

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2600388
<b>Decision Date:</b>	02/05/2026	<b>Hearing Date:</b>	02/04/2026
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**  
*Pro se*

**Appearance for MassHealth:**  
Carmen Rivera, Quincy MassHealth Enrollment  
Center



*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; End-date of coverage
<b>Decision Date:</b>	02/05/2026	<b>Hearing Date:</b>	02/04/2026
<b>MassHealth’s Rep.:</b>	Carmen Rivera	<b>Appellant’s Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South 4 (Telephone)	<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 January 5, 2026, MassHealth informed the appellant that she was not eligible for MassHealth benefits because MassHealth determined that her income was too high. *See* 130 CMR 506.007(B) and Exhibit 1. The appellant filed this appeal in a timely manner on January 6, 2026. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth determined that the appellant’s income was too high for her to receive MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant’s income exceeds the limit allowed by the regulations to qualify for benefits.

## Summary of Evidence

The appellant is an adult under the age of 65 who resides in a household of three, consisting of the appellant and her two minor children. The appellant appeared telephonically and verified her identity. MassHealth was represented by a worker from the Quincy MassHealth Enrollment Center; she also appeared telephonically. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative began her testimony by providing a history of the appellant's account at MassHealth over the previous seven months. She stated that August 12, 2025 was the date the appellant last qualified for MassHealth Standard benefits. On that date the appellant's household composition of three was verified and her MAGI federal poverty level (FPL) was calculated to be equal to 75.39%. On that date, the appellant's biweekly income was verified at \$823.87; a household member, the appellant's teenaged son, also reported a weekly income of \$150.00. Testimony.

The MassHealth representative continued her testimony. The next action on the appellant's MassHealth account occurred on November 7, 2025; a system data match had detected a change in income for the appellant, and a notice and a job update form, requesting information about the appellant's income, was generated on that same date and sent to the appellant's address on file. The job update form was due back to MassHealth by December 7, 2025. Testimony. The job update form was not returned to MassHealth timely, and on December 12, 2025, a termination of coverage notice was generated and sent to the appellant. The December 12, 2025 notice informed the appellant that her MassHealth benefits were ending on December 26, 2025, because she did not provide requested information to MassHealth in the required time period. Testimony.

The MassHealth representative testified that on December 17, 2025, another notice was mailed to the appellant at her address on file. This notice informed the appellant that she needed to complete her annual renewal for MassHealth benefits by January 31, 2026. On December 29, 2025, the appellant called in to MassHealth customer service and completed the renewal, but "the system went into suspended status due to no available federal data sources." Testimony. The customer service notes for that call indicate that the appellant was told her renewal was processing and that she would receive additional information in the mail. The appellant called MassHealth customer service again, on December 30, 2025, and she completed her renewal again. The result of this call was that a notice was generated and mailed to the appellant that stated that she does not qualify for MassHealth benefits, but she does qualify for the Health Safety Net starting December 1, 2025. The reason that the appellant did not qualify for MassHealth benefits is stated in the notice; the appellant's income is too high, she does not have a special circumstance that applies to her, such as pregnancy, breast or cervical cancer, or HIV, or disability. Testimony.

During the December 30, 2025 renewal call, the appellant's household composition was verified

as three people and her MAGI FPL was calculated to be equal to 160.88%. On that date, the appellant's biweekly income was verified at \$1,700.00; a household member, the appellant's teenaged son, also reported a weekly income of \$186.00. After the appellant's December 30, 2025 renewal call, the appellant called MassHealth customer service and removed the appellant's teenaged son as a tax-dependent in the appellant's household. The result of that action was that the appellant's household of two was calculated to have a MAGI FPL of 204.02%. Testimony. Finally, on January 5, 2026, the notice on appeal was issued to the appellant because on that date, the appellant's teenaged son was added back into the appellant's household as a tax dependent. The notice states that the appellant's income is too high for her to receive MassHealth benefits and the appellant's FPL was calculated to be 160.88%. Testimony.

The MassHealth representative concluded her testimony by stating that she spoke to the appellant prior to the hearing, and she learned that in late December 2025, the appellant was not aware that her coverage had ended, and the appellant has a doctor bill because she sought medical services on December 30, 2025. During their call, the appellant told the MassHealth representative that the reason that she called back MassHealth a second time on December 30, 2025, after completing her renewal on December 29, 2025, was because she was informed at her provider's office that her MassHealth coverage was not active. The appellant was confused because she was told during her renewal that her household was eligible for MassHealth benefits with no premium. Testimony. The MassHealth representative stated,

I had my supervisors review the [December 29, 2025] call. Well, they submitted a request to customer service to review the call to see if the statement of 'everyone qualified for free coverage' was said by the MassHealth representative, which would have explained the confusion. But per [the Supervisors'] review, they confirmed that that was not stated during the renewal call on December 29, 2025.

