change. He testified that he works a maximum of 25 hours per week at the rate of \$22.00 per hour. He stated that MassHealth has been his secondary insurance for many years and that he relies on it to cover the cost of his medication. He confirmed that he has not been deemed disabled by any entity but that he currently has an adult disability application pending with Disability Evaluation Services (DES).

The MassHealth representative responded that working 25 hours per week at the rate of \$22.00 per hour equals \$2,383.07 per month. As such, the appellant's income still exceeds the allowed threshold for MassHealth benefits which is \$2,345.00 per month for a household of two.

Findings of Fact

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

1. The appellant is a tax filer who resides in a household of two including his parent. (Testimony).
2. The appellant was on MassHealth CarePlus from October 12, 2024 to November 18, 2025. (Testimony and Exhibit 4).
3. The appellant was receiving premium assistance payments of \$329.85 per month toward the cost of his employer sponsored insurance plan. (Testimony).
4. On November 19, 2025, the appellant verified his income by submitting his paystubs. The appellant's verified income is \$3,575.25 per month from employment. (Testimony).
5. The income limit to receive MassHealth benefits is \$2,345.00 per month for a household of two. (Testimony and Federal Poverty Guidelines).
6. On November 24, 2025, MassHealth notified the appellant that he does not qualify for MassHealth benefits because MassHealth determined that the appellant's income exceeded the allowed threshold. However, the appellant was approved for Health Safety Net for a limited time as well as a ConnectorCare plan through the Massachusetts Health Connector. (Testimony and Exhibit 1).
7. The appellant was deemed no longer qualified for premium assistance because he is no longer a MassHealth member. (Testimony).
8. The appellant filed a timely notice of appeal on November 25, 2025. (Exhibit 2).
9. At the hearing, the appellant self-attested that he works a maximum of 25 hours per week at the rate of \$22.00 per hour. (Testimony).
10. The appellant's self-attested income is \$2,383.07 per month.¹ (Testimony).
11. The appellant has not been deemed disabled. (Testimony).

Analysis and Conclusions of Law

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

¹ In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

The 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 adults², 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 [REDACTED] 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, 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 under the age of [REDACTED] and meets the categorical requirements for MassHealth CarePlus. See 130 CMR 505.001(A)(3). The question then becomes whether he meets the income requirements to qualify.

An individual between the ages of [REDACTED] 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.” See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

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

² “[Y]oung adults” are defined as those aged [REDACTED]. See 130 CMR 501.001.

- (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.

See 130 CMR 506.002(B).

Here, there is no dispute that the appellant lives in a household of two, including his parent, whom he claims as a tax dependent. Thus, the appellant meets the MAGI rules for a household of two.

Once the individual's household size is established, his MassHealth MAGI household income is determined in the following manner:

(2)using the total of all countable monthly income³ 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) and unearned income described in 130 CMR 506.003(B) 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.

See 130 CMR 506.007(A).

At the hearing, the appellant testified that as a part-time employee his income fluctuates. He testified that despite his submitted paystubs he usually works a maximum of 25 hours per week at the rate of \$22.00 per hour. The MassHealth representative calculated the appellant's attested monthly income as \$2,383.07 per month.⁴ Per MAGI rules as explained supra, to determine

³ Countable household income includes earned income which is the "total amount of taxable compensation received from work..." See 130 CMR 506.003(A).

⁴ In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333. See 130 CMR 506.007(A).

eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A)(3). For a household of two, 5 percentage points of the current FPL equals \$88.15 a month. After deducting five percentage points of the FPL from the appellant's self-attested income (\$2,383.07-\$88.15), the appellant's self-attested countable income equals \$2,294.92. The income limit for MassHealth CarePlus is 133% of the FPL, or \$2,345.00 per month for a household of two. See 130 CMR 505.008(A)(2)(c); <https://www.mass.gov/doc/2025-masshealth-income-standards-and-federal-poverty-guidelines>.

As such, the appellant's attested income is below the applicable standard, but the verified income is above the applicable standard. Under such circumstances, the self-attested income can only be used if the difference between the two numbers is 10% or less. See 130 CMR 506.005(A)(2)(c); 130 CMR 506.005(A)(3)(emphasis added). Here, the difference between the appellant's self-attested income and his verified income is well over 10% ($\$3,575.25 - \$2,294.92 = \$1,192.18$ / $\$3,575.25 = .33 \times 100 = 33\%$) as required by the regulations. Accordingly, the verified income of \$3,575.25 per month will be used to determine eligibility.

To determine eligibility of the individual under the coverage type with the highest income standard, five percentage points of the current FPL is subtracted from the applicable household's countable income. See 130 CMR 506.007(A)(3). For a household of two, 5 percentage points of the current FPL equals \$88.15 a month. After deducting five percentage points of the FPL from the appellant's verified household income (\$3,575.25-\$88.15), the appellant's verified household income equals \$3,487.10 per month. Based on current MassHealth Income Standards and Federal Poverty Guidelines, the income limit for MassHealth CarePlus is 133% of the FPL, or \$2,345.00 a month for a household of two. Accordingly, I find that MassHealth correctly denied the appellant's application for MassHealth benefits because his income exceeds the allowed threshold for MassHealth.

Moreover, in accordance with the regulations, members are only eligible to receive premium assistance benefits when at least one person covered by the health insurance policy is eligible for MassHealth benefits as described at 130 CMR 506.012(A). Because the appellant is not eligible for MassHealth benefits at this time, the appellant is not eligible to receive premium assistance benefits. Accordingly, I find that the action taken by the PAU was in accordance with the MassHealth regulations.

For the forgoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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

Roxana Noreiga, Premium Assistance Unit.