

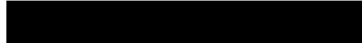
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507220
Decision Date:	7/7/2025	Hearing Date:	06/02/2025
Hearing Officer:	Rebecca Brochstein, BOH Deputy Director	Record Open Date:	06/20/2025

Appearances for Appellant:



Appearances for MassHealth:

Lashaun Kelley, Quincy MEC
Roxana Noriega, Premium Assistance



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Community Eligibility (Under 65)
Decision Date:	7/7/2025	Hearing Date:	06/03/2025
MassHealth's Reps.:	Lashaun Kelley Roxana Noriega	Appellant's Rep.:	Pro se
Hearing Location:	Quincy MassHealth Enrollment Center (Telephonic)	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated April 28, 2025, MassHealth notified the appellant that her MassHealth coverage would terminate as of May 12, 2025, because she had not submitted requested information (130 CMR 501.010; Exhibit 1). On the same date, MassHealth sent a separate notice informing the appellant that her Premium Assistance payments had been stopped (Exhibit 2). The appellant filed this appeal in a timely manner on May 8, 2025, and her benefits were protected pending the appeal (130 CMR 610.015(B); Exhibit 3). Termination of benefits is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that her MassHealth coverage would terminate because she had not submitted requested information within the required time frame. MassHealth also notified the appellant that her Premium Assistance payments had been stopped.

Issue

The appeal issue is whether MassHealth was correct in moving to terminate the appellant's benefits.

Summary of Evidence

MassHealth was represented by an eligibility worker from the Quincy MassHealth Enrollment Center and by a representative from the Premium Assistance Unit, both of whom appeared telephonically. Documentary evidence indicates that the appellant has been receiving MassHealth CarePlus benefits. See Exhibit 5. The eligibility worker testified that MassHealth received updated information about the appellant's employment through a data match and sent her a job update form to complete and return. The deadline for receipt of the completed form was April 21, 2025. MassHealth did not receive the completed job update form by this deadline, and on April 28, 2025, the agency notified the appellant that her benefits would end as of May 12, 2025. The eligibility worker indicated that as of the date of hearing, the appellant had still not submitted the completed form. She indicated that she would send the appellant another form to the address on file.

The representative from MassHealth's Premium Assistance Unit testified that the appellant had been receiving payments toward her private health insurance premium. MassHealth notified her that these payments would end because her employer had not provided MassHealth with updated rate information for the plan. However, the employer did later provide the necessary information, allowing MassHealth to reinstate the appellant's Premium Assistance payments. Accordingly, that issue is now moot.

The appellant appeared telephonically and testified on her own behalf. She stated that she never received the job update form from MassHealth and only became aware that MassHealth was seeking this information when she received the termination notice. She testified that there have been issues with the mail on her street and that her home does not receive daily mail delivery. She noted that she usually completes and returns MassHealth forms right away.

The record was held open until June 17, 2025, for the appellant to submit a completed job update form and for MassHealth to confirm receipt. The hearing officer advised the appellant to look for the new form that was to be mailed by the eligibility worker and, given the issues she described with her mail, to notify MassHealth if she did not receive it. On June 24, 2025, the MassHealth eligibility worker reported that she had "double checked" and that there was no job update form on file in the system. See Exhibit 7.

Findings of Fact

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

1. The appellant was previously approved for MassHealth CarePlus benefits.
2. MassHealth received updated information about the appellant's employment through an electronic data match. MassHealth sent her a job update form to complete and return by April 21, 2025.

3. The appellant did not return the completed job update form by the April 21 deadline.
4. On April 28, 2025, MassHealth notified the appellant that her benefits would end as of May 12, 2025, for failure to return the completed form.
5. Also on April 28, 2025, MassHealth notified the appellant that her Premium Assistance payments would end because her employer had not provided required information about the insurance plan. The employer subsequently provided the missing information.
6. On May 8, 2025, the appellant filed a request for hearing.
7. As of the hearing on June 3, 2025, the appellant had not submitted the missing job update form.
8. The record was held open until June 17, 2025, for the appellant to submit the job update form.
9. Nothing further was submitted within the record-open period.

Analysis and Conclusions of Law

Pursuant to 130 CMR 502.007(C)(3), MassHealth periodically matches data with other agencies and information sources, 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).

In this case, MassHealth received new information about the appellant's employment through a data match and, in accordance with the regulation above, requested that the appellant complete a job update form within 30 days. The appellant did not return the completed form within that time frame, and MassHealth therefore moved to terminate her benefits. At hearing, the appellant described problems with receiving mail at her address and indicated a willingness to complete the form as requested. However, even with the additional time afforded her after the hearing, the appellant has still not submitted the completed job update form.

As the appellant has not complied with MassHealth requirements at 130 CMR 502.007(C)(3), this appeal is denied.¹

Order for MassHealth

Remove aid pending protection.

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.

Rebecca Brochstein
Deputy Director
Board of Hearings

cc: Quincy MEC
Premium Assistance Unit

¹ As the Premium Assistance issue was resolved prior to hearing, that aspect of the appeal is dismissed. See 130 CMR 610.035(A)(8). However, this does not preclude future Premium Assistance determinations that may result from this decision or otherwise.