Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Approved Appeal Number: 2309104

Decision Date: 1/8/2024 **Hearing Date:** 11/03/2023

Hearing Officer: Christopher Jones Record Open to: 11/17/2023

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Kaila Keddie - Tewksbury HCR



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: Approved Issue: Under-65; Eligibility;

Income; Verification

of Eligibility Factors;

Data Match

Decision Date: 1/8/2024 **Hearing Date:** 11/03/2023

MassHealth's Rep.: Kaila Keddie Appellant's Rep.: Pro se

Hearing Location: Telephonic Aid Pending: 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 September 15, 2023, MassHealth terminated the appellant's CarePlus coverage effective October 31, 2023, because MassHealth received electronic data-match information showing the appellant's income was too high. (Exhibit 1; 130 CMR 502.003; 506.007.) The appellant filed this timely appeal on October 29, 2023, and his benefits are protected pending the outcome of this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) Termination of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until November 17, 2023.

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage based upon data-matched income in excess of MassHealth limits.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003 and 506.007, in determining that the appellant's income was too high to qualify for MassHealth coverage and

Page 1 of Appeal No.: 2309104

that he needs to verify his income to qualify.

Summary of Evidence

The appellant is a single individual between the ages of 21 and 65. He was approved for MassHealth CarePlus, but at the time he was approved, MassHealth requested that he verify his income. No verification was received by the due date, August 24, 2023, and the termination dated September 15, 2023, was issued, ending the appellant's benefits as of October 31. MassHealth's representative testified that the issue was not really excess income, because the data-match information that MassHealth received was that he was receiving \$292 per week from unemployment benefits. This equates to less than 133% of the federal poverty level. MassHealth received this information before the termination date of October 31, 2023.

The appellant testified that the income MassHealth had from the Division of Unemployment Assistance ("DUA") was correct, and that he was still looking unsuccessfully for a job. MassHealth's representative was asked why they could not simply accept the data matched information. She responded that once the case closed for non-verification, the agency required the appellant to submit documentation to verify his unemployment benefit.

The record was left open for the appellant to email in the proof of income, but nothing was submitted.

Findings of Fact

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

- 1) The appellant is an individual household under the age of 65. (Testimony by MassHealth's representative.)
- 2) The appellant's CarePlus coverage was terminated as of October 31, 2023, because the appellant had not provided requested income verification by August 24, 2023. (Testimony by MassHealth's representative.)
- 3) Prior to termination, MassHealth was able to verify the appellant's income using electronic data-match sources. (Testimony by MassHealth's representative.)
- 4) The appellant receives \$292 per week from unemployment benefits. (Testimony by MassHealth's representative and the appellant.)

Analysis and Conclusions of Law

MassHealth's members must generally give MassHealth information required on an application, including information requested to verify eligibility criteria. (See 130 CMR 502.000.) If MassHealth

Page 2 of Appeal No.: 2309104

requires additional information, the "agency requests all corroborative information necessary to verify eligibility. The applicant must supply such information within 90 days of the receipt of the Request for Information Notice, as described at 130 CMR 502.003(C)." (130 CMR 502.001(B).)

502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: *Health Care Reform: MassHealth: Universal Eligibility Requirements*, 504.000: *Health Care Reform: MassHealth: Citizenship and Immigration*, and 506.000: *Health Care Reform: MassHealth: Financial Requirements*.

- (A) <u>Information Matches</u>. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility
 - (1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and
 - (2) other federal and state agencies and other informational services.
- (B) <u>Electronic Data Sources</u>. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.
- (C) <u>Request for Information Notice</u>. If additional documentation is required, including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.
- (D) <u>Time Standards</u>. The following time standards apply to the verification of eligibility factors.
 - (1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.
 - (c) If the required verifications are received within one year from the date the application or renewal form was received, coverage is reinstated to a date ten days before the receipt of the verifications.
 - (d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

Page 3 of Appeal No.: 2309104

(130 CMR 502.003(A)-(D) (emphasis added).)

There is no dispute that the appellant's income makes him eligible for MassHealth CarePlus. Countable weekly income is multiplied by 4.333 to derive monthly income. (130 CMR 506.007.) Individuals under the age of 65 are eligible for CarePlus benefits with income below 133% of the federal poverty level. (130 CMR 505.008.) MassHealth may terminate an individual's benefits if they fail to verify eligibility factors, but "[i]f the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility." (130 CMR 502.003(D)(2)(a).) Further, if "the required verifications are received within one year ... coverage is reinstated to ... ten days before" (130 CMR 502.003(D)(2)(c).) Because the appellant's benefits had not terminated by the time MassHealth was able to verify his income using data match information, there is no reason for the agency to have terminated his benefits.

Therefore, this appeal is APPROVED.¹

Order for MassHealth

Reinstate the appellant's CarePlus benefits retroactive to November 1, 2023, based upon his datamatch verified income. Remove Aid Pending.

-

¹ This does not affect the appellant's obligation to update MassHealth within 10 days of any changes that may affect his eligibility, such as a change in his income. (130 CMR 501.010(B).)

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Christopher Jones Hearing Officer Board of Hearings

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

Page 5 of Appeal No.: 2309104