




Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth  
Community Health Center Bulletin 73  
September 2012**

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** New Department of Revenue (DOR) Job Update Process

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**Background**

Effective September 2012, in an effort to ensure income integrity through data-matching, MassHealth, in conjunction with the Department of Revenue (DOR), will implement a new DOR Job Update Process. This process will identify MassHealth, Commonwealth Care and Health Safety Net households based on the current verified income in the eligibility system and the reported DOR income. Once these households are selected, MassHealth will send the new Job Update notice and form.

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**Job Update Process**

Based on specific criteria, when MassHealth's eligibility system performs income matches with the DOR Quarterly Wage file, it will identify and select households that will receive the new DOR Job Update cover letter and form.

The system will send the notice and form to households that

- include members receiving active benefits;
  - have gross verified income equal to or lower than 300% of the federal poverty level (FPL) according to MassHealth's eligibility system; and
  - have a match or matches with the DOR Quarterly Wage file showing gross family wages equal to or greater than 310% FPL in the most recent quarter.
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**Member  
Responsibilities**

Households that meet the criteria will receive both a cover letter (notice) and a Job Update Form (form). The notice explains how to fill out the form. Both the notice and the form show the job matches reported by DOR and include the employed individual's name, the employer's name and address, and the quarterly gross income reported by DOR. Job matches for all members of the household will appear on both the notice and the form. The member must review the information.

**If the DOR information is correct:** If the member agrees with the information reported by DOR, the notice advises there is no need to return the enclosed form; the eligibility system will be updated automatically.

**If the DOR information is incorrect:** If the member disagrees with the information reported by DOR, the notice requests the member to complete the enclosed form and return it to MassHealth within 30 days. The form gives the member the option to

- update the gross wages for the individual who is working;
- report that the person is no longer working;
- report that the person never worked for the job reported by DOR;
- report that the person is receiving unemployment compensation; or
- report any additional jobs and/or health insurance.

The member is responsible for completing the applicable sections of the form for each household member who has a DOR employment match. Once the form is returned, it will be manually processed.

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**Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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