

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416619
Decision Date:	01/07/2025	Hearing Date:	12/06/2024
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Ariel Cooper, Tewksbury



*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
Decision Date:	01/07/2025	Hearing Date:	12/06/2024
MassHealth's Rep.:	Ariel Cooper	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury (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

By notice dated September 20, 2024, MassHealth terminated Appellant's benefit effective October 4, 2024 for failure to submit requested information. Exhibit 1. Appellant filed this appeal in a timely manner on October 17, 2024. Exhibit 2. 130 CMR 610.015(B), 130 CMR 610.036. Termination of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated Appellant's benefit effective October 4, 2024 for failure to submit a job update form.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit.

Summary of Evidence

The MassHealth representative appeared by phone and testified as follows. On August 15, 2024, MassHealth mailed Appellant a job update form to complete and return. On September 20, 2024, MassHealth notified Appellant that his benefit would terminate on October 4, 2024. Exhibit 1. The notice states that MassHealth got information from available state or federal data sources that affect Appellant's eligibility and sent Appellant a letter requesting additional information. Appellant did not respond in the time allowed. 130 CMR 502.007(C)(3). The MassHealth representative testified that Appellant can remove the closure on his account by either returning the completed job update form or completing a new application.

Appellant appeared by phone and testified as follows. Appellant did not recall receiving a form in the mail to fill out. Appellant is in a difficult situation because he is currently earning very little income in a job that is 100% commission based. His employer is charging him for office supplies. Appellant is without insurance and in a bind. A copy of a job update form was forwarded to Appellant after hearing.

Findings of Fact

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

1. Appellant is under the age of 65.
2. On August 15, 2024, MassHealth mailed Appellant a job update form to complete and return.
3. By notice dated September 20, 2024, MassHealth informed Appellant that his benefit would terminate on October 4, 2024 for failing to submit requested information. Exhibit 1.
4. Appellant filed this timely appeal on October 17, 2024. Exhibit 2.

Analysis and Conclusions of Law

MassHealth may initiate information matches with other agencies and information sources when an application is received, at annual renewal, and periodically, in order to update or verify eligibility. 130 CMR 502.004. "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." 130 CMR 502.003(B).

It is the responsibility of the applicant or member to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 501.010(A).

“The applicant or member must report to the MassHealth agency, within 10 days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.” 130 CMR 501.010(B).

MassHealth reviews enrolled members’ continued eligibility through automatic renewals, prepopulated renewal applications, and periodic data matches. 130 CMR 502.007. MassHealth’s process for reviewing continuing eligibility through periodic data matches is as follows:

(3) Periodic Data Matches. The MassHealth agency matches files of MassHealth members with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility.

(a) If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, the MassHealth agency will notify the member of the information that was received through the data match and require the member to respond within 30 days of the date of the notice.

1. If the member responds within 30 days and confirms the data is correct, eligibility will be determined using the confirmed data from the electronic data match.

2. If the member responds within 30 days and provides new information, eligibility will be determined using the information provided by the member. Additional verification from the member will be required.

3. If the member does not respond within 30 days, eligibility will be determined using available information received from the electronic data sources. If information necessary for eligibility determination is not available from electronic data sources, MassHealth coverage will be terminated.

(b) If the electronic data match indicates a change in circumstances that would result in an increase or no change in benefits, the MassHealth agency will automatically update the case using the information received from the electronic data match and redetermine eligibility. If the member’s coverage type changes to a more comprehensive benefit, the member will be sent a notice informing them of the start date for the new benefit. The effective date of the more comprehensive benefit is determined in accordance with 130 CMR 502.006(A).

130 CMR 502.007(C)(3).

Here, MassHealth notified Appellant on August 15, 2024 that it required a job update form in order to verify Appellant’s continuing eligibility for MassHealth. By September 20, 2024, MassHealth had not received the form and notified Appellant that his CarePlus benefit would

terminate on October 4, 2024. Pursuant to 130 CMR 502.007(C)(3)(a)(3), MassHealth did not err in issuing the September 20, 2024 notice. Accordingly, 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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