

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515345
Decision Date:	11/18/2025	Hearing Date:	11/18/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nicole Veras, Tewksbury MEC



*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-Income
Decision Date:	11/18/2025	Hearing Date:	11/18/2025
MassHealth's Rep.:	Nicole Veras	Appellant's Rep.:	Pro se
Hearing Location:	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 October 3, 2025, MassHealth notified Appellant that MassHealth coverage would terminate on October 17, 2025 for failure to return requested information to MassHealth (130 CMR 502.007 and Exhibit 1). Appellant filed this appeal in a timely manner on October 17, 2025, and has been receiving continuation of benefits pending the appeal (130 CMR 610.015(B), 610.036 and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated coverage for failure to return information requested by MassHealth.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.007 in terminating coverage effective October 17, 2025 for failure to return requested information to MassHealth.

Summary of Evidence

The MassHealth representative testified that Appellant is between 21 and 65 years of age and is currently enrolled in MassHealth CarePlus. A job update form was sent to Appellant on August 28, 2025, and was not returned to MassHealth. A notice dated October 3, 2025 informed Appellant that MassHealth coverage would terminate on October 17, 2025 for failure to return information requested by MassHealth (Exhibit 1). Appellant testified that he received the job update form, but did not return the form to MassHealth because he was on vacation. Appellant reported that he is currently employed with an annual salary of \$60,000, and that he would call MassHealth to update his income. MassHealth testified that because income exceeds 133% of the federal poverty level, \$1,735 monthly and \$20,820 annually, and Appellant is not otherwise categorically eligible for a MassHealth coverage type, he is no longer MassHealth eligible.

Findings of Fact

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

1. Appellant is between 21 and 65 years of age and is currently enrolled in MassHealth CarePlus.
2. A job update form was sent to Appellant on August 28, 2025, and was not returned to MassHealth.
3. A notice dated October 3, 2025 informed Appellant that MassHealth coverage would terminate on October 17, 2025 for failure to return information requested by MassHealth.
4. Appellant received the job update form but did not return the form to MassHealth.
5. Appellant is a household size of one non-disabled person for MassHealth eligibility purposes and is currently employed with an annual salary of \$60,000.
6. 133% of the federal poverty level for a household size of one is \$1,735 monthly and \$20,820 annually.

Analysis and Conclusions of Law

Pursuant to 130 CMR 502.007(C):

- (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).

Pursuant to 130 CMR 501.010:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten 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.

Here, Appellant is receiving MassHealth CarePlus¹ which is currently protected pending the appeal. Appellant acknowledged that he received the job update form sent by MassHealth on August 28, 2025, and did not return the form to MassHealth. Appellant also testified that he is now employed with a salary of \$60,000 annually, but has not yet reported the change in income to MassHealth. Therefore, MassHealth correctly terminated coverage by notice dated October 3, 2025 for failure to return the job update form.

Appellant can direct any questions about the Health Connector to 1-877-623-6765.

The appeal is DENIED.

Order for MassHealth

None, other than remove aid pending protection.

¹ 130 CMR 505.008(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult 21 through 64 years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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