

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516519
Decision Date:	12/15/2025	Hearing Date:	12/8/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearance for MassHealth:

Shanell Santiago, 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:	12/15/2025	Hearing Date:	12/8/2025
MassHealth's Rep.:	Shanell Santiago	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 October 1, 2025, MassHealth notified Appellant that the MassHealth benefit would end effective October 15, 2025. Exhibit 1. Appellant filed this appeal in a timely manner on November 10, 2025. 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 on October 15, 2025.

Issue

The appeal issue is whether MassHealth was correct in terminating Appellant's benefit on October 15, 2025.

Summary of Evidence

The MassHealth representative and Appellant appeared by phone. A summary of testimony and documentary evidence follows.

Appellant is in a household of one and under 65 years old. On July 7, 2025, Appellant completed a renewal by phone. On the same day, Appellant submitted a W-2 form to MassHealth by uploading it to the online portal. On July 7, 2025, MassHealth approved Appellant for CarePlus benefits beginning June 27, 2025. Exhibit 4. Eligibility was calculated based on zero income. MassHealth mailed this notice to the address on file for Appellant.

On August 27, 2025, MassHealth was prompted by a system data match to mail a job update form to Appellant. Exhibit 5. The form was mailed to the address on file for Appellant. *Id.* The form states that MassHealth received information that Appellant may have a job that was not reported to MassHealth and required Appellant to complete and return the form by September 26, 2025. *Id.*

On October 1, 2025, MassHealth mailed a notice to Appellant's address on file informing him that his MassHealth CarePlus would terminate effective October 15, 2025 for not completing the job update form. Exhibit 1. On November 7, 2025, Appellant completed the requirements of the job update form by phone. Appellant's gross income at this time was \$876 per week from unemployment. This is \$3,232.42 monthly, which is 286.04% of the federal poverty level (FPL) for a household of one. Appellant is approved for temporary Health Safety Net effective November 1, 2025 and eligible for a Health Connector plan type 3B.

Appellant confirmed that the address MassHealth reported was his correct address and that it has not changed. Appellant testified that he was laid off from his job in [REDACTED]. At the time, Appellant had a Health Connector insurance and dental plan, as he was a freelance worker. He reported his change of income to the Health Connector and was told to upload his W2 form. Appellant uploaded the form to the portal as requested and did not receive notice that this form was unacceptable. Appellant testified that he did not begin collecting unemployment until the end of July 2025.

Appellant testified that he has not received any of MassHealth's notices: not the July 7 approval, the August 27 request for verification, nor the October 1, 2025 termination notice. The first indication to Appellant that he had lost his coverage was when he received a bill after an emergency room (ER) visit on October 24, 2025. Appellant also received a bill from his primary care physician for the triage appointment leading to the ER visit.

After Appellant received the bill, he called the Health Connector and verified his income, which he thought he had already provided. When he spoke to the representative, she told him that the notices must have got lost in the mail and that it happens all the time. Appellant testified that he had been consistently reporting updates to the unemployment office since July 2025.

The MassHealth representative testified that her system showed the July 7, 2025 upload of the W2 form, but testified that it is not sufficient to verify income without an accompanying tax return with 1040 form. Normally, MassHealth would issue a notice of unacceptable documentation when

receiving proof of income that is insufficient. MassHealth did not issue such a notice in this case. The MassHealth representative testified that the submission was processed by the Health Connector, not MassHealth. Appellant testified that when he called on July 7, 2025, he was told by phone to upload the document, which he did. Appellant did not receive any indication that the submission was insufficient. The MassHealth representative testified that Appellant's income changed when he began collecting unemployment, which is why the job update form was mailed. Appellant testified that he did not receive the approval for MassHealth CarePlus, but relied on the information he received over the phone that he was all set.

In closing, Appellant argued that pursuant to 130 CMR 610.015 and 42 CFR § 431.211, MassHealth must provide actual notice before termination. Appellant did not receive either letter MassHealth reported sending. Appellant was denied an opportunity to respond to the verification request and an opportunity to appeal before losing coverage. Appellant had no knowledge that coverage was ending until receiving a bill for an ER visit. Appellant was denied due process. MassHealth cannot terminate a person's health coverage for failing to respond to a letter they never received and cannot expect a person to check an online portal they were never told to check. Appellant requests as relief retroactive reinstatement of coverage for the October 24, 2025 appointments. Appellant argued he did nothing wrong and the system failed, and he should not have to pay for that failure.

Findings of Fact

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

1. Appellant is in a household of one and under the age of 65.
2. On July 7, 2025, MassHealth approved Appellant for MassHealth CarePlus based on reported income of zero. Exhibit 4.
3. In late July, 2025, Appellant began collecting unemployment income. The gross amount was \$876 weekly.
4. In 2025, 100% of the FPL for a household of one is \$1,304 monthly and \$15,660 annually; 133% of the FPL is \$1,735.00 monthly and \$20,820 annually.
5. On August 27, 2025, MassHealth mailed a job update form to Appellant's address, due September 26, 2025. Exhibit 5.
6. On October 1, 2025, MassHealth mailed a notice to Appellant's address informing Appellant that coverage would end on October 15, 2025 for not returning the job update form. Exhibit 1.

7. Appellant filed this timely appeal on November 10, 2025. Exhibit 2.

Analysis and Conclusions of Law

Eligibility

MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: *Health Care Reform: MassHealth: Financial Requirements*. The MassHealth coverage types are:

- (1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (6) MassHealth Medicare Savings Programs – for certain Medicare beneficiaries.

