

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508445
Decision Date:	10/10/2025	Hearing Date:	07/02/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	10/03/2025

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Sherrienne Paiva, Taunton MEC;
Odilia Ruiz-Rocha, PAU



*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:	Eligibility; Under 65; Premium Assistance
Decision Date:	10/10/2025	Hearing Date:	07/02/2025
MassHealth's Reps.:	Sherrienne Paiva; Odilia Ruiz-Rocha	Appellant's Rep.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 1 (Remote)	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 May 23, 2025, MassHealth notified the appellant that her benefits were terminating on June 6, 2025, due to failing to return additional information that was requested within the time allowed. (Exhibit 1, pp. 1-3). The appellant filed a timely appeal on or about June 2, 2025. (Exhibit 2). Through a separate notice also dated May 23, 2025, MassHealth notified the appellant that her premium assistance payments stopped. (Exhibit 1, pp. 4-5). The notices were addressed in one hearing, and the fair hearing was held on July 2, 2025. (Exhibit 6). A dispute over the scope of assistance is a valid ground for appeal. (130 CMR 610.032). At the conclusion of the hearing the record was left open for a brief period for the appellant to submit additional evidence. (Exhibit 6).

Action Taken by MassHealth

MassHealth notified the appellant that her benefits were ending on June 6, 2025 and that her premium assistance payments stopped.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant's benefits and premium assistance payments should terminate.

Summary of Evidence

MassHealth was represented at the hearing by an eligibility representative and a representative from the Premium Assistance Unit (PAU); both parties participated by telephone. The record establishes the following: The appellant is an adult female who is under the age of 65 and she resides in the community in a household size of 2 with her son. On or about April 17, 2025, MassHealth sent the appellant a request for additional information, asking her to return a completed job update form, verifying her employment and income. The requested information was due to MassHealth by May 17, 2025. MassHealth received the appellant's job update form, however, the form was incomplete. On May 23, 2025, MassHealth notified the appellant that her coverage would terminate on June 6, 2025. (Exhibit 1, pp. 1-3). On that same date, MassHealth also notified the appellant that her premium assistance payments were stopped. (Exhibit 1, pp. 4-5). The PAU representative testified that the appellant was notified that her premium assistance payments stopped because the appellant's coverage was ending.

The appellant appeared at the hearing and testified that she received notification that her MassHealth coverage and premium assistance payments were reinstated. The MassHealth representative explained that the appellant is currently receiving aid pending protection for this appeal. However, the appellant must send MassHealth the requested documentation because aid pending protection is for a limited period. The appellant stated that both she and her son are employed, and that she previously submitted a job update form to MassHealth. The appellant explained that she was under the impression that MassHealth was factoring in her son's income from Social Security, which he no longer receives. The MassHealth representative explained that the job update form that the appellant previously submitted did not list any wages. She stated that the appellant will need to submit a completed job update form, listing her current income, along with 2 copies of current employment paystubs from her and from her son (for a total of 4 paystubs).

Following the hearing, the record was left open for the appellant to submit additional documentation.¹ MassHealth subsequently responded that the appellant's updated job update form was received; however, the appellant did not provide her weekly wage amount on the form. (Exhibit 8, p. 1).² Because the appellant's job update form was incomplete, MassHealth was unable to process it. MassHealth further responded that it did not receive copies of the appellant's

¹ The record-open period was extended to obtain additional information. (Exhibit 8, pp. 7-9).

² The appellant also did not verify her son's income.

current paystubs. *Id.*³

Findings of Fact

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

1. The appellant is under the age of 65 and she resides in a household size of 2.
2. On or about April 17, 2025, MassHealth sent the appellant a request for additional information (job update form verifying her employment and income) which was due by May 17, 2025.
3. MassHealth received the appellant's job update form. The form that MassHealth received verified the appellant's employment but not her income.
4. On May 23, 2025, MassHealth notified the appellant that her CarePlus coverage would terminate on June 6, 2025.
5. On May 23, 2025, MassHealth also notified the appellant that her premium assistance payments were stopped.
6. The record was left open for the appellant to submit documentation (completed job update form, verifying her income and current paystubs).
7. MassHealth subsequently responded that the appellant's updated job update form was received; however, the appellant did not verify her income.

Analysis and Conclusions of Law

At issue in this appeal is whether MassHealth correctly determined that the appellant's CarePlus benefits and premium assistance payments should terminate.

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity. (130 CMR 502.003). If additional documentation is required, a request for information notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications. (130 CMR 502.003(C)). If the applicant or member fails to provide verification of information within the specified time frame, MassHealth coverage is denied or terminated. (130 CMR

³ The appellant submitted copies of the applicable paystubs in July, 2025. (Exhibit 7). However, MassHealth did not receive the appellant's job update form until September 29, 2025, which was incomplete. (Exhibit 8, p. 1). At that time, MassHealth did not receive any additional (current) paystubs.

502.003(D)(2)(b).⁴ Further, in accordance with 130 CMR 506.012(F)(3)(a), if a member's health insurance terminates for any reason, the MassHealth premium assistance payments end.

In this case, MassHealth sent the appellant a request for verification of employment and income (job update form). The appellant verified her employment; however, she did not verify her income. Because the appellant failed to verify her income, MassHealth notified her that her benefits were terminating. (130 CMR 502.003(D)(2)(b)). MassHealth also notified the appellant that her premium assistance payments were stopped because her health insurance was being terminated. (130 CMR 506.012(F)(3)(a)). The appellant was granted a post-hearing record-open period to verify her income. Despite the additional time granted, the appellant did not verify her income. Thus, I find that the action taken by MassHealth was within the regulations and this appeal is denied.

Order for MassHealth

None, other than to remove aid pending.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

⁴ Per 130 CMR 502.003(D)(2)(a), if the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility. In this case, the required information was not available from electronic data sources. Further, there are exceptions to this rule set forth in 130 CMR 502.001(D)(1)-(4); none apply to the appellant.

Cc:

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

MassHealth Representative: Premium Assistance Unit