

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417796
Decision Date:	02/28/2025	Hearing Date:	12/18/2024
Hearing Officer:	Christopher Jones	Record Open to:	01/03/2025

Appearance for Appellant:



Appearance for MassHealth:

Aline Teixeira – 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:	Denied	Issue:	Community Eligibility - under 65; Verifications; Job Update Form
Decision Date:	02/28/2025	Hearing Date:	12/18/2024
MassHealth's Rep.:	Aline Teixeira	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 7, 2024, MassHealth terminated the appellant's CarePlus benefits because MassHealth got information from available state or federal data sources that affected the appellant's eligibility. (Exhibit 1; 130 CMR 502.007(C)(3).) The appellant filed this appeal in a timely manner on November 20, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Following the hearing, the record was left open until January 3, 2025, for the appellant to submit a job update form and for MassHealth to process it.

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage because it received information from an electronic data match indicating that the appellant's income had changed.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007, in terminating the appellant's coverage after a verification request triggered by a periodic data match.

Summary of Evidence

The appellant is between the ages of 21 and 65, and he had been covered by MassHealth CarePlus. The appellant's benefits had been terminated after an electronic data match identified income that made him ineligible for MassHealth. MassHealth mailed the appellant a job update form, and when it was not returned in a timely manner, MassHealth mailed out the termination notice on November 7, 2024.

The appellant testified that he has been working the same job for about three years now. The appellant testified that he had completed the job update form back in May or June 2024, and he even called to confirm that the information on the form was correct. The appellant testified that he never got another notice after that. MassHealth's representative testified that there were no notes in the system regarding this, and she could not see any job update forms on file.

The appellant testified that he only works part-time while he is in school, but he confirmed his income was between \$40,000 and \$50,000 per year. The appellant acknowledged that it would be too high to qualify for MassHealth as an individual, but he claimed his siblings as dependents.¹

The record was left open until January 3, 2025, for the appellant to submit a job update form, and for MassHealth to process it. MassHealth's representative confirmed receipt of the job update form but stated that the rest of the appellant's family was not listed on his application. The appellant was approved for a Health Connector plan based upon his income and a household size of one. The appellant was informed that the job update issue was resolved, and that MassHealth's new decision could be appealed separately. The appellant did not respond to identify any remaining disputes with MassHealth.

Findings of Fact

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

- 1) The appellant is between the ages of 21 and 65, and he had been covered by CarePlus benefits. (Exhibit 4.)
- 2) MassHealth's electronic data match systems identified the appellant had income that would affect his eligibility, and MassHealth requested a job update form be completed to verify the income. (Testimony by MassHealth's representative.)
- 3) MassHealth never received the job update form. (Testimony by MassHealth's representative.)

¹ The income threshold for CarePlus benefits for a household of three would have been \$34,344 per year.

- 4) The appellant completed the job update form during a record open period. When processed, the appellant was over-income for MassHealth. (Exhibit 5.)

Analysis and Conclusions of Law

MassHealth regularly reviews the continued eligibility for benefits for its members. Periodically, MassHealth matches a member's information with other agencies and information sources as described in 130 CMR 502.004 to update or verify eligibility. (130 CMR 502.007(C)(3).) "If the electronic data match indicates a change in circumstances that would result in potential reduction or termination of benefits, [MassHealth] 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."² (130 CMR 502.007(C)(3)(a).) If a member responds within 30 days with new information, MassHealth will use the provided verifications to make a new determination, otherwise, MassHealth uses the data received from the electronic data match. (130 CMR 502.007(C)(3)(a)(1)-(3).)

MassHealth did not receive the appellant's job update form and terminated coverage based upon the information provided through the electronic data matching system. When the appellant provided the job update information, it confirmed that he was ineligible for MassHealth benefits. Therefore, this appeal is DENIED.

The application MassHealth has on file for the appellant no longer included his family members. It is not part of this appeal, but it is possible that his whole family would be ineligible if they were all on the same application, depending upon the verified income. If the appellant wishes to reapply with tax dependents, he may do so at any time.

Order for MassHealth

None.

² Under other circumstances, members are given 90 days to verify eligibility factors. (See 130 CMR 502.001(B).)

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.

Christopher Jones
Hearing Officer
Board of Hearings

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