Testimony.

The appellant did not dispute the MassHealth representative's testimony. She testified that she was appealing today because she "never received these notices." Testimony. She explained that when she received an email that she needed to complete her annual renewal on December 29, 2025, she called MassHealth immediately and completed her renewal. She stated that she would have responded to the December 12, 2025 termination notice if she had received it. Testimony. Additionally, she is very confused by her experience with MassHealth customer service. She stated that during her December 29, 2025 renewal call, the MassHealth customer service representative said that her household "qualifies for free insurance." She stated that she asked the representative several times if her coverage was in place during the call. According to the appellant, the MassHealth customer service representative that processed her renewal did say during their call, "you have to wait 24 hours for the system to see if you get the same insurance." Testimony. The appellant then attended a doctor's appointment the following

day. It was at this appointment that she learned that her MassHealth coverage was no longer active. Testimony. This is why she called MassHealth customer service a second time and completed a second renewal. She confirmed that she did remove her son from her tax household because it did not seem right that MassHealth was counting a teenager's income; her son is not even working anymore. Testimony. She understands that she no longer financially qualifies for MassHealth benefits; she has signed up for a Health Connector plan. Her issue today is that she has a \$300 bill from her doctor's appointment on December 30, 2025. She would not have attended that appointment if she knew she did not have MassHealth coverage. Testimony. She is here because she does not think that her coverage should have been terminated on December 26, 2025 because she "never saw" the December 12, 2025 termination notice, and that her doctor's appointment on December 30, 2025 should therefore be covered by MassHealth. Testimony.

The Hearing Officer then confirmed with the MassHealth representative that the December 12, 2025 notice was sent to the appellant's current address on file, and that this notice informed the appellant that her MassHealth coverage was ending on December 26, 2025 because the appellant failed to return her job update form to MassHealth in the required time period. Testimony. The appellant then confirmed that her current address was correct; earlier in the year she had lived in a different apartment at the same apartment complex, but the only change in her address was the letter of the apartment, not the number of the street address. The appellant explained her mail situation at her apartment complex, "Where I live, it's an apartment complex, and there is like, just a big old box of different mailboxes. Usually, I get mail from other people. Other people, I'm sure, get mail from me. So, I don't know what went wrong or where." Testimony. The appellant agreed that it may not have been a MassHealth issue that caused her to not receive the December 12, 2025 termination notice.

## **Findings of Fact**

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

1. The appellant is an adult under the age of 65 who resides in a household of three that consists of the appellant and her two minor children.
2. On December 12, 2025, MassHealth informed the appellant that her MassHealth Standard benefits were ending on December 26, 2025, because she failed to timely return a job update form to MassHealth. Testimony.
3. On December 17, 2025, MassHealth informed the appellant that she needed to complete her annual renewal for MassHealth benefits by January 31, 2026. Testimony.
4. On December 29, 2025, the appellant called in to MassHealth customer service and

completed her annual renewal application. Testimony.

5. On December 30, 2025, the appellant called in to MassHealth customer service and completed her annual renewal application for a second time. Testimony.
6. On January 5, 2026, the appellant added her teenaged son as a tax-dependent member of her household and the notice on appeal was issued to the appellant, informing her that she did not qualify for MassHealth benefits because her income was too high; the appellant's household MAGI was calculated to be equivalent to a FPL of 160.88%. Testimony and Exhibit 1.
7. The appellant filed a timely appeal of the January 5, 2026 notice on January 6, 2026. Exhibit 2.
8. The appellant did not have any MassHealth coverage or other health insurance coverage, after December 26, 2025, and she incurred out-of-pocket medical expenses on December 30, 2025. Testimony.

## Analysis and Conclusions of Law

130 CMR 502.006(D)(3) states the following regarding the end date of coverage:

- (3)For existing members whose eligibility determination results in a less comprehensive benefit, **the end date of the existing coverage is no sooner than 14 days from the date of the notice unless the MassHealth member files an appeal in a timely manner and requests continued MassHealth benefits pending such an appeal** or reinstatement of benefits as described at 130 CMR 610.036: Continuation of Benefits Pending Appeal and the start date of the new coverage is ten days prior to
- (a) the receipt of the requested verifications;
  - (b) the receipt date of the annual renewal;
  - (c) the date of the eligibility determination for reported changes; or
  - (d) the date of the MassHealth agency's eligibility determination due to information in the member's case file.