130 CMR 505.001(A).

In order to establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. MassHealth determines financial eligibility based on an applicant's modified adjusted gross income. MassHealth takes the countable income, which includes earned income as described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) and subtracts deductions described in 130 CMR 506.003(D). 130 CMR 506.007. Per 130 CMR 506.003, the regulatory definitions of earned income, unearned income and deductions are as follows:

(A) Earned Income.

- (1) Earned income is the total amount of taxable compensation received for

work or services performed less pretax deductions. Earned income may include wages, salaries, tips, commissions, and bonuses.

(2) Earned taxable income for the self-employed is the total amount of taxable annual income from self-employment after deducting annual business expenses listed or allowable on a U.S. Individual Tax Return. Self-employment income may be a profit or a loss.

(3) Earned income from S-Corporations or Partnerships is the total amount of taxable annual profit (or loss) after deducting business expenses listed or allowable on a U.S. Individual Tax Return.

(4) Seasonal income or other reasonably predictable future income is taxable income derived from an income source that may fluctuate during the year. Annual gross taxable income is divided by 12 to obtain a monthly taxable gross income with the following exception: if the applicant or member has a disabling illness or accident during or after the seasonal employment or other reasonably predictable future income period that prevents the person's continued or future employment, only current taxable income will be considered in the eligibility determination.

(B) Unearned Income.

(1) Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the U.S. Individual Tax Return.

(2) Unearned income may include, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

(C) Rental Income. Rental income is the total amount of taxable income less any deductions listed or allowable on an applicant's or member's U.S. Individual Tax Return.

(D) Deductions. Under federal law, the following deductions are allowed when calculating MAGI countable income. Changes to federal law may impact the availability of these deductions:

- (1) educator expenses;
- (2) reservist/performance artist/fee-based government official expenses;
- (3) health savings account;
- (4) moving expenses, for the amount and populations allowed under federal law;
- (5) one-half self-employment tax;
- (6) self-employment retirement account;
- (7) penalty on early withdrawal of savings;

- (8) alimony paid to a former spouse for individuals with alimony agreements finalized on or before December 31, 2018. Alimony payments under separation or divorce agreements finalized after December 31, 2018, or pre-existing agreements modified after December 31, 2018, are not deductible;
- (9) individual retirement account (IRA);
- (10) student loan interest;
- (11) scholarships, awards, or fellowships used solely for educational purposes;
- and
- (12) other deductions described in the Tax Cut and Jobs Act of 2017, Public Law 115-97 for as long as those deductions are in effect under federal law.

An adult under the age of 64 is eligible for MassHealth's CarePlus benefit if their income at or below 133% of the FPL. 130 CMR 505.008(A)(2)(c). MassHealth determines monthly income by multiplying weekly income by 4.333. 130 CMR 506.007(A)(2)(c).

At the time Appellant was approved for CarePlus, he had reported zero income. Appellant uploaded a W-2 as verification of income on July 7, 2025. Even though the W-2 was not sufficient verification of income, Appellant was deemed eligible for CarePlus based on the self-report of zero income.

However, Appellant testified that he began collecting unemployment at the end of [REDACTED]. Appellant's gross unemployment of income was \$876 weekly. Multiplying by 4.333 yields monthly income of \$3,795.71. This is higher than the 133% limit to qualify for MassHealth CarePlus. Accordingly, Appellant's income is too high for Appellant to be eligible for a MassHealth benefit.

Termination

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) (emphasis added).

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) (emphasis added).

Under 130 CMR 502.006(D), "MassHealth benefits terminate or downgrade no sooner than 14 days from the date of termination or downgrade notice unless the MassHealth member timely files an appeal and requests continued MassHealth benefits pending such appeal or reinstatement of benefits as described at 130 CMR 610.036: *Continuation of Benefits Pending Appeal*." Before taking appealable action, MassHealth must send a written timely notice mailed to the member at least ten days in advance of the action. 130 CMR 610.015(A).

Here, under 130 CMR 501.010(B), it was Appellant's obligation to report his change of income

within 10 days of the change. Appellant testified that he began receiving unemployment income in July 2025 but did not call and update his income until November 7, 2025. Though Appellant uploaded a W2 form on July 7, 2025, this document was provided prior to the change of income and would not have included the update Appellant was obligated to report.

Pursuant to 130 CMR 502.007(C)(3)(a), after receiving a data match in the system, MassHealth mailed a notice to Appellant at the verified address on August 27, 2025 and instructed Appellant to complete a job update form by September 26, 2025. Appellant testified that he did not receive the notice. The MassHealth representative produced a copy of the notice with Appellant's correct address listed as evidence that MassHealth mailed the notice, as required by regulation.

MassHealth did not receive the job update form by the deadline and terminated Appellant's coverage on October 15, 2025 pursuant to 130 CMR 502.007(C)(3)(a)3. MassHealth mailed a written notice ten days in advance of the action to the correct address in accordance with 130 CMR 610.015(A).

Pursuant to 130 CMR 502.006(D), MassHealth did not err in terminating Appellant's benefit on October 15, 2025, 14 days after sending the October 1, 2025 termination notice to Appellant's correct address. The Board of Hearings received Appellant's appeal on November 10, 2025, after the implementation date of the appealable action and not within ten days of the mailing of the notice, and therefore Appellant was not entitled to the benefit protection. 130 CMR 610.036(A).

The relief Appellant seeks on appeal, retroactive coverage of CarePlus through October 24, 2025, is not available under the regulations based on the facts presented. Appellant argued that he was denied due process but did not notify MassHealth of his change of income from zero to \$876 as required by regulation. Had the change been made at the appropriate time, Appellant would have been terminated from CarePlus earlier than October 15, 2025. 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, 978-863-9290