At hearing, the appellant agreed with MassHealth's income determination that generated the notice on appeal; she testified that she understood that she does not currently qualify for MassHealth benefits and she has enrolled in a Health Connector plan. However, the appellant does have an issue with the date that her MassHealth coverage was terminated in December 2025; she has an unpaid medical bill from December 30, 2025, when she had no health insurance coverage. Testimony at the hearing revealed that MassHealth terminated the appellant's coverage in December 2025 due to her failure to return her job update form.

The appellant asserted at hearing that she never received the December 12, 2025 termination notice. I credit her testimony that she did not receive that notice, but I do not believe that it was an error by MassHealth that caused the appellant to miss the December 12, 2025 termination notice. It was the appellant's sworn testimony that the mail situation at her apartment complex is chaotic and that she often ends up receiving her neighbors' mail. She acknowledged at hearing that other residents of her apartment complex have received her mail too. There was no testimony from either party that indicates that the reason that the appellant was not aware that her MassHealth coverage was ending on December 26, 2025 was due to the action or inaction of the MassHealth agency. Furthermore, the appellant credibly testified that she is able to log on to and access the online MassHealth system for monitoring her MassHealth account. In the absence of evidence or testimony to the contrary, it will be presumed that the MassHealth notices are received on the third day after mailing (130 CMR 610.015(B)(1)). The appellant also testified that she was told during a December 29, 2025 MassHealth customer service call that her benefits were active and she owed no premium. After a review of this call by MassHealth supervisors, there is no record of a MassHealth customer service representative making this statement to the appellant.

MassHealth members have an obligation to respond to requests for information from MassHealth. See 130 CMR 501.010(A). The member must supply such information within 30 days of the receipt of the agency's request. In the event that a MassHealth member does not respond to this request for information, "MassHealth benefits may be terminated." *Id.* MassHealth generally may "terminate or downgrade [benefits] no sooner than 14 days from the date of termination or downgrade notice..." 130 CMR 502.006(D).<sup>1</sup> An exception to that rule is if the member appeals that determination to the Board of Hearings and requests that benefits remain in place during the appeal "as described at 130 CMR 610.026: *Continuation of Benefits Pending Appeal.*" *Id.* This continuation of benefits is colloquially known as Aid Pending.

An appellant may qualify for Aid Pending if they meet the following requirements:

When the appealable action involves the reduction, suspension, termination, or restriction of assistance, such assistance will be continued until the [Board of Hearings (BOH)] decides the appeal or, where applicable, the rehearing decision is rendered if the BOH receives the initial request for the fair hearing before the implementation date of the appealable action. If such appealable action was implemented before a timely request for a hearing, such assistance will be reinstated if the BOH receives the request for the fair hearing within ten days of the mailing of the notice of the appealable action.

130 CMR 610.036(A). Put otherwise, the Board of Hearings will approve Aid Pending if requested by the appellant if the fair hearing request is received within 10 days of the date of the issuance of

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<sup>1</sup> Apart from receiving Aid Pending during an appeal, the only exception to this rule is in the event that the ending of benefits is subject to the requirements of 130 CMR 502.004. As that regulation deals with Hospital-determined Presumptive Eligibility, it is not relevant for this appeal.

the notice OR if MassHealth has not yet implemented the decision to reduce, suspend, terminate, or restrict the benefits.

In this case, the termination notice generated on December 12, 2025, and the termination of the appellant's MassHealth benefits went into effect on December 26, 2025, which complies with 130 CMR 502.006(B). The appellant's request for fair hearing, though timely to schedule an appeal, was not received by the Board of Hearings until January 6, 2025. As that is more than 10 days after the issuance of the December 12, 2025 notice and after the implementation date of the appellant's benefit downgrade on December 26, 2025, the appellant was not entitled to a protection of her benefits through the end of December and for the month of January. The regulations provide no other avenue to extend a member's eligibility after a downgrade or termination decision has been made. Therefore, I find no error with the issuance of the December 12, 2025, notice terminating the appellant's MassHealth benefits on December 26, 2025.

For the foregoing reasons, the appeal is hereby 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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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Quincy MEC, Attn: Cassandra Moura, Appeals Coordinator,  
100 Hancock Street, 6th Floor, Quincy, MA 02171